



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)



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