



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

## Disability Certificate

Medical Superintendent  
New Civil Hospital, Majura Gate  
Surat, Gujarat, 395001



**Certificate/UDID No. GJ4550519960003528**

**Date of Issue: 04/07/2025**

This is to certify that I/We have carefully examined **Jayeshbhai Jagdishbhai Patel** Son of **Jagdishbhai**, Date of Birth **06/06/1996**, Gender **Male**, Registration No. **2445/90000/0250/70003484**, Resident of **Mandir Faliyu, virpor, mandvi, Mandvi, Surat, Gujarat - 394155** 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: **RT UPPER LIMB.**

(C) The diagnosis in his case is **RT UPPER LIMB ABOVE ELBOW AMPUTATION AT MID ARM LEVEL.**

(D) **He** has **85%** (in figure) **eighty five** percent(in words) disability and the nature of certificate is **Permanent** 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:

Medical Superintendent  
New Civil Hospital, Majura Gate  
Surat, Gujarat, 395001



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