



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

## Disability Certificate

District Civil Hospital  
Palghar Campus, Kacheri Road  
Palghar, Maharashtra, 401404



**Certificate/UDID No. MH6620519940005986**

**Date of Issue: 14/11/2025**

This is to certify that I/We have carefully examined **Nahush Dinesh Mahajan** Son of **Dinesh Mahajan**, Date of Birth **23/03/1994**, Gender **Male**, Registration No. **2749/00000/0250/60008653**, Resident of **Barc Colony Typee 36/16, Boisar, Tarapur, Palghar, Palghar, Maharashtra - 401504** 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 **AMPUTATION OF 2ND,3RD,4TH,5TH TOE OF LEFT FOOT.**

(D) **He** has **40%** (in figure) **forty** 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:

District Civil Hospital  
Palghar Campus, Kacheri Road  
Palghar, Maharashtra, 401404



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