



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

Disability Certificate

Issuing Medical Authority, Nanded, Maharashtra



Date: 20/10/2019

Certificate No.: MH1570619800072455

This is to certify that I/We have carefully examined Smt. **Sarika Shirang Maddalwar** Daughter of Shri **Shrirang**
Date of Birth **30/01/1980** Age **39 Year(s)** Female, Registration No. **2715/00000/1910/0891678** resident of House
No. **Satranji Galli Tq Biloli Kundalwadi, Nanded - 431711** Sub District **Biloli** District **Nanded** State / UTs
Maharashtra

Whose photograph is affixed above, and I/We satisfied that:

- (A) She is a case of Locomotor Disability
(B) The diagnosis in her case is **Spinal Canal Stenosis L1-L2-L3-L4**

(C) She has **42%**(in figure) **Forty Two** percent(in words) Permanent in relation to her (part of body) as per
guidelines (to be specified).

The applicant have been 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



Ashok
10/11/2019

Issuing Medical Authority, Nanded, Maharashtra

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



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

Disability Certificate

Issuing Medical Authority, Nanded, Maharashtra



Date: 31/05/2019

Certificate No.: MH1530619800040642

This is to certify that I/We have carefully examined Shri **Shivaji Datta Kakre** Son of Shri **Datta** Date of Birth **01/07/1980** Age **38** Year(s) **Male**, Registration No. **2715/00000/1904/0422585** resident of House No. **At Zp Shala Hipparga Post Dapka Raja, Tq Mukhed Dist Nanded - 431715** Sub District **Mukhed** District **Nanded** State / UTs **Maharashtra**

Whose photograph is affixed above, and I/We satisfied that:

(A) He is a case of **Locomotor Disability**

(B) The diagnosis in his case is **Post Polio Lt.Leg & Shoulder Deformity**

(C) He has **45%**(in figure) **Forty Five** percent(in words) Permanent in relation to his (part of body) as per guidelines (to be specified).

The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): **Aadhaar card**

SKOR

Signature / Thumb Impression of the Person With Disability

Shivaji

[Thumb Impression]

[Signature]

Signatory of notified Medical Authority Member



Issuing Medical Authority, Nanded, Maharashtra

[Signature]
गटशिक्षणाधिकारी

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



महाराष्ट्र शासन

Government of Maharashtra

Disability Certificate



No. 659051

Government of Maharashtra

Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)

No. 489

कार्यालय जिल्हा शल्यचिकित्सक

सामान्य रुग्णालय, चंद्रपूर

दिनांक 18 JUN 2018



NAME OF THE HOSPITAL:

District Hospital, Chandrapur
(Maharashtra, India)

Certificate Number: 539631

Date: 15/06/2018

This is to certify that I have carefully examined.

Person Identification Number: **PI50900737513**

Aadhar Number: N/A

Shri/Smt./Kum: **BAWANE ARUN PUNDLIK SUBHADRA**Father Name: Shri/Smt./Kum. **PUNDLIK**Date of Birth (dd/mm/yyyy): **04/10/1982**Gender: **Male**

Permanent Address:

House Address: **At. Post. Awalgaon**Village: **Awalgaon**District: **Chandrapur**Tahuka: **Brahmapuri**Pincode: **441206**

whose photograph is affixed above, and am satisfied that he / she is a case of **Physical Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below -

Disability	Affected part of Body	Diagnosis	Disability (in %)
Physical Impairment	LI. UL	PPRP OF LEFT UPPER LIMB	90

1. The Above condition is **Permanent, non-progressive, not likely to improve**

2. Reassessment of disability

3. The applicant has submitted following documents as proof of residence: **Aadhar Card**4. The applicant has submitted following documents as proof of Identity: **Aadhar Card**

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Dr. Ulhas Borkar

Medical Officer

Member

Regn. No. : 2005/09/3605

Dr. U.V. Murshate

Additional Civil Surgeon

Member Secretary

Regn. No. : 49513

Dr. N. B. Rathod

Civil Surgeon

President

Regn. No. : 074718

Signature/Thumb impression of the person whose favour disability certificate is issued
 Note: This is not valid for Medical Legal cases





