



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

Disability Certificate

All India Institute Of Physical Medicine And Rehabilitation
Keshavrao Khayde Marg
Mumbai, Maharashtra, 400034



Certificate/UDID No. MH4840519760005880

Date of Issue: 02/07/2026

This is to certify that I/We have carefully examined **Satish Bhagwan Narwade** Care of **Deepali Satish Narwade**, Date of Birth **07/08/1976**, Gender **Male**, Registration No. **2748/30000/0260/50016752**, Resident of **Room No.709, B'wing 7th Floor Kurla Kadam Chs. Shamim Tower, bhiva Bapu Magre Marg, Near Railway Station, Nehru Nagar., Kurla, Mumbai Suburban, Maharashtra - 400024** 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: **Whole body.**

(C) The diagnosis in his case is **LEFT HEMIPLEGIA.**

(D) **He** has **70%** (in figure) **seventy** 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:

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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.