



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

Disability Certificate

Chief Medical Officer
Baramulla, Jammu And Kashmir



Certificate No.: JK0810620020120477

Date: 25/07/2023

This is to certify that I/we have carefully examined Shri **Ovaisul Mushtaq Dar**, Son of Shri **Mushtaq Abdullah Dar**, Date of Birth **01/07/2002**, Age **21**, M, Registration No. **0108/00000/2301/1294659**, resident of House No. **Duroo - 193201**, Sub District **Sopore**, District **Baramulla**, State / UT **Jammu And Kashmir**, whose photograph is affixed above, and I am/we are satisfied that:

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

(B) The diagnosis in his case is **B/L hypoplastic thumbs with spastic difficulty**

(C) He has **60%**(in figure) **Sixty** percent(in words) Permanent Disability in relation to his B/L hypoplastic thumb 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

Signatory of notified Medical Authority Member(s)



Chief Medical Officer
Baramulla, Jammu And Kashmir