



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

Disability Certificate

Issuing Medical Authority, Gir Somnath, Gujarat



Certificate No.: GJ3410219780049618

Date: 25/03/2022

This is to certify that I/we have carefully examined Shri **Hareshbhai Lagarbhai Bambhaniya**, Son of Shri **Lagarbhai Lakhabbbhai**, Date of Birth **18/11/1978**, Age **43**, Male, Registration No. **2434/00000/2112/1613872**, resident of House No. **Simasi, Una, Girsomnath - 362560**, Sub District **Una**, District **Gir Somnath**, State / UT **Gujarat**, whose photograph is affixed above, and I am/we are satisfied that:

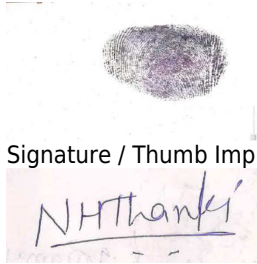
(A) He is a case of **Blindness**

(B) The diagnosis in his case is **(BE): PHTHYSICAL EYE.**

(C) He has **100%**(in figure) **One hundred** percent(in words) Permanent Disability in relation to his BOTH EYE 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

Signatory of notified Medical Authority Member(s)



Issuing Medical Authority, Gir Somnath, Gujarat