



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

Disability Certificate

Maharishi Valmiki Hospital
Pooth Khand
North, Delhi, 110039



Certificate/UDID No. DL8060519990008690

Date of Issue: 30/09/2026

This is to certify that I/We have carefully examined **Arshad Murtaza** Son of **Tanveer**, Date of Birth **05/02/1999**, Gender **Male**, Registration No. **0702/00000/2312/5833032**, Resident of **Kh-487/2 , Street No 2, D-block Rajiv Nagar Bhalswa Dairy, Tehri Daulat Pur, Model Town, North, Delhi - 110042** whose photograph is affixed above, and I am/we are satisfied that:

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

(B) Name of affected body part: **BOTH LEGS.**

(C) The diagnosis in his case is **MYATONIA CONGENITA.**

(D) **He** has **61%** (in figure) **sixty one** 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]

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Members:

[Signature]

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