



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

## Disability Certificate

Rural Hospital, Murbad, Dist Thane, Thane, Maharashtra



**Certificate No.:** MH2190619800664876

**Date:** 22/04/2023

This is to certify that I/We have carefully examined Shri **Prajyot Shivaji Shelar** Son of Shri **Shivaji**, Date of Birth **20/06/1980**, Male, Registration No. **2725/00000/2304/0973796**, resident of **Dr B R Ambedkar Nagar, Near Chopda Court - 421003**, Sub District **Ulhasnagar**, District **Thane**, 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 **POST TRAUMATIC PERIARTHRTIS R L**

**(C)** He has **40%** (in figure) **Forty** percent(in words) Permanent Disability in relation to his **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):** Aadhaar card

Signature / Thumb Impression of the Person with Disability

Signature of notified Medical Authority Member

Rural Hospital, Murbad, Dist Thane  
Thane, Maharashtra

