



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

## Disability Certificate

Rural Hospital  
Chalisgaon  
Jalgaon, Maharashtra, 424101



**Certificate/UDID No. MH4780520010023847**

**Date of Issue: 21/08/2025**

This is to certify that I/We have carefully examined **Vipin Pravinkumar Desale** Son of **Pravinkumar Desale**, Date of Birth **04/11/2001**, Gender **Male**, Registration No. **2747/80000/0250/60021483**, Resident of **Saikrupa Plot No. 23b, Behind Gaytri Lab, Near Devare Hospital, Laxmi Nagar, Chalisgaon, Jalgaon, Maharashtra - 424101** 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: **One Leg (OL).**

(C) The diagnosis in his case is **DEFORMITY FOLLOWING CRUSH INJURY TO RIGTH LEG.**

(D) **He** has **48%** (in figure) **forty eight** percent(in words) disability and the nature of certificate is **Temporary and valid till 21/08/2027** 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:

Rural Hospital  
Chalisgaon  
Jalgaon, Maharashtra, 424101



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