



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



Disability Certificate

Issuing Medical Authority, Ahmedabad, Gujarat



Certificate No.: GJ0770619900134338

Date: 17/06/2021

This is to certify that I/we have carefully examined Shri **Palkesh Somabhai Panchal**, Son of Shri **Somabhai**, Date of Birth **24/08/1990**, Age **30**, Male, Registration No. **2407/00000/2106/1075225**, resident of House No. **A-104 Satyam Residency, Behind Pushpak Shiromani Bunglow, Viratnagar Road - 382350**, Sub District **Ahmadabad City**, District **Ahmedabad**, State / UT **Gujarat**, 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 **LEFT UPPER LIMB POLIOMYELITIS**

(C) He has **50%**(in figure) **Fifty** percent(in words) Permanent Disability in relation to his Left Arm 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): Ration Card

P.S. Panchal

Signature / Thumb Impression of the Person with Disability

H.B. Chhapan

H.B. Chhapan

Signatory of notified Medical Authority Member(s)



Dr. HARSHIL CHHAPAN
M.S. (ortho)

Reg. No. G-27686
Assistant Professor
J. J. Medical College
Hospital, Ahmedabad.

[Signature]

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