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

Disability Certificate

Medical Superintendent Office, Civil Hospital,asarva, Ahmedabad, Ahmedabad, Gujarat

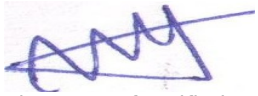
Certificate No.: GJ0790620010173197 **Date: 26/11/2021**

This is to certify that I/We have carefully examined Shri **Ajaysinh Dansinh Chauhan** Son of Shri **Dansinh**, Date of Birth **10/05/2001**, Male, Registration No. **2407/00000/2111/1117407**, resident of **Maneklal Rabari Ni Chali, Khodiyaranagar Bapunagar Ahmedabad** - **380024**, Sub District **Sabarmati**, District **Ahmedabad**, State / UT **Gujarat**
Whose photograph is affixed above, and I/We satisfied that:
(A) He is a case of **Locomotor Disability**
(B) The diagnosis in his case is **LEFT SIDED HEMIPARESIS**
(C) He has **40%** (in figure) **Forty** percent(in words) Permanent Disability in relation to his BRAIN 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).

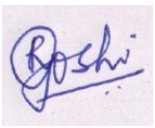
The applicant has submitted the following document(s) as proof of residence:

Nature of Document(s): Aadhaar card

Signature / Thumb Impression of the Person with Disability



Signature of notified Medical Authority Member



Medical Superintendent Office, Civil Hospital,asarva, Ahmedabad
Ahmedabad, Gujarat

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