



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

Disability Certificate

Uddid Card Issuing Authority, Chennai, Tamil Nadu



Certificate No.: TN0240419890253430

Date: 13/11/2022

This is to certify that I/We have carefully examined Shri **Anand Kumar Sarangapani** Son of Shri **Sarangapani**, Date of Birth **16/07/1989**, Male, Registration No. **3302/00000/2007/0190253**, resident of **1st Street Kkd Nagar, Kodungaiyur - 600118**, Sub District **Aminjikarai**, District **Chennai**, State / UT **Tamil Nadu**

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

(A) He is a case of **Hearing Impairment**

(B) The diagnosis in his case is **Hearing Impairment**

(C) He has **61%** (in figure) **Sixty One** percent(in words) Permanent Disability in relation to his Both Ear 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): Driving License



Signature / Thumb Impression of the Person with Disability

Signature of notified Medical Authority Member

Uddid Card Issuing Authority
Chennai, Tamil Nadu

