



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

Disability Certificate

Medical Supritendent Gmers Sola Civil Hospital
Ahmadabad, Gujarat



Certificate No.: GJ0790619700297747

Date: 27/07/2023

This is to certify that I/we have carefully examined Shri **Mittal Rajendrakumar Chokshi**, Son of Shri **Rajendrakumar**, Date of Birth **25/10/1970**, Age **52**, M, Registration No. **2407/00000/2307/1018269**, resident of House No. **C-001 Maan(two) Flats, Nr. Hirabaug Crossing, Ambavadi - 380006**, Sub District **Ahmadabad City**, District **Ahmadabad**, 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 **RPM Both Lower Limb**

(C) He has **40%**(in figure) **Forty** percent(in words) Permanent Disability in relation to his Both LL 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): Registered Sale/Lease Agreement

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



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