



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

Disability Certificate

Maharashtra Institute Of Mental Health Pashan, Pune, Pune, Maharashtra



Certificate No.: MH49920620000015676

Date: 12/06/2024

This is to certify that I/We have carefully examined Shri **Akshay Prakash Shanbhag** Son of Shri **Prakash Vaman Shanbhag**, Date of Birth **22/11/2000**, Age **23**, Male, Registration No. **2749/00000/0240/60013425**, resident of **B-8, 302, 3rd Floor, Matru Krupa Building, Off. F. C. Road, Model Colony, Next To Lalit Mahal Hotel And Subodh Classes, - 411016**, Sub District **Pune City**, District **Pune**, State / UT **Maharashtra**

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

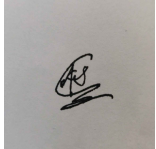
(A) He is a case of **Autism Spectrum Disorder**

(B) The diagnosis in his case is **Mild Autism Spectrum Disorder**

(C) He has **60%** (in figure) **sixty** percent(in words) Permanent Disability in relation to his Brain 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

Maharashtra Institute Of Mental Health Pashan, Pune
Pune, Maharashtra

