



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.: MH0420619680200284

Date: 19/03/2010

This is to certify that I/we have carefully examined Shri **Shivgir Daulatgir Giri**, Son of Shri **Daulatgir Giri**, Date of Birth **10/09/1968**, Age **52**, Male, Registration No. **2704/00000/2101/0264006**, resident of House No. **At Katoda, Post Gangalgaon - 443201**, Sub District **Chikhli**, District **Buldhana**, State / UT **Maharashtra**, 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 **OPERATED CASE OF LUMBER DISC WITH PARAPARESIS**

(C) He has **45%**(in figure) **Forty Five** percent(in words) Permanent Disability in relation to his 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

शिवगीर दौलतगिरि

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



Issuing Medical Authority, Buldhana, Maharashtra