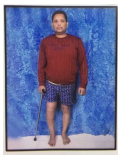
Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India

Disability Certificate

Issuing Medical Authority, North West, Delhi



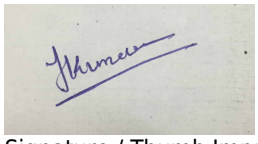
Certificate No.: DL0140619800027697 **Date: 19/07/2021**

This is to certify that I/we have carefully examined Shri **Jitender Kumar**, Son of Shri **Narender Kumar**, Date of Birth **01/01/1980**, Age **41**, Male, Registration No. **0701/00000/2008/1736380**, resident of House No. **A-196, A-block Jahangir Puri - 110033**, Sub District **Model Town**, District **North West**, State / UT **Delhi**, 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 **POST TRAUMATIC STIFFNESS RIGHT HIP, KNEE AND ANKLE WITH LLD**
(C) He has **68%**(in figure) **Sixty Eight** percent(in words) Permanent Disability in relation to his RIGHT LOWER LIMB 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

DR. HARLEEN UPPAL
MBBS, MD (AIIMS) Fellow Neuro Rehabilitation(U.K.)
Assistant Professor
Department Of Physical Medicine & Rehabilitation
Dr. B.S.A. Medical College
Govt. Of NCT Of Delhi
Sec-8, Rohini, Delhi-110085

Specialist Ortho
Dr BSA HOSPITAL
Rohini, Delhi

Signatory of notified Medical Authority Member(s)

Issuing Medical Authority, North West, Delhi

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