



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

Disability Certificate

Issuing Medical Authority, Pune, Maharashtra



Certificate No.: MH25100620070160129

Date: 31/01/2014

This is to certify that I/We have carefully examined Kum. **Rucha Dipak Chaudhari** Daughter of Shri **Dipak** Date of Birth **13/01/2007** Age **12 Year(s)** Female, Registration No. **2725/00000/1902/1610020** resident of House No. **Sector-20, Meghmalhar Housing Society, Room No-4, Building No-1, Sachin A-4, Krishnanagar, Chinchwad Pune Maharashtra - 411019** Sub District **Mulshi** District **Pune** State / UTs **Maharashtra** Whose photograph is affixed above, and I/We satisfied that:

(A) She is a case of Locomotor Disability
(B) The diagnosis in her case is **CP with Quadriplegia**

(C) She has **84%**(in figure) **Eighty Four** percent(in words) Permanent in relation to her (part of body) as per guidelines (to be specified).

The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): Aadhaar card



Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



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