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

Disability Certificate

Govt. Area Hospital , Vanasthalipuram, Ranga Reddy, Telangana

Certificate No.: TG0610620010264459 **Date: 25/06/2019**

This is to certify that I/We have carefully examined Shri **P Surya Ashish** Son of Shri **P B A Venkateshwer Rao**, Date of Birth **31/01/2001**, Male, Registration No. **3606/00000/1906/1504051**, resident of **1-5-192 Kothapet** - , Sub District **Balapur**, District **Ranga Reddy**, State / UT **Telangana**
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 **A-1 Cerebral Palsy (CP)**
(C) He has **84%** (in figure) **EightyFour** percent(in words) Permanent Disability in relation to his 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): -

Signature / Thumb Impression of the Person with Disability

Signature of notified Medical Authority Member

Govt. Area Hospital , Vanasthalipuram
Ranga Reddy, Telangana

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