



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

821/202

## Disability Certificate

Issuing Medical Authority, Aravalli, Gujarat



Certificate No.: GJ3310620110085674

Date: 27/04/2022

This is to certify that I/we have carefully examined Shri **Amit Sureshbhai Tarar**, Son of Shri **Sureshbhai**, Date of Birth **25/06/2011**, Age **10**, Male, Registration No. **2433/00000/2204/1877904**, resident of House No. **Rinchhvad, Malpur - 383315**, Sub District **Malpur**, District **Aravalli**, State / UT **Gujarat**, whose photograph is affixed above, and I am/we are satisfied that:

- (A) He is a case of **Locomotor Disability**
- (B) The diagnosis in his case is **DORSAL LUMBER KYPHOSCOLIOSIS**
- (C) He has **40%**(in figure) **Forty** 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).

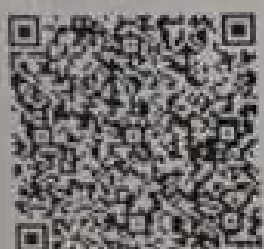
The applicant has submitted the following document(s) as proof of residence:

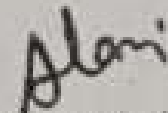
Nature of Document(s): Aadhaar card

Signature / Thumb Impression of the Person with Disability

  
G-31181

Signatory of notified Medical Authority Member(s)



  
Issuing Medical Authority, Aravalli, Gujarat