



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

Disability Certificate

Chief Medical Officer, [REDACTED] Pradesh



Certificate No.: [REDACTED]

Date: 0[REDACTED]25

This is to certify that I/We have carefully examined Miss [REDACTED] Daughter of Shri [REDACTED], Date of Birth **22/09/2021**, Female, Registration No. [REDACTED], resident of [REDACTED], [REDACTED] Nature, [REDACTED], Sub District [REDACTED], District [REDACTED], State / UT [REDACTED] Whose photograph is affixed above, and I/We satisfied that:

(A) She is a case of **Cerebral Palsy**

(B) The diagnosis in her case is **CEREBRAL PALSY**

(C) She has **95%** (in figure) **ninety five** percent(in words) Temporary Disability in relation to her **CEREBRAL PALSY** 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. 1338 (E) Dated 12.03.2024).

This certificate recommended for **5 year(s)**, and therefore this certificate shall be valid till **03/01/2030**

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

[REDACTED]

Signature of notified Medical Authority Member

[REDACTED]
Chief Medical Officer