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

Disability Certificate

Chief District Medical Officer
General Hospital, Panigate Road, Mandvi Circle
Vadodara, Gujarat, 390017

Certificate/UDID No. GJ4680519840009889 **Date of Issue: 24/04/2026**

This is to certify that I/We have carefully examined **Shozib Sayied** Son of **Saeediqbal Saiyed**, Date of Birth **02/02/1984**, Gender **Male**, Registration No. **2446/00000/2604/0009288**, Resident of **S/o: Saeediqbal Sayied, F - 15 Taif Nagar - 2 Makrand Desai Road, Tandalja, Tandalja, Vadodara, Vadodara,** , **Vadodara West**, **Vadodara**, **Gujarat** - **390012** 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: **Both Leg (BL).**

(C) The diagnosis in his case is **POST-OP CASE OF MYELO MENINGOCELE WITH PARAPARESIS WITH BLADDER INVOLVEMENT.**

(D) **He** has **80%** (in figure) **eighty** 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:

Signature of notified Medical Authority Members:

Chief District Medical Officer
General Hospital, Panigate Road, Mandvi Circle
Vadodara, Gujarat, 390017

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