



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

Disability Certificate

Sub District Hospital
Kamathe Taluka Chiplun
Ratnagiri, Maharashtra, 415605



Certificate/UDID No. MH4990519990008716

Date of Issue: 09/10/2025

This is to certify that I/We have carefully examined **Asmita Anil Thasale** Daughter of **Anita Anil Thasale**, Date of Birth **29/06/1999**, Gender **Female**, Registration No. **2749/20000/0250/10004704**, Resident of **A/p Kamathe Mahadikwadi , Chiplun, Ratnagiri, Maharashtra - 415605** whose photograph is affixed above, and I am/we are satisfied that:

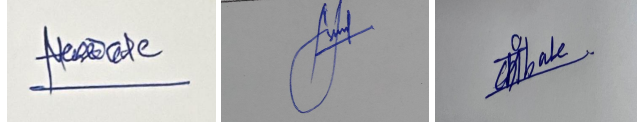
(A) **She** is a case of : **Locomotor Disability.**

(B) Name of affected body part: **One Arm (OA).**

(C) The diagnosis in her case is **LEFT MONOPARESIS .**

(D) **She** has **40%** (in figure) **forty** percent(in words) disability and the nature of certificate is **Temporary and valid till 16/11/2030** 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:

Sub District Hospital
Kamathe Taluka Chiplun
Ratnagiri, Maharashtra, 415605



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