



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

Disability Certificate

District Civil Hospital
Pune, Maharashtra



Certificate No.: MH2590619920731293

Date: 02/11/2023

This is to certify that I/we have carefully examined **Shri Devdas Gabaji Sawant**, Son of **Shri Gabaji**, Date of Birth **22/07/1992**, Age **31**, M, Registration No. **2725/00000/2310/1238910**, resident of House No. **At-adhe Post-amboli Khed Pune, Maharashtra - 410505**, Sub District **Khed**, District **Pune**, State / UT **Maharashtra**, whose photograph is affixed above, and I am/we are satisfied that:

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

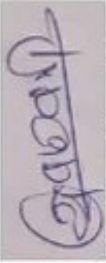
(B) The diagnosis in his case is **Operated Pelvis with Left LL Weakness**

(C) He has **24%**(in figure) **Twenty Four** percent(in words) Temporary Disability in relation to his Left 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).

This certificate recommended for **5 year(s)**, and therefore this certificate shall be valid till **02/11/2028**

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

[Signature]

[Signature]



Signatory of notified Medical Authority Member(s)



[Signature]

District Civil Hospital
Pune, Maharashtra