





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

## **Disability Certificate Disability Office, Pune, Maharashtra**



Certificate No.: MH2590619850766260 Date: 09/02/2024

This is to certify that I/We have carefully examined Shri **Digambar Prakash Kamble** Son of Shri **Prakash**, Date of Birth **05/12/1985**, Male, Registration No. **2725/00000/2111/0210959**, resident of **Sr No 98 Yojna Nagar Lohegaon - Wagholi Road, Lohegaon, Pune 411047** - **411047**, Sub District **Haveli**, District **Pune**, State / UT **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 D6 TUMOR WITH PARAPERESIS

**(C)** He has **48**% (in figure) **Forty Eight** percent(in words) Permanent Disability in relation to his Bil.L/L 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

Hamble

Signature / Thumb Impression of the Person with Disability

Signature of notified Medical Authority Member

Disabilityoffice Pune, Maharashtra

