



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

## Disability Certificate

Issuing Medical Authority, Buldhana, Maharashtra



**Certificate No.:** MH0420919900367497

**Date:** 27/12/2007

This is to certify that I/we have carefully examined Shri **Yogesh Arun Lokhandkar**, Son of Shri **Arun**, Date of Birth **01/01/1990**, Age **32**, Male, Registration No. **2704/00000/2201/1034922**, resident of House No. **Awar - 444303**, Sub District **Khamgaon**, District **Buldhana**, State / UT **Maharashtra**, whose photograph is affixed above, and I am/we are satisfied that:

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

**(B)** The diagnosis in his case is **FINGER AMPUTATION LT WITH LIMB LENGTH DISCREPENCY WITH WEAKNESS RT LL**

**(C)** He has **41%**(in figure) **Forty One** 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

*Y.A. Lokhandkar*

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



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