



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

Disability Certificate

General Hospital Ernakulam
Hospital Rd, Marine Drive
Ernakulam, Kerala, 682011



Certificate/UDID No. KL5590419750004719

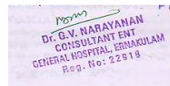
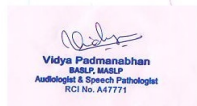
Date of Issue: 03/10/2026

This is to certify that I/We have carefully examined **Premjith Pachukutty** Son of **Jalaja V P**, Date of Birth **15/01/1975**, Gender **Male**, Registration No. **3255/50000/0260/90002373**, Resident of **34/568-e, Vrindavanam, Pwra-66a, Parayil Road, Ashoka School, Elamakkara, Kanayannur, Ernakulam, Kerala - 682026** 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 **BILATERAL SEVER SENSORINEURAL HEARING LOSS.**
(D) **He** has **74%** (in figure) **seventy four** 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:

General Hospital Ernakulam
Hospital Rd, Marine Drive
Ernakulam, Kerala, 682011



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