



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

Disability Certificate

Issuing Medical Authority, Mahesana, Gujarat



Certificate No.: GJ0410320100107751

Date: 22/11/2021

This is to certify that I/we have carefully examined Shri **Sahilsinh Pravinsinh Chavda**, Son of Shri **Pravinsinh**, Date of Birth **29/07/2010**, Age **11**, Male, Registration No. **2404/00000/1811/0881679**, resident of House No. **Uncho Rajputvas, Khandosan, Visnagar - 384310**, Sub District **Visnagar**, District **Mahesana**, State / UT **Gujarat**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Cerebral Palsy**

(B) The diagnosis in his case is **Spastic Cerebral Palsy**

(C) He has **85%**(in figure) **Eighty Five** percent(in words) Temporary Disability in relation to his **Left Leg, 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 **7 year(s)**, and therefore this certificate shall be valid till **22/11/2028**

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

Nature of Document(s): Ration Card



Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



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