

3734
18/12/2025



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



Disability Certificate

Pandit Bhimsen Joshi General Hospital
Nea Maxus Mall, Swami Satyanand Road, Bhyendar West
Thane, Maharashtra, 401101



Certificate/UDID No. MH4990819930020433

Date of Issue: 12/12/2025

This is to certify that I/We have carefully examined **Manish Pawankumar Sahal** Son of **Rekha Sahal**, Date of Birth **15/09/1993**, Gender **Male**, Registration No. **2749/70000/0251/20010529**, Resident of **404/ A-wing Marco Tower, Station Road, Near Vasai Janta Sahkari Bank, Bandarwadi Bhayander East Thane, Thane, Maharashtra - 401105** whose photograph is affixed above, and I am /we are satisfied that:

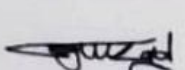
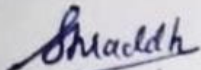
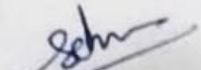
(A) **He** is a case of : **Intellectual Disability.**

(B) Name of affected body part: **Brain.**



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

(D) **He** has **50%** (in figure) **fifty** 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:

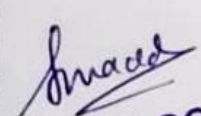
  

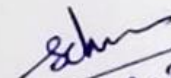
Signature of notified Medical Authority Members:

 
Pandit Bhimsen Joshi General Hospital
Nea Maxus Mall, Swami Satyanand Road, Bhyendar West
DR. JAFAR TADVI
CIVIL SURGEON
Thane, Maharashtra, 401101

Pandit Bhimsen Joshi General Hospital
Mira-Bhayander, Dist. - Thane
Reg. No. 78295




Dr. SHRADDHA SONI
Reg. No. 2018/08/4033
MD. Psychiatry


12-12-2025
Dr. Smita P. Ade
Add. Civil Surgeon
P.B.J. General Hospital
Mira-Bhayander, Dist. Thane
Reg. No. 2008/01/0223

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