



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

Disability Certificate

District Civil Hospital
Aundh
Pune, Maharashtra, 411007



Certificate/UDID No. MH4990519910004862

Date of Issue: 02/01/2026

This is to certify that I/We have carefully examined **Ankush Padmakar Varade** Son of **Padmakar Maroti Varade**, Date of Birth **27/06/1991**, Gender **Male**, Registration No. **2749/00000/0250/50012042**, Resident of **C 104 , Ace Aurum li, Opp Santosa Resort, Ravet , Haveli, Pune, Maharashtra - 412101** whose photograph is affixed above, and I am/we are satisfied that:

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

(B) Name of affected body part: **Both Leg (BL).**

(C) The diagnosis in his case is **B/L LL PARAPARESIS .**

(D) **He** has **75%** (in figure) **seventy five** percent(in words) disability and the nature of certificate is **Temporary and valid till 02/01/2027** 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:

District Civil Hospital
Aundh
Pune, Maharashtra, 411007



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