



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

Disability Certificate

Chief District Medical Officer, General Hospital
Surendranagar, Gujarat



Certificate No.: GJ0810620120039002

Date: 21/12/2016

This is to certify that I/we have carefully examined Shri **Kuldip Mukeshbhai Vatukiya**, Son of Shri **Mukeshbhai**, Date of Birth **27/04/2012**, Age **11**, M, Registration No. **2408/00000/1812/0198999**, resident of House No. **At Limli, Ta Muli, Dist Surendranagar - 363020**, Sub District **Muli**, District **Surendranagar**, 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 **Congenital absence**

(C) He has **60%**(in figure) **Sixty** percent(in words) Permanent Disability in relation to his Right Arm 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

કુલદિપ વાટુકિયા

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



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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.