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

# Disability Certificate

**Ms Govt. Ent Hospital, Hyderabad, Hyderabad, Telangana**

**Certificate No.: TG0530620040243238** **Date: 01/05/2019**

This is to certify that I/We have carefully examined Shri **Banoth Karthikeya** Son of Shri **Banoth Kishan**, Date of Birth **26/11/2004**, Male, Registration No. **3605/00000/1905/0032657**, resident of **7-1-413/11 7-1-538, Near Gurudwara, Ameerpet** - , Sub District **Ameerpet**, District **Hyderabad**, 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-12 Congenital Deformities of Limbs**
**(C)** He has **76%** (in figure) **SeventySix** 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

Ms Govt. Ent Hospital, Hyderabad
Hyderabad, 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.