



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



Disability Certificate

Issuing Medical Authority, Junagadh, Gujarat

38
29.3.2023



Certificate No.: GJ1210020100108321

Date: 02/03/2023

This is to certify that I/we have carefully examined Shri **Yug Dilipbhai Javiya**, Son of Shri **Dilipbhai**, Date of Birth **14/09/2010**, Age **12**, Male, Registration No. **2412/00000/2302/1536204**, resident of House No. **Patel Samaj Road Maliya Hatina, Ta. Maliya Hatina, Dist. Junagadh - 362245**, Sub District **Malia**, District **Junagadh**, State / UT **Gujarat**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Hearing Impairment**

(B) The diagnosis in his case is **Bilateral Severe to Profound Hearing loss**

(C) He has **100%**(in figure) **One hundred** 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



Signature / Thumb Impression of the Person with Disability



Signatory of notified Medical Authority Member(s)



Pala.

Issuing Medical Authority, Junagadh, Gujarat
Chief District Medical Officer
cum Civil Surgeon,
G.M.E.R.S. Medical College
& Civil Hospital, Junagadh