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

# Disability Certificate

## Issuing Medical Authority, North West, Delhi

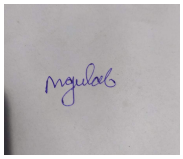
**Certificate No.: DL0140620010037550** **Date: 18/11/2021**

This is to certify that I/we have carefully examined Shri **Md Gulab Ansari**, Son of Shri **Md Muzammil Ansari**, Date of Birth **14/05/2001**, Age **20**, Male, Registration No. **0701/00000/1905/1363435**, resident of House No. **A-46 Gali No-5, Near Kumar Sweet Masjid Alhussain, Agar Nagar Prem Nagar-3** - **110086**, Sub District **Saraswati Vihar**, District **North West**, State / UT **Delhi**, whose photograph is affixed above, and I am/we are satisfied that:

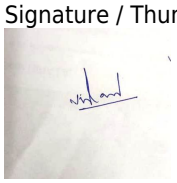
**(A)** He is a case of **Locomotor Disability**
**(B)** The diagnosis in his case is **Post burn contracture right hand.**
**(C)** He has **40%**(in figure) **Forty** percent(in words) Permanent Disability in relation to his RIGHT HAND as per the guidelines (Guidelines for the purpose of assessing the 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)

Issuing Medical Authority, North West, Delhi

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