



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



## Disability Certificate

Issuing Medical Authority, Thane, Maharashtra



Certificate No.: MH2190419970532469

Date: 23/09/2015

This is to certify that I/we have carefully examined Shri **Mandar Tashkentkumar Ahire**, Son of Shri **Tashkentkumar**, Date of Birth **09/07/1997**, Age **24**, Male, Registration No. **2721/00000/1711/1213326**, resident of House No. **Pravin Smruti, Ahire Sadan, 4th Floor, Aazad Nagar, Rambag Joshibag, Behind Smsanbhumi, Kalyan West - 421301**, Sub District **Kalyan**, District **Thane**, State / UT **Maharashtra**, whose photograph is affixed above, and I am/we are satisfied that:

- (A) He is a case of **Hearing Impairment**
- (B) The diagnosis in his case is **BILATERAL PROFOUND MIXED HEARING LOSS ; DEFICIENT SPEECH AND LANGUAGE**
- (C) He has **100%**(in figure) **One hundred** percent(in words) Permanent Disability in relation to his Ears 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

*(Handwritten signatures of medical authority members)*

Signatory of notified Medical Authority Member(s)



Issuing Medical Authority, Thane, Maharashtra

*(Handwritten signature)*  
**DR. MADHAVI PANDARE SURESH**  
M.S.(ENT)D.L.O.

*(Handwritten signature)*  
**Add. Civil Surgeon**  
(Clinical)

*(Handwritten signature)*  
**CIVIL SURGEON, THANE**