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

Disability Certificate

Cmo Office, Banda, (u.p), Banda, Uttar Pradesh

Certificate No.: UP1220520020007014 **Date: 15/07/2024**

This is to certify that I/We have carefully examined Shri **Bhardawaj** Son of Shri **Gangadeen**, Date of Birth **17/07/2002**, Male, Registration No. **0912/80000/0240/70006442**, resident of **Tola Kalan Banda - 210121**, Sub District **Baberu**, District **Banda**, State / UT **Uttar Pradesh**
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 **Above elbow amputation Rt side (rs.356)**
(C) He has **80%** (in figure) **eighty** percent(in words) Permanent Disability in relation to his One Arm (OA) 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. 1338 (E) Dated 12.03.2024).

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

Cmo Office, Banda, (u.p)
Banda, 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.