



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

Disability Certificate

Issuing Medical Authority, Moradabad, Uttar Pradesh



Certificate No.: UP0410620040078408

Date: 15/10/2016

This is to certify that I/we have carefully examined Shri **Mohd Arman**, Son of Shri **Zakir Husain**, Date of Birth **20/01/2004**, Age **17**, Male, Registration No. **0904/00000/2107/0199728**, resident of House No. **Ward No 4, Noori Masjid, Nagar Panhayat Dhakiya - 244401**, Sub District **Dilari**, District **Moradabad**, State / UT **Uttar Pradesh**, whose photograph is affixed above, and I am/we are satisfied that:

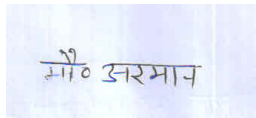
(A) He is a case of **Locomotor Disability**

(B) The diagnosis in his case is **Congenital dislocation left leg with shortening. (According to the CMO MBD cert. no 03 Dt. 15-10-2016 on lined)**

(C) He has **45%** (in figure) **Forty Five** percent (in words) Permanent Disability in relation to his Left Leg, BOTH LEG 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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