



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

## Disability Certificate

Issuing Medical Authority, Chandrapur, Maharashtra

जा. क्र. 668  
कार्यालय जिल्हा शल्यचिकित्सक  
सामान्य रुग्णालय, चंद्रपूर  
दिनांक 17 FEB 2022



Certificate No.: MH1321820010140931

Date: 10/02/2022

This is to certify that I/we have carefully examined Kum. **Nayansi Ramesh Trikarwar**, Daughter of Shri **Ramesh**, Date of Birth **24/06/2001**, Age **20**, Female, Registration No. **2713/00000/2107/0086199**, resident of House No. **At. Opp Axis Atm Ward No 5, Shivaji Nagar, Nanda Fata - 442917**, Sub District **Korpana**, District **Chandrapur**, State / UT **Maharashtra**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Sickle Cell Disease**

(B) The diagnosis in her case is **SICKLE CELL DISEASE (SS PATTERN) WITH B/L AVN FEMORAL HEAD**

(C) She has **42%**(in figure) **Forty Two** percent(in words) Temporary Disability in relation to her **WHOLE BODY** 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).

This certificate recommended for **3 year(s)**, and therefore this certificate shall be valid till **10/02/2025**

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, Chandrapur, Maharashtra

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

**Dr. Nikhil P. Bhagwat**  
MBBS; M.D General Medicine  
Reg. No. MCI/10-36814  
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**Dr. Bhaskar Sonerkar**  
M.B.B.S., D.C.H., M.D. Pediatric  
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**Dr. N. B. Rathod**  
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