



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

Disability Certificate

Issuing Medical Authority, Meerut, Uttar Pradesh



Certificate No.: UP0710219990168036

Date: 25/04/2023

This is to certify that I/we have carefully examined Shri **Tushar Goel**, Son of Shri **Akhilesh Goel**, Date of Birth **19/09/1999**, Age **23**, Male, Registration No. **0907/00000/2302/1809044**, resident of House No. **616/1, Sector 1, Madhav Puram - 250002**, Sub District **Meerut**, District **Meerut**, State / UT **Uttar Pradesh**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Blindness**

(B) The diagnosis in his case is **FUNDUS DISC PALLS BONY SPICULES SEEN FR NOT SEEN**

(C) He has **100%**(in figure) **One hundred** percent(in words) Permanent Disability in relation to his **BOTH EYE** 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): Aadhaar card

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



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