



GOVERNMENT OF RAJASTHAN
DEPARTMENT OF MEDICAL AND HEALTH



Disability Certificate (Form-II)

Certificate No.SAP/2019/1058002

Date:31/12/2019

This is to certify that I have carefully examined Shri/Smt./Kum. **GIRIRAJ SHARMA** son/ wife/ daughter of Shri **BADRI LAL SHARMA** Date of Birth (DD/MM/YYYY) 15/06/1996 Age 23 years, MALE Registration No SAP/2019/1058002 Permanent resident of HouseNo. 288 Street **BALAJI KI GALI** Area **LESARDA** Village **LESARDA** Grampanchayat **LESARDA** Panchayatsamiti **KESHORAI PATAN** Tehsil **KESHORAI PATAN** District **BUNDI** State **RAJASTHAN** whose Photograph is affixed and am satisfied that:



1. (A) He is a case of: **LOCOMOTOR DISABILITY**
(B) The diagnosis in his case is **AMPUTATION ABOVE KNEE LEFT**
(C) He has 80 % (in figure) Eighty percent (in words) **PERMANENT** physical impairment in relation to his **LEFT LEG** (part of body) as per guidelines (to be specified).



Signature valid

Digitally Signed by Dr. Gokul Lal Meena
Designation : SMHO
Date: 2019.12.31 11:51:08 IST
Reason: Approved
Location: BUNDI