



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

Disability Certificate

District Civil Hospital Satara, Satara, Maharashtra



Certificate No.: MH4950519970014956

Date: 23/12/2024

This is to certify that I/We have carefully examined Shri **Omkar Vinod Babar** Son of Shri **Vinod**, Date of Birth **29/06/1997**, Male, Registration No. **2749/40000/0240/90009947**, resident of **At.post-kikali - 415530**, Sub District **Wai**, District **Satara**, State / UT **Maharashtra**

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

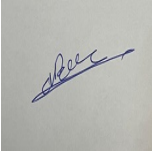
(A) He is a case of **Locomotor Disability**

(B) The diagnosis in his case is **POST SURGICAL SEQUELAE OF PELVIS SURGERY**

(C) He has **33%** (in figure) **thirty three** percent(in words) Permanent Disability in relation to his Both Leg (BL) 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).

The applicant has submitted the following document(s) as proof of residence:

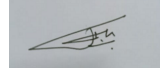
Nature of Document(s): Aadhaar card



Signature / Thumb Impression of the Person with Disability



Signature of notified Medical Authority Member



District Civil Hospital Satara
Satara, Maharashtra

