



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

Disability Certificate

Issuing Medical Authority, Raigad, Maharashtra



Certificate No.: MH2410619920082986

Date: 12/01/2021

This is to certify that I/we have carefully examined Shri **Harshal Ratilal Patil**, Son of Shri **Ratilal**, Date of Birth **23/12/1992**, Age **28**, Male, Registration No. **2724/00000/1807/0473193**, resident of House No. **Krihna Kunj Complex, Sec 20, Plot No 67, Near Aishwariya Hotel, Kamothe, Navimumbai - 410209**, Sub District **Panvel**, District **Raigad**, State / UT **Maharashtra**, whose photograph is affixed above, and I am/we are satisfied that:

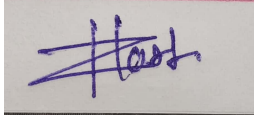
(A) He is a case of **Locomotor Disability**

(B) The diagnosis in his case is **PPRP**

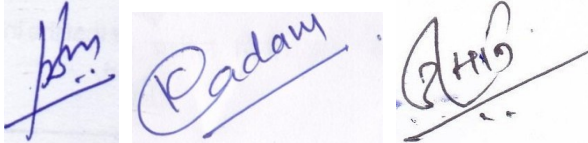
(C) He has **48%**(in figure) **Forty Eight** percent(in words) Permanent Disability in relation to his Right Leg as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

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

Nature of Document(s): Aadhaar card



Signature / Thumb Impression of the Person with Disability



Signatory of notified Medical Authority Member(s)



Issuing Medical Authority, Raigad, Maharashtra