



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

Disability Certificate

Chief Medical Officer , Belgaum, Belagavi, Karnataka



Certificate No.: KA0110619910003166

Date: 21/07/2019

This is to certify that I/We have carefully examined Shri **Sagar Jotiba Maraganache** Son of Shri **Jotiba**, Date of Birth **05/11/1991**, Male, Registration No. **2901/00000/1901/0808222**, resident of **1011 Sambhaji Galli Bastwad H - 590020**, Sub District **Belagavi**, District **Belagavi**, State / UT **Karnataka**

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 **HRS right leg heel**

(C) He has **55%** (in figure) **Fifty Five** percent(in words) Permanent Disability in relation to his Right Leg 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

Signature / Thumb Impression of the Person with Disability

Signature of notified Medical Authority Member

Chief Medical Officer , Belgaum
Belagavi, Karnataka

