



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

4005/2022

## Disability Certificate

Issuing Medical Authority, Sabarkantha, Gujarat



Certificate No.: GJ0510620120155080

Date: 24/11/2022

This is to certify that I/we have carefully examined Kum. **Krishnaben Devaji Makwana**, Daughter of Shri **Devaji**, Date of Birth **05/02/2012**, Age **10**, Female, Registration No. **2405/00000/1901/0880476**, resident of House No. **Ambavada, Jambudi, M 9265835222 - 383001**, Sub District **Himatnagar**, District **Sabarkantha**, 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 **CONGENITAL DEFORMITY BOTH ANKLE**

(C) She has **40%**(in figure) **Forty** percent(in words) Temporary Disability in relation to her Hand fingers, 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).

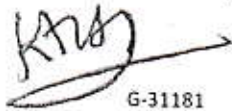
This certificate recommended for **3 year(s)**, and therefore this certificate shall be valid till **24/11/2025**

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

Nature of Document(s): Aadhaar card

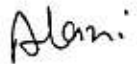


Signature / Thumb Impression of the Person with Disability

  
G-31181

Signatory of notified Medical Authority Member(s)





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