



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

Disability Certificate

Byramjee Jeejeebhoy Government Medical College And Sassoon General Hospital
JPN Road, Railway Station Road
Pune, Maharashtra, 411001



Certificate/UDID No. MH4990319840017825

Date of Issue: 19/11/2025

This is to certify that I/We have carefully examined **Kaluram Dnyaneshwar Gopale** Son of **Dnyaneshwar Namdev Gopale**, Date of Birth **08/07/1984**, Gender **Male**, Registration No. **2749/00000/0250/40017746**, Resident of **At/post Shirgoan, Mawal, Pune, Maharashtra - 410506** whose photograph is affixed above, and I am/we are satisfied that:

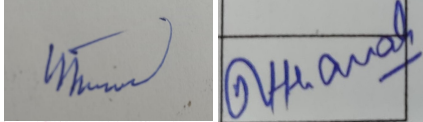
(A) **He** is a case of : **Low Vision.**

(B) Name of affected body part: **Both Eye.**

(C) The diagnosis in his case is **Both eyes - Anterior visual pathway defect .**

(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**.

Signature / Thumb impression of the Person with Disability:



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Signature of notified Medical Authority Members:



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