



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

Disability Certificate

Issuing Medical Authority, Sambhal, Uttar Pradesh



Certificate No.: UP7310619940039739

Date: 19/04/2017

This is to certify that I/we have carefully examined Kum. **Zainab**, Daughter of Shri **Shujauddin**, Date of Birth **05/09/1994**, Age **26**, Female, Registration No. **0973/00000/1707/0491001**, resident of House No. **Near Tehsildar Wali Masjid, Moh Baghicha, Sarai Tareen - 244303**, Sub District **Sambhal**, District **Sambhal**, State / UT **Uttar Pradesh**, whose photograph is affixed above, and I am/we are satisfied that:

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

(B) The diagnosis in her case is **PPRP LEFT LOWER LIMB**

(C) She has **45%**(in figure) **Forty Five** percent(in words) Permanent Disability in relation to her Left 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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