



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

Disability Certificate

District Civil Hospital
Civil Hospital, Alibag, Raigad
Raigad, Maharashtra, 402201



Certificate/UDID No.: MH4990120010013510

Date of Issue: 26/03/2025

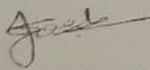
This is to certify that we have carefully examined **Vipul Ramakant Mhatre** Son of **Ramakant**, Date of Birth **29/12/2001**, Gender **Male**, Registration No. **2748/20000/0250/30010021**, Resident of **Walavate Shahabaj Tal Alibag Raigad Alibag, Raigad, Maharashtra - 402108** whose photograph is affixed above, and we are satisfied that:

(A) **He** is a case of **Multiple Disabilities**. His extent of physical impairments/ disabilities have been evaluated 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**. for the disabilities below:

S No.	Disability	Name of Affected Body Part	Diagnosis	Disability Percentage (in %)
1	Locomotor Disability	Both Legs Arms (BLA)	POLYARTICULAR JUVENILE ARTHRITIS	62%
2	Chronic Neurological Conditions	ALL FOUR LIMBS	QUADRIPARESIS	76%

(B) **He** has **91%** (in figure) percent (in words) overall disability and the nature of certificate is **Permanent**.

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Members:



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