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

Disability Certificate

Civil Sugeon Officer
Office of Civil Surgeon Office, Fazilika
Fazilka, Punjab, 152123

Certificate/UDID No. PB2110620020096206 **Date of Issue: 15/09/2026**

This is to certify that I/We have carefully examined **Navrinder Singh** Son of **Baljeet Singh**, Date of Birth **22/05/2002**, Gender **Male**, Registration No. **0321/00000/2007/0617467**, Resident of **Vpo Dalmir Khera Teh Abohar Distt Fazilka**, **Abohar**, **Fazilka**, **Punjab** - **152132** whose photograph is affixed above, and I am/we are satisfied that:

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

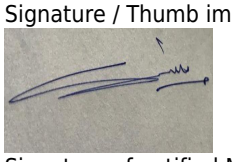
(B) Name of affected body part: **Right Leg.**

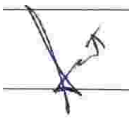
(C) The diagnosis in his case is **Operative Case of Left Neck of Femur with Left Foot Drop.**

(D) **He** has **50%** (in figure) **fifty** 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.**

Navrinder Singh.

Signature / Thumb impression of the Person with Disability:





Signature of notified Medical Authority Members:

Civil Sugeon Officer
Office of Civil Surgeon Office, Fazilika
Fazilka, Punjab, 152123

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