



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

## Disability Certificate

Dr Shankarrao Chavan Government Medical College And Hospital, Nanded, Maharashtra



Certificate No.: MH1590620020428469

Date: 30/04/2024

This is to certify that I/We have carefully examined Shri **Pawan Sanjay Harkar** Son of Shri **Sanjay**, Date of Birth **01/06/2002**, Age **22**, Male, Registration No. **2715/00000/1903/0983708**, resident of **Tamsa, Hadgaon - 431712**, Sub District **Hadgaon**, District **Nanded**, State / UT **Maharashtra**

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

(A) He is a case of **Locomotor Disability**

(B) The diagnosis in his case is **right knee stiffness with shortening**

(C) He has **46%** (in figure) **Forty Six** percent(in words) Temporary Disability in relation to his right knee 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).

This certificate recommended for **4 year(s)**, and therefore this certificate shall be valid till **30/04/2028**

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

Dr Shankarrao Chavan Government Medical College And Hospital  
Nanded, Maharashtra

