



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

Disability Certificate

Rural Hospital, Barshi, Dist Solapur, Solapur, Maharashtra



Certificate No.: MH3050420030175523

Date: 09/07/2021

This is to certify that I/We have carefully examined Shri **Moin Kausar Shaikh** Son of Shri **Kausar**, Date of Birth **20/05/2003**, Male, Registration No. **2730/00000/2106/1265466**, resident of **At/post Agalgaon Taluka Barshi Dist Solapur - 413409**, Sub District **Barshi**, District **Solapur**, State / UT **Maharashtra**

Whose photograph is affixed above, and I/We satisfied that:

(A) He is a case of **Hearing Impairment**

(B) The diagnosis in his case is **Bilateral severe Mixed Hearing Loss**

(C) He has **45%** (in figure) **Forty Five** percent(in words) Permanent Disability in relation to his Both Ears 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, Barshi, Dist Solapur
Solapur, Maharashtra

