



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



Disability Certificate

Issuing Medical Authority, Ahmedabad, Gujarat



Certificate No.: GJ0790020090251758

Date: 08/12/2022

This is to certify that I/we have carefully examined Shri **Manthankumar Manishbhai Rajput**, Son of Shri **Manishbhai**, Date of Birth **07/04/2009**, Age **13**, Male, Registration No. **2407/00000/2212/0424370**, resident of House No. **Shraf Ni Chall, Patel Mill,, Gomtipur, Ahmedabad - 380021**, Sub District **Ahmadabad City**, District **Ahmedabad**, 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 **P T A S/O LEFT EAR -SEVERE SENSORINEURAL HEARING LOSS, RIGHT EAR - PROFOUND SENSORINEURAL HEARING LOSS, PATIENT CAN SPEAK BISYLLABLE WORDS**

(C) He has **82%**(in figure) **Eighty Two** 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

(Handwritten signature)

(Handwritten signature)

DR. CHINMAYEE P. JOSHI

M.S. (E.N.T.)

ASSISTANT PROFESSOR

B.J. MEDICAL COLLEGE,

CIVIL HOSPITAL, A'BAD.

REG.NO. G-44790

Signatory of notified Medical Authority Member(s)



(Handwritten signature)

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