



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

Disability Certificate

Chief District Medical Officer
General Hospital, Cotej Chokdi, Godhra Highway Road, Lunavada
Mahisagar, Gujarat, 389230



Certificate/UDID No. GJ2810620050106511

Date of Issue: 18/02/2025

This is to certify that I/We have carefully examined **Pateliya Montubhai Govindbhai** Son of **Govindbhai**, Date of Birth **03/09/2005**, Gender **Male**, Registration No. **2428/00000/2402/0478621**, Resident of **Thanasavli, Lunawada, Mahisagar, Gujarat - 389220** whose photograph is affixed above, and I am/we are satisfied that:

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

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

(C) The diagnosis in his case is **Kyphoscoliosis with thorasic spine.**

(D) **He** has **40%** (in figure) **forty** percent(in words) disability and the nature of certificate is **Temporary and valid till 18/02/2030** 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:

Signature of notified Medical Authority Members:

Chief District Medical Officer
General Hospital, Cotej Chokdi, Godhra Highway Road, Lunavada
Mahisagar, Gujarat, 389230



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