



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

Disability Certificate

**Medical Superintendent Mandya Institute Of Medical Sciences And Teaching Hospital
Mandya Institute Of Medical Sciences And Teaching Hospital B M Main Road, Opposite
DHO Office
Mandya, Karnataka, 571401**



Certificate/UDID No. KA1971220030205818

Date of Issue: 01/01/2026

This is to certify that I/We have carefully examined **Prajwal H T** Son of **Thimmegowda**, Date of Birth **26/08/2003**, Gender **Male**, Registration No. **2919/00000/2202/0979650**, Resident of **Hucchanakoppalu Village Bindiganavile Hobli Nagamangala Taluku, Nagamangala, Mandya, Karnataka - 571802** whose photograph is affixed above, and I am/we are satisfied that:

(A) **He** is a case of : **Chronic Neurological Conditions.**

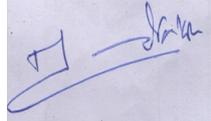
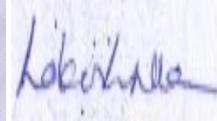
(B) Name of affected body part: **Brain, Nerves and Spine.**

(C) The diagnosis in his case is **CONGENITAL MYOPATHY.**

(D) **He** has **45%** (in figure) **forty five** 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.**

Prajwal H T

Signature / Thumb impression of the Person with
Disability:

[Signature]
Medical Superintendent Mandya Institute Of Medical Sciences And
Teaching Hospital

Signature of notified Medical Authority Members: Mandya Institute Of Medical Sciences And Teaching Hospital
Main Road, Opposite DHO Office
Mandya, Karnataka, 571401



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