



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

Disability Certificate

Government Medical Collage And Hospital, Akola, Akola, Maharashtra



Certificate No.: MH0510620000016740

Date: 11/01/2018

This is to certify that I/We have carefully examined Shri **Abhijit Devidas Ghayal** Son of Shri **Devidas**, Date of Birth **06/08/2000**, Male, Registration No. **2705/00000/1710/0050458**, resident of **At Po Danapur Telhara Akola - 444108**, Sub District **Telhara**, District **Akola**, 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 **Lt Hemiparesis**

(C) He has **88%** (in figure) **Eighty Eight** percent(in words) Permanent Disability in relation to his Lt U/L, Lt L/L 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).

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

Government Medical Collage And Hospital, Akola
Akola, Maharashtra

