



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

Disability Certificate

Sub District Hospital, Panvel
Raigad, Maharashtra



Certificate No.: MH2490720020268696

Date: 06/02/2024

This is to certify that I/we have carefully examined **Ganesh Manohar Habale**, Son of Shri **Manohar Gopal Habale**, Date of Birth **07/12/2002**, Age **21**, M, Registration No. **2724/00000/2302/0904855**, resident of House No. **House No 136 Neral Kalamb Road, Poshir - 410101**, Sub District **Karjat**, District **Raigad**, State / UT **Maharashtra**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Low Vision**

(B) The diagnosis in his case is **RE Nanophthalmous LE No Abnormalities Detected**

(C) He has **40%**(in figure) **Forty** percent(in words) Permanent Disability in relation to his Right Eye And Left Eye 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).

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

Signatory of notified Medical Authority Member(s)



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Raigad, Maharashtra