



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

Disability Certificate

Chief Medical Officer
Old Hospital Complex, Near Shaheed Park
Pulwama, Jammu And Kashmir, 192301



Certificate/UDID No. JK1110519900002807

Date of Issue: 07/11/2025

This is to certify that I/We have carefully examined **Abdul Waheed Shah** Son of **Abdul Salam Shah**, Date of Birth **04/04/1990**, Gender **Male**, Registration No. **0111/00000/2504/0003871**, Resident of **Babahar, Pulwama, Pulwama, Jammu And Kashmir - 192301** whose photograph is affixed above, and I am/we are satisfied that:

(A) **He** is a case of : **Locomotor Disability.**

(B) Name of affected body part: **One Arm and One Leg (OAL).**

(C) The diagnosis in his case is **Case of infantile right hemiparesis.**

(D) **He** has **40%** (in figure) **forty** percent(in words) disability and the nature of certificate is **Permanent** as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide **S.O.1338(E)** dated **12/03/2024**.

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Members:

Chief Medical Officer
Old Hospital Complex, Near
Shaheed Park
Pulwama, Jammu And Kashmir,
192301



This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.