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

Disability Certificate

K.r.hospital Ms , Mysore, Mysuru, Karnataka

Certificate No.: KA23120620030017295 **Date: 29/11/2019**

This is to certify that I/We have carefully examined Shri **Tarun K** Son of Shri **Krishna**, Date of Birth **19/06/2003**, Male, Registration No. **2923/00000/1910/0636630**, resident of **Door No 24 Ningaraja Katte Bogadi Mysuru - 570026**, Sub District **Mysuru**, District **Mysuru**, State / UT **Karnataka**
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 **KYPHOSCOLIOSIS WITH WEEKNESS RIGHT LOWER LIMB**
(C) He has **75%** (in figure) **Seventy Five** percent(in words) Permanent Disability in relation to his SPINE , CHEST , 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

Signature of notified Medical Authority Member

K.r.hospital Ms , Mysore
Mysuru, Karnataka

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