



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

Disability Certificate

Issuing Medical Authority, Mumbai Suburban, Maharashtra



Certificate No.: MH2220920020075014

Date: 28/09/2021

This is to certify that I/we have carefully examined Shri **Sahil Madan Gadgil**, Son of Shri **Madan Gadgil**, Date of Birth **29/09/2002**, Age **18**, Male, Registration No. **2722/00000/1904/0051618**, resident of House No. **2, Samarth Krup,, Behind Plaza Cinema, Dadar West - 400028**, Sub District **Andheri**, District **Mumbai Suburban**, State / UT **Maharashtra**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Intellectual Disability**

(B) The diagnosis in his case is **Mild Intellectual Disability**

(C) He has **50%**(in figure) **Fifty** percent(in words) Permanent Disability in relation to his Brain 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

Sahil

Signature / Thumb Impression of the Person with Disability

Sahil



Signatory of notified Medical Authority Member(s)



Hant

Issuing Medical Authority, Mumbai Suburban, Maharashtra