



Department of Empowerment of Persons with Disabilities,  
Ministry of Social Justice and Empowerment, Government of India

## Disability Certificate

Department Of Neurology, Aiims  
South, Delhi



**Certificate No.:** DL0811219950072830

**Date:** 05/12/2023

This is to certify that I/we have carefully examined Shri **Kuldeep Singh**, Son of Shri **Vijay Singh**, Date of Birth **21/12/1995**, Age **27**, M, Registration No. **0708/00000/2306/0264669**, resident of House No. **Rz B 3/169, Kuain Wali Gali, Vijay Enclave, New Delhi - 110045**, Sub District **Dwarka**, District **South West**, State / UT **Delhi**, whose photograph is affixed above, and I am/we are satisfied that:

**(A)** He is a case of **Chronic Neurological Conditions**

**(B)** The diagnosis in his case is **SERONEGATIVE LETM**

**(C)** He has **85%**(in figure) **Eighty Five** percent(in words) Permanent Disability in relation to his SPINAL CORD as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

The applicant has submitted the following document(s) as proof of residence:

**Nature of Document(s):** Aadhaar card

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



DEPARTMENT OF NEUROLOGY  
AIIMS, NEW DELHI-110029

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