



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

Disability Certificate

Rcsm Govt. Medical College Kolhapur, Kolhapur, Maharashtra



Certificate No.: MH3422220020264710

Date: 08/07/2022

This is to certify that I/We have carefully examined Shri **Bhimsen Laxman Sav** Son of Shri **Laxman**, Date of Birth **26/10/2002**, Male, Registration No. **2734/00000/2206/2430467**, resident of **Flat No 102 Vasant Plaza Jaysingrao Park Kagal - 416216**, Sub District **Kagal**, District **Kolhapur**, State / UT **Maharashtra**

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

(A) He is a case of **Muscular Dystrophy**

(B) The diagnosis in his case is **MUSCULAR DYSTROPHY**

(C) He has **40%** (in figure) **Forty** percent(in words) Permanent Disability in relation to his **BOTH LOWER LIMB** 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

Rcsm Govt. Medical College Kolhapur
Kolhapur, Maharashtra

