



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

Disability Certificate

Chief Medical Officer
Hathras, Uttar Pradesh



Certificate No.: UP7611120090123152

Date: 26/10/2023

This is to certify that I/we have carefully examined Shri **Eshan**, Son of Shri **Ajay Kumar**, Date of Birth **19/12/2009**, Age **13**, M, Registration No. **0976/00000/2209/1574098**, resident of House No. **Flat No.9 Sundarvan Colony Mathura Road - 204101**, Sub District **Hathras**, District **Hathras**, State / UT **Uttar Pradesh**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Autism Spectrum Disorder**

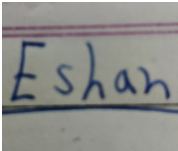
(B) The diagnosis in his case is **AUTISM SPECTRUM DISORDER**

(C) He has **50%**(in figure) **Fifty** percent(in words) Temporary Disability in relation to his as per the guidelines (Guidelines for evaluation and assessment of Autism and procedure for certification notified by Government of India vide 16-21/2013-DD-III dated 25/04/2016).

This certificate recommended for **5 year(s)**, and therefore this certificate shall be valid till **26/10/2028**

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
Hathras, Uttar Pradesh