



Department of Empowerment of Persons with Disabilities,  
Ministry of Social Justice and Empowerment, Government of India  
Acknowledgement / Resident Copy

## Person with Disability Registration

Enrolment No: 325590000024120005799

Enrolment Date: 10/12/2024

### PERSONAL DETAILS

Name of Applicant	Nidheesh David Kuruvila	Full Name in Regional Language	ನಿಧೀಶ್ ಡೇವಿಡ್ ಕುರುವಿಳ
Applicant Father's Name	Annie David	Applicant Mother's Name	Annie David
Date of Birth	21/05/1979	E-Mail Id	nidheeshdavid@gmail.com
Mobile Number	8904891228	Category	
Gender	Male	Relation with PwD (Person with Disability)	Mother
Blood Group		Contact No. of Guardian / Caretaker / Attendant / Related	8904891228
Name of Guardian / Caretaker / Attendant / Related	Annie David		



### Optional Details

Personal Income (Annual)		Highest Qualification	
Employed or Unemployed			
Proof of Identity Card (See Instructions)			
Identity Proof	Aadhaar Card	Aadhaar No.	*****9115
Address of Correspondence			
Address	T3-001 Ground Floor Aiish Staff Quarters Manasa Gangothri , Mysuru Mysuru Karnataka 570006		
Nature of Document for Address Proof	Aadhaar card		

### DISABILITY DETAILS

Do you have disability certificate?	No	Disability Type	Hearing Impairment
Disability Due To	Diseases	Hospital Treating District	Mysuru
Hospital Treating State / UTs	Karnataka		
Hospital Name	All India Institute Of Speech & Hearing (AIISH), Mysore		

For more information please scan the QR code to  
visit 'PwD Login'



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This is computer generated receipt and does not require any signature.