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

Disability Certificate

Government Medical College And Hospital
Collector Office Road
Akola, Maharashtra, 444001

Certificate/UDID No. MH4642019950010718 **Date of Issue: 22/03/2025**

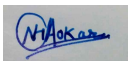
This is to certify that I/We have carefully examined **Nitish Himmat Gaokar** Son of **Himmat Amruta Gaokar**, Date of Birth **30/03/1995**, Gender **Male**, Registration No. **2746/70000/0250/10003917**, Resident of **Jyoti Nagar Jatharpeth**, **Akola**, **Akola**, **Maharashtra** - **444005** whose photograph is affixed above, and I am/we are satisfied that:

(A) **He** is a case of : **Chronic Neurological Conditions.**

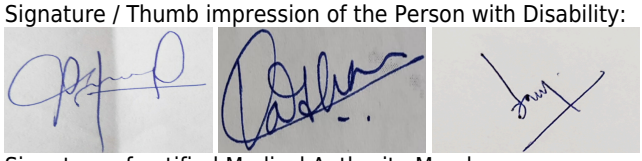
(B) Name of affected body part: **Brain, Nerves and Spine.**

(C) The diagnosis in his case is **Primary progressive multiple sclerosis .**

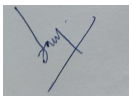
(D) **He** has **65%** (in figure) **sixty five** percent(in words) disability and the nature of certificate is **Temporary and valid till 20/03/2028** as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities 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:



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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.