



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

Disability Certificate

Issuing Medical Authority, Kabirdham, Chhattisgarh



Certificate No.: CG0810620030068925

Date: 15/09/2021

This is to certify that I/we have carefully examined Kum. **Muskan Sahu**, Daughter of Shri **Ratan Sahu**, Date of Birth **14/09/2003**, Age **18**, Female, Registration No. **2208/00000/2109/0115120**, resident of House No. **Vill-pauni - 491559**, Sub District **Pandariya**, District **Kabirdham**, State / UT **Chhattisgarh**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Locomotor Disability**

(B) The diagnosis in her case is **B/L HAND DEF. 45 % DISABILITY**

(C) She has **45%**(in figure) **Forty Five** percent(in words) Temporary Disability in relation to her 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 **15/09/2026**

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

Nature of Document(s): Aadhaar card

आवेदक का हस्ताक्षर अंगूठा

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



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This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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