



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

Disability Certificate

Issuing Medical Authority, Jamtara, Jharkhand



Certificate No.: JH1810619950011994

Date: 26/04/2007

This is to certify that I/we have carefully examined Shri **Niraj Kumar Mahato**, Son of Shri **Late Ranjan Mahato**, Date of Birth **03/01/1995**, Age **27**, Male, Registration No. **2018/00000/2108/1602121**, resident of House No. **Ambagan Mihijam Near Kali Mandir, Post-mihijam, Ps-mihijam - 815354**, Sub District **Jamtara**, District **Jamtara**, State / UT **Jharkhand**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Locomotor Disability**

(B) The diagnosis in his case is **PARASIS WITH WRIEST AND DEFORMITY LEFT LOWER LIMB**

(C) He has **45%**(in figure) **Forty Five** percent(in words) Permanent Disability in relation to his **LEFT LOWER LIMB** 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

Niraj Kumar Mahato

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



[Signature]

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