



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

## Disability Certificate

Issuing Medical Authority, Kutch, Gujarat



Certificate No.: GJ0130720110101564

Date: 16/03/2022

This is to certify that I/we have carefully examined Kum. **Divyaben Somabhai Damor**, Daughter of Shri **Somabhai Damor**, Date of Birth **29/12/2011**, Age **10**, Female, Registration No. **2401/00000/2203/1269412**, resident of House No. **At Dudhai, Ta Anjar - 370020**, Sub District **Anjar**, District **Kutch**, State / UT **Gujarat**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Low Vision**

(B) The diagnosis in her case is **LE occlusio pupillae with pre-physical eye**

(C) She has **30%**(in figure) **Thirty** 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):** Certificate of address with photo from Govt. recognized educational in

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



Issuing Medical Authority, Kutch, Gujarat

Chief District Medical Officer  
Guz Civil Surgeon, Kutch

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

