



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

Disability Certificate

Central Hospital Ulhasnagar,thane, Thane, Maharashtra



Certificate No.: MH2150619970126380

Date: 13/11/2019

This is to certify that I/We have carefully examined Shri **Dhiraj Hanumanta Kutty** Son of Shri **Hanumanta**, Date of Birth **25/05/1997**, Male, Registration No. **2721/00000/1903/1319930**, resident of **Om Sai Colony Room No 2/3 Amrai Vijay Nagar,tisgaon Kalyan East-421306 - 421306**, Sub District **Kalyan**, District **Thane**, 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 **Above Knee Amputation Left Lower Limb**

(C) He has **80%** (in figure) **Eighty** percent(in words) Permanent Disability in relation to his Left Lower Limb 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): Registered Sale/Lease Agreement

Signature / Thumb Impression of the Person with Disability

Signature of notified Medical Authority Member

Central Hospital Ulhasnagar,thane
Thane, Maharashtra

