



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.: MH2050620020057009

Date: 26/06/2019

This is to certify that I/We have carefully examined Shri **Pawan Arjun Jadhav** Son of Shri **Arjun** Date of Birth **23/03/2002** Age **17 Year(s)** Male, Registration No. **2720/00000/1906/1601241** resident of House No. **Plot No 88 Adinath Nagar Tisgoan Tal Chandwad - 423101** Sub District **Chandvad** 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 **Rt.U/L Congenital Deformity**

(C) He has **45%**(in figure) **Forty Five** 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

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



Issuing Medical Authority, Nashik, Maharashtra