



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

Disability Certificate

Chief Medical Officer Government District Hospital Bagalkote
Government District Hospital Navanagar, Sector No-11
Bagalkote, Karnataka, 587103



Certificate/UDID No. KA5290519990007738

Date of Issue: 19/01/2026

This is to certify that I/We have carefully examined **Sachin Hadimani** Care of **Geeta Kokati**, Date of Birth **10/07/1999**, Gender **Male**, Registration No. **2952/40000/0251/20011383**, Resident of **S/o Veerappa, Hallur, Bagalkot, Bagalkot, Bagalkote, Karnataka - 587115** whose photograph is affixed above, and I am/we are satisfied that:

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

(B) Name of affected body part: **Left Side.**

(C) The diagnosis in his case is **Lt Hemiparesis.**

(D) **He** has **56%** (in figure) **fifty six** percent(in words) disability and the nature of certificate is **Temporary and valid till 19/01/2029** as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide **S.O.1338(E)** dated **12/03/2024.**

Signature / Thumb impression of the Person with
Disability:



Signature of notified Medical Authority Members:

Chief Medical Officer Government District Hospital Bagalkote
Government District Hospital Navanagar, Sector No-11
Bagalkote, Karnataka, 587103



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