



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

Disability Certificate

District Hospital Vijayapura, Vijayapura, Karnataka



Certificate No.: KA0350620000232030

Date: 13/07/2022

This is to certify that I/We have carefully examined Shri **Prakash Kengalagutti** Son of Shri **Hanamant**, Date of Birth **10/06/2000**, Male, Registration No. **2903/00000/2010/0839126**, resident of **Devara Gennur - 586125**, Sub District **Vijayapura**, District **Vijayapura**, State / UT **Karnataka**

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

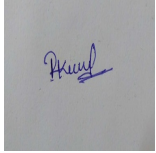
(A) He is a case of **Locomotor Disability**

(B) The diagnosis in his case is **Congenital absence of left hand and wrist**

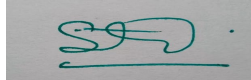
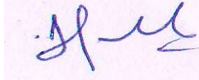
(C) He has **60%** (in figure) **Sixty** percent(in words) Permanent Disability in relation to his Left upper limb as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) 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



Signature of notified Medical Authority Member

District Hospital Vijayapura
Vijayapura, Karnataka

