



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

Disability Certificate

Issuing Medical Authority, Bellary, Karnataka



Certificate No.: KA1190619980115623

Date: 29/09/2019

This is to certify that I/We have carefully examined Shri **Ramachandra Dixit** Son of Shri **Umesh Dixit** Date of Birth **07/05/1998** Age **21 Year(s)** Male, Registration No. **2911/00000/1910/1269653** resident of House No. **Hno 269, 25th Ward, Near Vadakaraya Temple Hospet - 583201** Sub District **Hospet** District **Bellary** State / UTs **Karnataka**

Whose photograph is affixed above, and I/We satisfied that:

- (A) He is a case of **Locomotor Disability**
(B) The diagnosis in his case is **Post Polio Residual Paralysis**

(C) He has **50%**(in figure) **Fifty** percent(in words) Permanent in relation to his (Right Leg) as per guidelines (to be specified).

The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): Aadhaar card

Ramachandra Dixit
UMESH DIXIT

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



[Signature]
Issuing Medical Authority, Bellary, Karnataka

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

UNIQUE DISABILITY ID
Government of India



STATE ID:
N/A

Aadhaar No.
*******5779**



Address of the Card Issuing Authority State/District level
Mj Nagar, Bellary, Karnataka - 583201



UNIQUE DISABILITY ID
Government of India



नाम / Name
रामचंद्र दीक्षित
Ramachandra Dixit

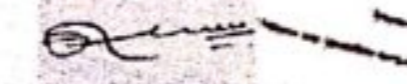
UD ID
KA1190619980115623

Disability Type
Locomotor Disability

Year of Birth % of Disability
1998 **50% (Fifty Percent)**

Date of Issue Valid upto
27/08/2020 **Permanent**




Issuing Authority Sign