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.: MH0720420050272818

Date: 03/09/2021

This is to certify that I/we have carefully examined Shri **Pranav Rajesh Gujar**, Son of Shri **-**, Date of Birth **17/05/2005**, Age **16**, Male, Registration No. **2707/00000/2108/0927545**, resident of House No. **Lehegaon Railway Daryapur Amravati - 444803**, Sub District **Daryapur**, District **Amravati**, State / UT **Maharashtra**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Hearing Impairment**
(B) The diagnosis in his case is **ACQUIRED BILATERAL MODERATELY SEVERE S.N.HEARING LOSS.**
(C) He has **58%**(in figure) **Fifty Eight** percent(in words) Temporary Disability in relation to his BOTH EARS 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).

This certificate recommended for **5 year(s) 5 month(s)**, and therefore this certificate shall be valid till **03/02/2027**

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.