



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

Disability Certificate

Chief District Medical Officer
Adani Institute Of Medical Sciences, Gaims Campus
Kachchh, Gujarat, 370001



Certificate/UDID No. GJ4470519890002775

Date of Issue: 09/05/2025

This is to certify that I/We have carefully examined **Verat Laxmi Luvin** Date of Birth **25/07/1989**, Gender **Female**, Registration No. **2444/00000/2504/0007423**, Resident of **7, Hathiparu, Badargadh-1, Verat Vas, At-badargadh, Ta-rapar-kachchh, Rapar, Kachchh, Gujarat - 370165** whose photograph is affixed above, and I am/we are satisfied that:

(A) **She** is a case of : **Locomotor Disability.**

(B) Name of affected body part: **One Leg (OL).**

(C) The diagnosis in her case is **Post traumatic left foot drop.**

(D) **She** has **40%** (in figure) **forty** percent(in words) disability and the nature of certificate is **Temporary and valid till 08/05/2026** 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:

Dr. Tej Rudani, Orthopedic

Signature of notified Medical Authority Members:

Chief District Medical Officer
Adani Institute Of Medical Sciences, Gaims Campus
Kachchh, Gujarat, 370001



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