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

Disability Certificate

Issuing Medical Authority, Amravati, Maharashtra

Certificate No.: MH0720219950424547 **Date: 12/04/2023**

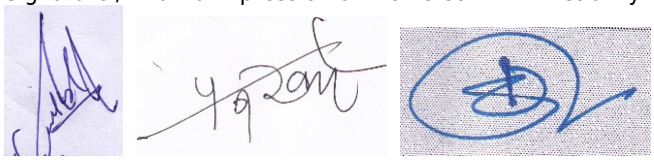
This is to certify that I/we have carefully examined Shri **Ravindra Vinodrao Dagamwar**, Son of Shri **Vinodrao Govind Dagamwar**, Date of Birth **10/09/1995**, Age **27**, Male, Registration No. **2707/00000/2302/1437260**, resident of House No. **Balaji Nagar, Akoli Road, Amravati** - **444605**, Sub District **Amravati**, District **Amravati**, State / UT **Maharashtra**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Blindness**
(B) The diagnosis in his case is **RT,EYE HIGH MYOPIA LT,EYE OPTIC ATROPHY**
(C) He has **60%**(in figure) **Sixty** percent(in words) Permanent Disability in relation to his Left Eye 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



Signatory of notified Medical Authority Member(s)

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