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

Disability Certificate

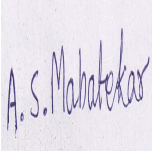
District Civil Hospital, Ahmednagar, Ahilyanagar, Maharashtra

Certificate No.: MH2610720050049882 **Date: 24/06/2020**

This is to certify that I/We have carefully examined Shri **Atharv Suryakant Mahatekar** Son of Shri **Suryakant**, Date of Birth **24/01/2005**, Male, Registration No. **2726/00000/1904/0731709**, resident of **Savedi Ahmednagar Ahmednagar - 414003**, Sub District **Nagar**, District **Ahilyanagar**, State / UT **Maharashtra**
Whose photograph is affixed above, and I/We satisfied that:
(A) He is a case of **Low Vision**
(B) The diagnosis in his case is **RE NYSTAGMUS**
(C) He has **40%** (in figure) **Forty** percent(in words) Permanent Disability in relation to his BOTH EYES 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

District Civil Hospital, Ahmednagar
Ahilyanagar, Maharashtra

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