



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

## Disability Certificate

Chief Medical Officer

Office of the Chief Medical Officer, Shri Vinoba Bhave Civil Hospital  
Dadra And Nagar Haveli, The Dadra And Nagar Haveli And Daman And Diu, 396230



Certificate/UDID No. ND4650519870003898

Date of Issue: 29/04/2026

This is to certify that I/We have carefully examined **Anand Prakash Agrawal** Son of **Prakash Agrawal**, Date of Birth **05/02/1987**, Gender **Male**, Registration No. **2503/00000/2402/0300560**, Resident of **B4-203, Orion Imperia, Naroli Char Rastha, Naroli, Dadra & Nagar Haveli, Dadra And Nagar Haveli, The Dadra And Nagar Haveli And Daman And Diu - 396235** whose photograph is affixed above, and I am/we are satisfied that:

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

(B) Name of affected body part: **Left hemiparesis.**

(C) The diagnosis in his case is **Left hemiparesis post cerebrovascular accident stroke .**

(D) **He** has **60%** (in figure) **sixty** 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**.

*Anand..*

Signature / Thumb impression of the Person with Disability:

*Anand..*

*Anand..*

*Anand..*

Signature of notified Medical Authority Members:

Chief Medical Officer

Office of the Chief Medical Officer, Shri Vinoba Bhave Civil Hospital  
Dadra And Nagar Haveli, The Dadra And Nagar Haveli And Daman  
And Diu, 396230



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