



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

Disability Certificate

Shri Vasantao Naik Government Hospital
Waghapur Road, Palswadi Camp, Civil Lines,
Yavatmal, Maharashtra, 445001



Certificate/UDID No. MH5091919910007111

Date of Issue: 08/01/2026

This is to certify that I/We have carefully examined **Pavan Waman Gedam** Son of **Waman Sitaram Gedam**, Date of Birth **05/12/1991**, Gender **Male**, Registration No. **2750/00000/0251/10013048**, Resident of **At Wadwat Post Chanakha Tal Kelapur Dist Yavatmal Near Zp Primary School Wadwat Wadwat Po Chanakha Dist Yavatmal, Maharashtra - 445305, Kelapur, Yavatmal, Maharashtra - 445305** whose photograph is affixed above, and I am/we are satisfied that:

(A) **He** is a case of : **Sickle Cell Disease.**

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

(C) The diagnosis in his case is **SICKLE CELL DISEASE .**

(D) **He** has **42%** (in figure) **forty two** 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.**

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Signature / Thumb impression of the Person with Disability:

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Signature of notified Medical Authority Members:

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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.