



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

Disability Certificate

Issuing Medical Authority, Pune, Maharashtra



Certificate No.: MH2591320000379624

Date: 17/09/2021

This is to certify that I/we have carefully examined Shri **Ritick Singh**, Son of Shri **Uday Shankar Kumar**, Date of Birth **31/10/2000**, Age **20**, Male, Registration No. **2725/00000/2105/0011707**, resident of House No. **Smq611/6 Air Force Viman Nagar, Viman Nager, Pune Mh - 411014**, Sub District **Pune**, District **Pune**, State / UT **Maharashtra**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Specific Learning Disabilities**

(B) The diagnosis in his case is **DYSGRAPHIA**

(C) He has **40%**(in figure) **Forty** percent(in words) Permanent Disability in relation to his **MENTAL ILLNESS (LEARNING), MENTAL ILLNESS (IQ)** 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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