



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

## Disability Certificate

Issuing Medical Authority, Sangli, Maharashtra



Certificate No.: MH3580620000255517

Date: 22/09/2021

This is to certify that I/we have carefully examined Shri **Abhishek Virendra Patil**, Son of Shri **Virendra Patil**, Date of Birth **12/10/2000**, Age **20**, Male, Registration No. **2735/00000/2109/0058185**, resident of House No. **Plot No 4 Varad Colony, Hotel Sitara Mage, Sangli Miraj Road Sangli - 416414**, Sub District **Miraj**, District **Sangli**, State / UT **Maharashtra**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Locomotor Disability**

(B) The diagnosis in his case is **POST TRAUMATIC RT HIP AND RT KNEE STIFFNESS**

(C) He has **44%**(in figure) **Forty Four** percent(in words) Permanent Disability in relation to his Knee Right Leg 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):** Ration Card

*Abhi*

Signature / Thumb Impression of the Person with Disability

*Abhi*

*mRahul*

*Abhi*

Signatory of notified Medical Authority Member(s)



*Abhi*

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