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

Disability Certificate

Chief District Medical Officer, Jamnabai Hospital, Vadodara, Gujarat

Certificate No.: GJ4670519840004864 **Date: 06/09/2024**

This is to certify that I/We have carefully examined Shri **Yogendrasinh Ramsinh Rathod** Son of Shri **Ramsinh**, Date of Birth **05/07/1984**, Male, Registration No. **2446/00000/2409/0004118**, resident of **A-57,shreeji Tenament,maretha,vadodara** - **390013**, Sub District **Vadodara East**, District **Vadodara**, State / UT **Gujarat** 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 **LEFT UPPER LIMB ERB'S PALSY DUE TO BRACHIAL PLEXUS INJURY**
(C) He has **80%** (in figure) **eighty** percent(in words) Permanent Disability in relation to his One Arm (OA) 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. 1338 (E) Dated 12.03.2024).

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

Chief District Medical Officer, Jamnabai Hospital
Vadodara, Gujarat

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