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

Disability Certificate

Chief District Medical Officer
Kalahandi, Odisha

Certificate No.: OD2610620000124749 **Date: 01/07/2016**

This is to certify that I/we have carefully examined Shri **Mantu Majhi**, Son of Shri **Laiba Majhi**, Date of Birth **20/03/2000**, Age **23**, M, Registration No. **2126/00000/1905/1294519**, resident of House No. **Talapanchkul, Jugasaipatana, Bhawanipatna - 766002**, Sub District **Sadar**, District **Kalahandi**, State / UT **Odisha**, 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 **CONTRACTURE LEFT ANKLE**
(C) He has **50%**(in figure) **Fifty** percent(in words) Permanent Disability in relation to his Left Leg 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

Mantu Majhi

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)

Chief District Medical Officer
Kalahandi, Odisha

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