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અંગત ૪૨૧૨૧ અભિયાન

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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.: GJ0760620110126778

Date: 12/03/2021

This is to certify that I/we have carefully examined Shri **Sagar Kashiram Vanzara**, Son of Shri **Kashiram**, Date of Birth **02/12/2011**, Age **9**, Male, Registration No. **2407/00000/2004/0137778**, resident of House No. **Khadavali Chali, Omnagar, Asarwa, Amdavad - 380016**, 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 **Locomotor Disability**

(B) The diagnosis in his case is **EQUINOVARUS DEFORMITY RIGHT FOOT SINCE BIRTH (RIGHT INFANTILE HEMI)**

(C) He has **40%**(in figure) **Forty** percent(in words) Permanent Disability in relation to his Foot 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

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Signature / Thumb Impression of the Person with Disability

Signature

DR. PRAKASH YADAV
M.S.(Ortho)DNB (Ortho) FSS
Signatory of notified Medical Authority Member(s)
Assistant Professor (SPINE)
Govt. Spine Institute
Civil Hospital, Ahmedabad-16.



Signature

Issuing Medical Authority, Ahmedabad, Gujarat