



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

## Disability Certificate

Lucknow, Uttar Pradesh



**Certificate No.:** UP2621719480173815

**Date:** 06/03/2024

This is to certify that I/we have carefully examined Shri **Mohammad Mustafa Khan**, Son of Shri **Late Mr. Haroon Rashid Khan**, Date of Birth **15/03/1948**, Age **75**, M, Registration No. **0926/00000/2402/1302352**, resident of House No. **B-36, Sector 5, Indira Nagar Colony - 226016**, Sub District **Sadar**, District **Lucknow**, 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 **Lt. Hemiplegia**

**(C)** He has **65%**(in figure) **Sixty Five** percent(in words) Permanent Disability in relation to his 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).

The applicant has submitted the following document(s) as proof of residence:

**Nature of Document(s):** Aadhaar card

Mohd. Mustafa Khan

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



Lucknow, Uttar Pradesh