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

Disability Certificate

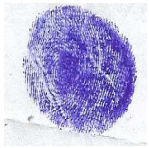
Chief Medical Officer, Agra, Uttar Pradesh

Certificate No.: UP1130519920009376 **Date: 07/10/2024**

This is to certify that I/We have carefully examined Miss **Anupriya Shivhare** Daughter of Shri **Virendra Shivhare**, Date of Birth **12/05/1992**, Female, Registration No. **0911/80000/0241/00006328**, resident of **4/11 Shshtripuram Sikandra Agra - 282007**, Sub District **Agra**, District **Agra**, State / UT **Uttar Pradesh**
Whose photograph is affixed above, and I/We satisfied that:
(A) She is a case of **Locomotor Disability**
(B) The diagnosis in her case is **CONGENITAL DEFORMITY OF BOTT HIP JOINT**
(C) She has **60%** (in figure) **sixty** percent(in words) Permanent Disability in relation to her Both Leg (BL) 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. 1338 (E) Dated 12.03.2024).

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

Signature of notified Medical Authority Member

Chief Medical Officer
Agra, Uttar Pradesh

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