



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

Disability Certificate

Medical Superintendent, Gmers Medical College
Gandhinagar, Gujarat



Certificate No.: GJ0640620010069509

Date: 03/04/2024

This is to certify that I/we have carefully examined **Bhavsar Aditya Hiteshkumar**, Son of Shri **Hiteshkumar**, Date of Birth **26/12/2001**, Age **22**, M, Registration No. **2406/00000/2403/0900970**, resident of House No. **Plot No 740/2**, **Vastunirman Society ,sector 22 - 382021**, Sub District **Gandhinagar**, District **Gandhinagar**, 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 **spina bifida bilateral paraparesis**

(C) He has **60%**(in figure) **Sixty** percent(in words) Permanent Disability in relation to his Both 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

Signatory of notified Medical Authority Member(s)



Dosh, K.H.

Medical Superintendent, Gmers Medical College
Gandhinagar, Gujarat