



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

## Disability Certificate

Chief Medical Officer  
Muzaffarnagar, Uttar Pradesh



Certificate No.: UP0210820120197191

Date: 19/02/2024

This is to certify that I/we have carefully examined Kum. **Zehra Ali**, Daughter of Shri **Sharib Ali**, Date of Birth **24/08/2012**, Age **11**, F, Registration No. **0902/00000/2402/1177627**, resident of House No. **Jauli Muzaffarnagar - 251308**, Sub District **Jansath**, District **Muzaffarnagar**, State / UT **Uttar Pradesh**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Mental Illness**

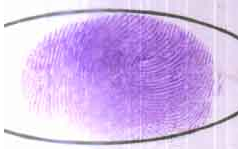
(B) The diagnosis in her case is **Autism Spectrum Disorder**

(C) She has **70%**(in figure) **Seventy** percent(in words) Temporary Disability in relation to her Whole Body 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).

This certificate recommended for **5 year(s)**, and therefore this certificate shall be valid till **19/02/2029**

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  
Muzaffarnagar, Uttar Pradesh

# UNIQUE DISABILITY ID

Government of India



STATE ID:  
**N/A**

Aadhaar No.  
**\*\*\*\*\*9514**



Card Issuing Authority  
**Chief Medical Officer, Muzaffarnagar, Uttar Pradesh**



# UNIQUE DISABILITY ID

Government of India



नाम / Name

जेहरा अली

**Zehra ali**

UD ID

**UP0210820120197191**

Disability Type

**Mental Illness**

Year of Birth

**2012**

% of Disability

**70% (Seventy Percent)**

Date of Issue

**22/02/2024**

Valid upto

**19/02/2029**



Issuing Authority Sign