



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

Disability Certificate

Central Hospital Ulhasnagar,thane, Thane, Maharashtra



Certificate No.: MH2160619830429043

Date: 03/12/2021

This is to certify that I/We have carefully examined Shri **Yogesh Rajendra Bansode** Son of Shri **Rajendra**, Date of Birth **05/09/1983**, Male, Registration No. **2721/00000/2006/0783063**, resident of **14/3 Shiv Parvati Apt Near Kalika Mandir Katrap Badlapur - 421503**, Sub District **Ambarnath**, District **Thane**, State / UT **Maharashtra** Whose photograph is affixed above, and I/We satisfied that:

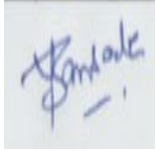
(A) He is a case of **Locomotor Disability**

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

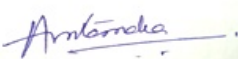
(C) He has **45%** (in figure) **Forty Five** percent(in words) Permanent Disability in relation to his **LEFT UPPER LOWER LIMB** as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPWD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

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

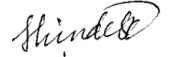
Nature of Document(s): Aadhaar card



Signature / Thumb Impression of the Person with Disability

Signature of notified Medical Authority Member



Central Hospital Ulhasnagar,thane
Thane, Maharashtra

