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

Disability Certificate

Government Sivagangai Medical College Hospital
Mela Vaniangudi, Manamadurai Road
Sivaganga, Tamil Nadu, 630561

Certificate/UDID No. TN5890420020003271 **Date of Issue: 07/04/2026**

This is to certify that I/We have carefully examined **Selvaganapathy Jeevananatham** Son of **Jeevanandham**, Date of Birth **25/06/2002**, Gender **Male**, Registration No. **3358/50000/0260/40002471**, Resident of **34, Subramaniyapuram 8th Street, South Extn, Karaikudi**, **Karaikkudi**, **Sivaganga**, **Tamil Nadu** - **630201** whose photograph is affixed above, and I am/we are satisfied that:

(A) **He** is a case of : **Hearing Impairment.**
(B) Name of affected body part: **BOTH EAR.**
(C) The diagnosis in his case is **HARD OF HEARING.**
(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:

Signature of notified Medical Authority Members:

Government Sivagangai Medical College Hospital
Mela Vaniangudi, Manamadurai Road
Sivaganga, Tamil Nadu, 630561

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