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

Disability Certificate

Chief Medical Officer
Lalitpur, Uttar Pradesh

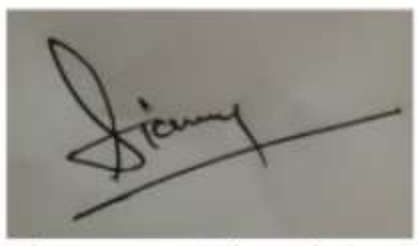
Certificate No.: UP3610619920066594 **Date: 10/08/2020**

This is to certify that I/we have carefully examined Shri **Ajay Shrivastava**, Son of Shri **Devendra Kumar Shrivastava**, Date of Birth **15/12/1992**, Age **30**, M, Registration No. **0936/00000/2302/1572067**, resident of House No. **House No 480 Gram Bansi, Tahsil Talbehat, Dist Lalitpur - 284122**, Sub District **Talbehat**, District **Lalitpur**, State / UT **Uttar Pradesh**, 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 **Hip**
(C) He has **45%**(in figure) **Forty Five** percent(in words) Permanent Disability in relation to his BOTH 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



Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)

Chief Medical Officer
Lalitpur, 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.