



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

Disability Certificate

Issuing Medical Authority, Bhavnagar, Gujarat



Certificate No.: GJ1410620110097798

Date: 22/02/2022

This is to certify that I/we have carefully examined Kum. **Dhruvishaba Majbutsinh Gohil**, Daughter of Shri **Majbutsinh**, Date of Birth **05/02/2011**, Age **11**, Female, Registration No. **2414/00000/2202/0792282**, resident of House No. **Badi, Ghogha, Bhavnagar - 364050**, Sub District **Ghogha**, District **Bhavnagar**, State / UT **Gujarat**, whose photograph is affixed above, and I am/we are satisfied that:

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

(B) The diagnosis in her case is **B/L Knee deformity +Rt ankle deformity**

(C) She has **40%**(in figure) **Forty** percent(in words) Temporary Disability in relation to her Right Leg 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 **22/02/2027**

The applicant has submitted the following document(s) as proof of residence:

Nature of Document(s): Aadhaar card

D.M. GOHIL

Signature / Thumb Impression of the Person with Disability

Harsh Kumar

Signatory of notified Medical Authority Member(s)



[Signature]

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