

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

Disability Certificate

Shri Vasantnaik Naik Government Hospital
Yavatmal, Maharashtra



Date: 06/02/2024

Certificate No.: MH1480419930230031

This is to certify that I/we have carefully examined Shri **Mohan Umashankar Thakare**, Son of Shri **Umashankar**, Date of Birth **03/01/1993**, Age **31**, M, Registration No. **2714/00000/2402/0078136**, resident of House No. **249 Vaibhav Nagar Lohara - 445001**, Sub District **Yavatmal**, District **Yavatmal**, State / UT **Maharashtra**, whose photograph is affixed above, and I am/we are satisfied that:

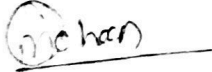
(A) He is a case of **Hearing Impairment**

(B) The diagnosis in his case is **RIGHT EAR MODERATELY SEVERE TO SEVERE AND LEFT EAR SEVERE TO PROFOUND HEARING**

(C) He has **50%**(in figure) **Fifty** percent(in words) Permanent Disability in relation to his BOTH EARS 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:

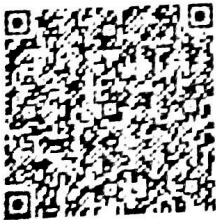
Nature of Document(s): Aadhaar card



Signature / Thumb Impression of the Person with Disability



Signatory of notified Medical Authority Member(s)



Shri Vasantnaik Naik Government Hospital
Yavatmal, Maharashtra

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.