



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

## Disability Certificate

District Civil Hospital  
General Hospital Complex, Chandrapur Road  
Gadchiroli, Maharashtra, 442605



**Certificate/UDID No. MH4720920000002961**

**Date of Issue: 06/03/2025**

This is to certify that I/We have carefully examined **Pawan Kailash Dengani** Son of **Kailash Murajmal Dengani**, Date of Birth **19/11/2000**, Gender **Male**, Registration No. **2747/50000/0250/30002358**, Resident of **Sindhi Colony, Kannamwar Ward, Gadchiroli, Gadchiroli, Maharashtra - 441207** whose photograph is affixed above, and I am/we are satisfied that:

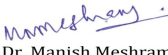
(A) **He** is a case of : **Mental Illness.**


(B) Name of affected body part: **Brain.**

(C) The diagnosis in his case is **MILD MENTAL RETARDATION.**

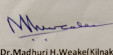
(D) **He** has **50%** (in figure) **fifty** percent(in words) disability and the nature of certificate is **Temporary and valid till 06/03/2028** as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide **S.O.1338(E)** dated **12/03/2024.**

Signature / Thumb impression of the Person with Disability:

  
Dr. Manish Meshram  
MBBS MD Psychiatric  
CS Hospital, Gadchiroli  
Reg. No.: 2006/11/3410

  
Dr. Satishkumar M. Solanke  
MS Ophthalmology,  
CS Hospital, Gadchiroli  
Reg. No.: 474/2002

Signature of notified Medical Authority Members:

  
Dr. Madhuri H. Weale (Kilake)  
M.B.B.S.  
M.S. (GENERAL SURGERY)  
REG NO. 85655

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