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

Disability Certificate

Ms District Head Quarters Hospitals , Mancherial, Mancherial, Telangana

Certificate No.: TG1610619990024469 **Date: 22/05/2019**

This is to certify that I/We have carefully examined Shri **Anugu Sai Priyatham Reddy** Son of Shri **Ram Reddy**, Date of Birth **02/02/1999**, Male, Registration No. **3616/00000/1905/1642350**, resident of **2-4 Devapur** - , Sub District **Kasipet**, District **Mancherial**, State / UT **Telangana**
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 **A-4 Muscular Dystrophy**
(C) He has **90%** (in figure) **Ninety** percent(in words) Permanent Disability in relation to his 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): -

Signature / Thumb Impression of the Person with Disability

Signature of notified Medical Authority Member

Ms District Head Quarters Hospitals , Mancherial
Mancherial, Telangana

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