



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

Disability Certificate

Issuing Medical Authority, Jamnagar, Gujarat



Certificate No.: GJ1010620110123714

Date: 26/11/2021

This is to certify that I/we have carefully examined Kum. **Damyanti Ramesh Parmar**, Daughter of Shri **Ramesh**, Date of Birth **07/05/2011**, Age **10**, Female, Registration No. **2410/00000/1901/1334993**, resident of House No. **At Apiya, Ta Lalpur, Dist Jamnagar - 361280**, Sub District **Lalpur**, District **Jamnagar**, 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 **Unequal limb length (acquired)**
- (C) She has **60%**(in figure) **Sixty** percent(in words) Permanent Disability in relation to her 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): Ration Card



Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



SP Shah
DR. SONAL P. SHAH
Additional Professor
Pediatrics Department
M. P. Shah Memorial College
& G. G. G. Hosmer College
Jamnagar
Reg. No. G-6550

SP Shah
Issuing Medical Authority, Jamnagar, 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