



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

Disability Certificate

Issuing Medical Authority, Nashik, Maharashtra



Certificate No.: MH2040620010181558

Date: 04/08/2007

This is to certify that I/we have carefully examined Kum. **Neha Ghanshyam Pawar**, Daughter of Shri **Ghanshyam**, Date of Birth **19/10/2001**, Age **19**, Female, Registration No. **2720/00000/2010/0712271**, resident of House No. **Flat No 1 Aadharsh-b Appartment Pelican Park Cidco - 422001**, Sub District **Nashik**, District **Nashik**, State / UT **Maharashtra**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Locomotor Disability**

(B) The diagnosis in her case is **Lt. Hemiplegia**

(C) She has **45%**(in figure) **Forty Five** percent(in words) Permanent Disability in relation to her Left Arm, Left Arm Left Leg, Knee Left Leg 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

Neha Pawar

Scanned with

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



Dr. Harshad

Issuing Medical Authority, Nashik, Maharashtra