



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

Disability Certificate

Issuing Medical Authority, Anugul, Odisha



Certificate No.: OD1510720080034985

Date: 13/11/2018

This is to certify that I/We have carefully examined Kum. **Shradharani Garanayak** Daughter of Shri **Santos Kumar Garanayak** Date of Birth **15/08/2008** Age **9 Year(s)** Female, Registration No. **2115/00000/1807/1499063** resident of House No. **At/po-gaham,ps-samal Barrage - 759100** Sub District **Samal Barrage** District **Anugul** State / UTs **Odisha**

Whose photograph is affixed above, and I/We satisfied that:

(A) She is a case of Low Vision

(B) The diagnosis in her case is **BOTH EYE - REFRACTIVE ERROR WITH FR DULL**

(C) She has **40%**(in figure) **Forty** percent(in words) Temporary in relation to her (part of body) as per guidelines (to be specified).

This certificate recommended for **3 year(s)**, and therefore this certificate shall be valid till **13/11/2021**

The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): Aadhaar card

Shera dan yadhi Garanayak

Signature / Thumb impression of the Person With Disability

[Signature]

Sudharma Ch. Patra
Sr. Eye Specialist
D.H.H., Angul, Odisha
Regd. No. : 10050 (B)

Signatory of notified Medical Authority Member



[Signature]

Issuing Medical Authority, Anugul, Odisha