



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

Disability Certificate

Issuing Medical Authority, Bharuch, Gujarat



Certificate No.: GJ2110619880009042

Date: 28/05/2013

This is to certify that I/We have carefully examined Shri **Maheshbhai Khodabhai Vaghela** Son of Shri **Khodabhai** Date of Birth **10/08/1988** Age **29 Year(s)** Male, Registration No. **2421/00000/1712/0012829** resident of House No. **Tekro Po. Nondhana Valipore - 392150** Sub District **Jambusar** District **Bharuch** State / UTs **Gujarat** Whose photograph is affixed above, and I/We satisfied that:

(A) He is a case of Locomotor Disability
(B) The diagnosis in his case is **RPM**

(C) He has **45%**(in figure) **Forty Five** percent(in words) Permanent in relation to his (part of body) as per guidelines (to be specified).

The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): Aadhaar card

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



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