



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

Disability Certificate

Issuing Medical Authority, Mumbai, Maharashtra



Certificate No.: MH2370419830036328

Date: 15/07/2019

This is to certify that I/We have carefully examined Shri **Shekhar Dattaram Modsing** Son of Shri **Dattaram Ballaram Modsing** Date of Birth **09/02/1983** Age **34 Year(s)** Male, Registration No. **2723/00000/1712/0049112** resident of House No. **Shekhar Dattaram Modsing, Adarsh Mitra Mandal Jai Maharashtra Nagar, Kokari Agar S.m. Road Sion Koliwada - 400037** Sub District **Mumbai** District **Mumbai** State / UTs **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 PROFOUND SENSORINEURAL HEARING LOSS**

(C) He has **100%**(in figure) **One hundred** percent(in words) Permanent in relation to his (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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