



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

Disability Certificate

Issuing Medical Authority, Parbhani, Maharashtra



Certificate No.: MH1771519940198185

Date: 04/06/2022

This is to certify that I/we have carefully examined Kum. **Shakuntala Haribhau Khanpate**, Daughter of Shri **Haribhau**, Date of Birth **13/02/1994**, Age **28**, Female, Registration No. **2717/00000/2202/0143557**, resident of House No. **Vangi Road, Swachta Kamgar Colony, Parbhani - 431401**, Sub District **Parbhani**, District **Parbhani**, State / UT **Maharashtra**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Speech and Language Disability**

(B) The diagnosis in her case is **MAXILLOFACIAL ANOMALIES(CLEFT AND PALATE)**

(C) She has **92%**(in figure) **Ninety Two** percent(in words) Permanent Disability in relation to her Mouth 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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