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

Disability Certificate

Issuing Medical Authority, Gadchiroli, Maharashtra



Certificate No.: MH1210619830048990

Date: 15/05/2014

This is to certify that I/we have carefully examined Shri **Golak Pranballbh Das**, Son of Shri **Pranballbh**, Date of Birth **18/10/1983**, Age **37**, Male, Registration No. **2712/00000/2011/0350242**, resident of House No. **At Sundarnagar Post Khudirampalli, Tahsil Mulchera District Gadchiroli - 442707**, Sub District **Mulchera**, District **Gadchiroli**, State / UT **Maharashtra**, 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 **PPRP LT.U/L**

(C) He has **46%**(in figure) **Forty Six** percent(in words) Permanent Disability in relation to his Left 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): Aadhaar card

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



Issuing Medical Authority, Gadchiroli, Maharashtra

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

Government of Maharashtra

Form-IV

Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)



NAME OF THE HOSPITAL:

District Hospital, Gadchiroli
(Maharashtra, India)

Form Number: 23537

Date: 29/08/13

This is to certify that I have carefully examined.

Person: *VI50800034915*

Author Number: N/A

Shri/Smt. Kunt. *MANAMPALLIWAR MANGAL VISTARI*

Father Name: Shri/Smt. Kunt. *VISTARI*

Date of Birth (dd/mm/yyyy): *16/04/1974*

Age: *39 years*

Gender: *Male*

Permanent Address:

AT CHAMORSHI POST CHAMORSHI

Village: *Chamorshi*

Taluka: *Chamorshi*

District: *Gadchiroli*

Pincode: *442603*

whose photograph is affixed above, and am satisfied that he / she is a case of *Visual Impairment* disability. / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
<i>Visual Impairment</i>	<i>Both Eyes</i>	<i>re: traumatic phthisis le: microcornea re: no pl le: 6/18 beva</i>	<i>40</i>

1. The Above condition is *Permanent, progressive, not likely to improve*

2. Reassessment of disability not necessary

3. The applicant has submitted following documents as proof of residence:

Ration card, A certificate of residence issued by a Panchayat, municipality, cantonment board

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Dr. K.B. Mahajan

Dr. R.W. Kamble

DR. R.S. Farooqi

Optician

Dr. R.W. Kamble

Civil Surgeon

Member

Member Secretary

President

Regn. No.

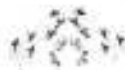
Regn. No. 49343

Signature Thumb impression of the person whose disability certificate is issued

Note: This is not valid for Medico

Self Attached
Manampalliwar
23.1.2021

1920



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

Disability Certificate

Issuing Medical Authority, Bhandara, Maharashtra



Date: 27/12/2018

Certificate No.: MH1010619780040317

This is to certify that I/We have carefully examined Shri **Roshan Fagoji Bhongade** Son of Shri **Fagoji** Date of Birth **28/03/1978** Age **40 Year(s)** Male, Registration No. **2710/00000/1812/1399041** resident of House No. **Heena Nagar, Khat Road, Khokurula - 441906** Sub District **Bhandara** District **Bhandara** State / UTs **Maharashtra** Whose photograph is affixed above, and I/We satisfied that:

- (A) He is a case of Locomotor Disability
(B) The diagnosis in his case is **Amputation Little Finger (Rt)**

(C) He has **5%**(in figure) **Five** percent(in words) Permanent in relation to his (part of body) as per guidelines (to be specified).

The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): **Driving License**

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



Issuing Medical Authority, Bhandara, Maharashtra

Government of Maharashtra

Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)

CER NO - 740

Date - 27/12/2017



NAME OF THE HOSPITAL:

Govt. Medical College, Gondia
(Maharashtra, India)

Certificate Number: 476742

Date: 08/12/2017

This is to certify that I have carefully examined.

Person Identification Number: V150700652448

Aadhar Number: N/A

Shri/Smt./Kum: YELNE YOGITA BHAURAO.

