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

Disability Certificate

Civil Surgeon
District Hospital
Morena, Madhya Pradesh, 476001

Certificate/UDID No. MP4140520000006238 **Date of Issue: 26/04/2025**

This is to certify that I/We have carefully examined **Udit Gupta** Son of **Sanjay**, Date of Birth **26/07/2000**, Gender **Male**, Registration No. **2340/70000/0250/30007038**, Resident of **Vijay Nagar Colony Bradha Aashram Ke Pass Morena**, **Morena**, **Morena**, **Madhya Pradesh** - **476001** whose photograph is affixed above, and I am/we are satisfied that:

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

(B) Name of affected body part: **B/L LOWER LIMBS .**

(C) The diagnosis in his case is **AS PER DR VIVEK KANKARE NEUROSURGEON JAH GWALIOR- PARAPARESIS B/L LOWER LIMBS.**

(D) **He** has **40%** (in figure) **forty** percent(in words) disability and the nature of certificate is **Temporary and valid till 26/04/2030** as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide **S.O.1338(E)** dated **12/03/2024.**

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Members:

Civil Surgeon
District Hospital
Morena, Madhya Pradesh, 476001

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