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

Disability Certificate

Civil Surgeon
Civil Surgeon Office, Allalpatti, Laheriasarai
Darbhanga, Bihar, 846001

Certificate/UDID No. BR1930519900002707 **Date of Issue: 09/05/2025**

This is to certify that I/We have carefully examined **Anurag** Son of **Dilip Chandra Mishra**, Date of Birth **16/06/1990**, Gender **Male**, Registration No. **1019/50000/0250/40002746**, Resident of **Moh-laxmisagar,post-laxmisagar,p.s-l.n.m.u Thana,ward No-15**, **Darbhanga**, **Darbhanga**, **Bihar** - **846009** whose photograph is affixed above, and I am/we are satisfied that:

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

(B) Name of affected body part: **One Leg (OL).**

(C) The diagnosis in his case is **Deformity of Left Hip.**

(D) **He** has **90%** (in figure) **ninety** percent(in words) disability and the nature of certificate is **Permanent** as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide **S.O.1338(E)** dated **12/03/2024.**

Signature / Thumb impression of the Person with Disability:

Dr. Prarthana Priya
(Ophthalmologist)

Dr Jay Prakash

Dr. Sangeet Kumar
Medicine(DTM&H)

Signature of notified Medical Authority Members:

Civil Surgeon
Civil Surgeon Office, Allalpatti, Laheriasarai
Darbhanga, Bihar, 846001