



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

Disability Certificate

Chief Medical Officer
Sultanpur, Uttar Pradesh



Certificate No.: UP4810619510167474

Date: 13/02/2024

This is to certify that I/we have carefully examined **Shr Bal Govind Maurya**, Son of **Shri Late Kamta Prasad Maurya**, Date of Birth **01/01/1951**, Age **73**, M, Registration No. **0948/00000/2402/0528747**, resident of House No. **Village Dhakhapur Post Tamarsepur Maharani Pachchhim Sultanpur Uttar Pradesh- 222303**, Sub District **Lambhua**, District **Sultanpur**, State / **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 **Hemiparesis Left Side**
(C) He has **60%**(in figure) **Sixty** percent(in words) Permanent Disability in relation to his Hemiparesis Left Side 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)



Chief Medical Officer
Sultanpur, Uttar Pradesh