



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

## Disability Certificate

V.s General Hospital  
Mental Hospital Rd, Dharamveer Nagar  
Thane, Maharashtra, 400601



**Certificate/UDID No. MH4990319810012655**

**Date of Issue: 11/06/2025**

This is to certify that I/We have carefully examined **Deepak Hindurao Mane** Care of **Varsha Deepak Mane**, Date of Birth **12/09/1981**, Gender **Male**, Registration No. **2749/70000/0250/40017175**, Resident of **New Brahmand Chs Phase 7 ,f -13 ,room No -101 Ghodabundar Road Thane, Thane, Thane, Maharashtra - 400607** whose photograph is affixed above, and I am/we are satisfied that:

(A) **He** is a case of : **Low Vision.**

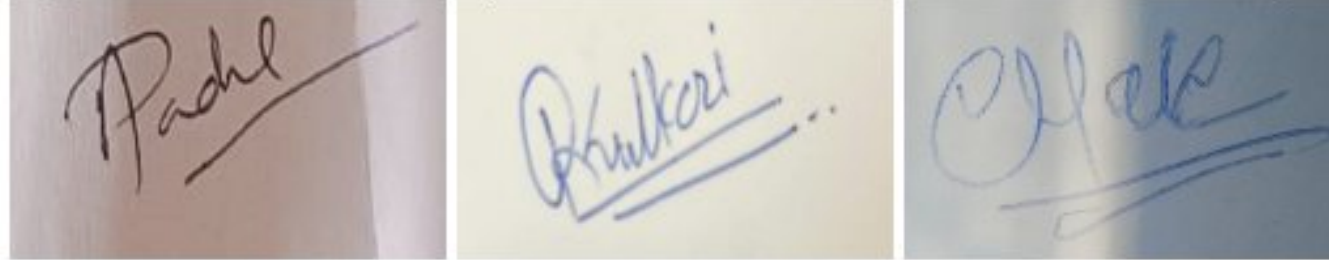
(B) Name of affected body part: **Both Eye.**

(C) The diagnosis in his case is **BE-HEMIANOPIA.**

(D) **He** has **50%** (in figure) **fifty** 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:



Signature of notified Medical Authority Members:



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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.