



सत्यमेव जयते

UNIQUE DISABILITY ID
GOVERNMENT OF INDIA



Name : Durgesh Sanjay Bombe

UD ID : MH4990119950002970

Disability Type : Multiple Disabilities (P)

% of Disability : 69%

Year of Birth : 1995

Date of Issue : 04/03/2026

Valid Upto : Permanent

Issuing Authority Address : Maharashtra Bhushan Nanasaheb Dharmadhikari Sub District Hospital, Raigad,
Maharashtra



Note:-

1. This is a digital certificate. The format of this certificate may differ from document issued by the concerned department.
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Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India

Disability Certificate

Maharashtra Bhushan Nansahab Dharmadhikari Sub District Hospital, Raigad, Maharashtra



Certificate No.: MH4990119950002970

Date: 04/03/2026

This is to certify that I/We have carefully examined Shri **Durgesh Sanjay Bombe** Son of Shri **SANJAY MAHADEV BOMBE**, Date of Birth **07/10/1995**, Age **30 Year(s)**, Male, Registration No. **274910000025090012288** resident of , **Rohidas Wada, , Near Anganwadi, At-bopele, Po-neral - 410101**, Sub District **Karjat**, District **Raigad**, State / UT **Maharashtra**

Whose photograph is affixed above, and I am/We are satisfied that:

- A. He is a case of **Multiple Disability**. His extent of physical impairment/disability has been evaluated 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. 1338 (E) Dated 12.03.2024) for the disabilities ticked below, and shown against the relevant disability table below.

SNO.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Low Vision	Right Eye	RIGHT EYE OPTIC ATROPHY, LEFT WNL	30%
2	Locomotor Disability	BRAIN	REFRACTORY EPILEPSY	56%

- B. In the light of the above his overall physical impairment as per guidelines (to be specified) is as follows.

In figures 69%

In words sixty nine percent

2. This condition is .

3. Re-assessment of disability is:

(i) not recommended,

Signature / Thumb Impression of the Person with Disability

Signature of notified Medical Authority Member

Maharashtra Bhushan Nansahab Dharmadhikari Sub District Hospital
Raigad, Maharashtra



Digitally signed on
Date: 13/03/2026 15:58:43 IST

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