



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

Disability Certificate

Issuing Medical Authority, Porbandar, Gujarat



Certificate No.: GJ1110720100044146

Date: 11/07/2019

This is to certify that I/We have carefully examined Kum. **Khushbu Rameshbhai Dabhi** Daughter of Shri **Rameshbhai** Date of Birth **11/12/2010** Age **8 Year(s)** Female, Registration No. **2411/00000/1907/0648483** resident of House No. **Near Old Bus Stand , Khageshri - 362650** Sub District **Kutiyana** District **Porbandar** State / UT's **Gujarat**

Whose photograph is affixed above, and I/We satisfied that:

(A) She is a case of Low Vision

(B) The diagnosis in her case is **RE Amblyopia & LE Total RD Operated**

(C) She has **60%**(in figure) **Sixty** percent(in words) Permanent in relation to her (part of body) as per guidelines (to be specified).

The applicant have been 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



M.B. Mankodi
Issuing Medical Authority, Porbandar, Gujarat

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.