



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

Disability Certificate
Government Medical College And Hospital
Near Panchakki Road
Chhatrapati Sambhajnagar, Maharashtra, 431001



Certificate/UDID No. MH4690919870025875

Date of Issue: 29/01/2026

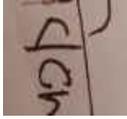
This is to certify that I/We have carefully examined **Vikas Kaduba Thorat** Son of **Kaduba Thorat**, Date of Birth **30/07/1987**, Gender **Male**, Registration No. **2746/90000/0260/10025050**, Resident of **Nachanwel, Kannad, Chhatrapati Sambhajnagar, Maharashtra - 431104** whose photograph is affixed above, and I am/we are satisfied that:

(A) **He** is a case of : **Mental Illness.**

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

(C) The diagnosis in his case is **Mental Illness, Dementia, 90% Disability, Permanent.**

(D) **He** has **90%** (in figure) **ninety** 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:

Prasad *Joshi*

Signature of notified Medical Authority Members:

[Signature]

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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.