



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

Disability Certificate

Issuing Medical Authority, Nashik, Maharashtra



Certificate No.: MH2050619860093702

Date: 05/03/2014

This is to certify that I/We have carefully examined Shri **Sandip Jagan Waghmare** Son of Shri **Jagan Baburao Waghmare** Date of Birth **06/01/1986** Age **33 Year(s)** Male, Registration No. **2720/00000/1903/0679607** resident of House No. **N42 Ab 2 28 2, Lokmanya Nagar Pawan Nagar, Cidco Nashik - 422008** Sub District **Nashik** District **Nashik** State / UTs **Maharashtra**

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

- (A) He is a case of Locomotor Disability
(B) The diagnosis in his case is **Mylopathy with Spastic gait**

(C) He has **52%**(in figure) **Fifty Two** percent(in words) Permanent in relation to his (part of body) as per guidelines (to be specified).

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

Nature of Document(s): Aadhaar card

S. J. Waghmare

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



S. J. Waghmare

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