Father Name: Shri/Smt./Kum. BHAURAO

Date of Birth (dd/mm/yyyy):

Age: 35 years

Gender: Female

Permanent Address:

House Address: sadak arjuni sadak arjuni

Village: Gondiya

District: Gondiya

Taluka: Gondlya

Pincode: 441801

whose photograph is affixed above, and am satisfied that he / she is a case of **Visual Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Visual Impairment	Both Eyes	be amblyopia	40

1. The Above condition is **Permanent, non-progressive, not likely to improve**

2. Reassessment of disability

3. The applicant has submitted following documents as proof of residence: **Aadhar Card**

4. The applicant has submitted following documents as proof of Identity: **Aadhar Card**

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Dr. Arun Ramesh Kumar Dudhani

Assistant Professor, Ophthalmology

DR. ARUN R. DUDANI

REG. No. 24463

OPHTHALMOLOGY

MEMBER HANDICAPPED BOARD

G.M.C. GONDIA

Dr. Amrish V. Mohabey

DR. AMRISH V. MOHABEY

REG. No. 2000010451

PEDIATRICS

MEMBER HANDICAPPED BOARD

G.M.C. GONDIA

Dr. Sanjeev Nishuji Dodke

President
DR. SANJEEV N. DODKE

REG. No. 58741

PEDIATRICS (M.S.)

MEMBER HANDICAPPED BOARD

G.M.C. GONDIA

Signature/Thumb impression of the person whose favour disability certificate is issued

Note: This is not valid for Medico Legal cases.



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

Disability Certificate

Issuing Medical Authority, Bhandara, Maharashtra



Date: 07/08/2019

Certificate No.: MH1010419850064905

This is to certify that I/We have carefully examined Shri **Dilip Chainsingh Uikey** Son of Shri **Chainsingh** Date of Birth **05/03/1985** Age **34 Year(s)** Male, Registration No. **2710/00000/1908/0463572** resident of House No. **At Pindkepar - 441802** Sub District **Sakoli** District **Bhandara** State / UTs **Maharashtra** Whose photograph is affixed above, and I/We satisfied that:

- (A) He is a case of Hearing Impairment
(B) The diagnosis in his case is **CSOM (BE) Adhesive with Bil Moderate to Sev. Mixed hearing loss**
(C) He has **45%**(in figure) **Forty Five** percent(in words) Permanent in relation to his (part of body) as per guidelines (to be specified).

The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): Ration Card

Signature / Thumb Impression of the Person With Disability

Signature of notified Medical Authority Member



Issuing Medical Authority, Bhandara, Maharashtra

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



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

Disability Certificate ✓

Issuing Medical Authority, Bhandara, Maharashtra



Certificate No.: MH1010219740044982

Date: 06/04/2002

This is to certify that I/We have carefully examined Shri **Komal Sitkura Ghatolkar** Son of Shri **Sitkura Ghatolkar**
Date of Birth **05/11/1974** Age **44 Year(s)** Male, Registration No. **2710/00000/1902/0509794** resident of House No.
At **Po Lakhani, Grampanchayat Jawal Lakhani - 441804** Sub District **Lakhani** District **Bhandara** State / UTs
Maharashtra

Whose photograph is affixed above, and I/We satisfied that:

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

(B) The diagnosis in his case is **Macular dystrophy BE**

(C) He has **75%** (in figure) **Seventy Five** percent (in words) Permanent in relation to his (part of body) as per
guidelines (to be specified).

The applicant have been 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



Issuing Medical Authority, Bhandara, Maharashtra

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



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

Disability Certificate

Issuing Medical Authority, Bhandara, Maharashtra



Certificate No.: MH1010619860062492

Date: 09/08/2005

This is to certify that I/We have carefully examined Shri **Yogesh Hansaram Borkar** Son of Shri **Hansaram Shriram Borkar** Date of Birth **16/06/1986** Age **32 Year(s)** Male, Registration No. **2710/00000/1902/1541532** resident of House No. **At Sendri Bujruk - 441908** Sub District **Pauni** District **Bhandara** State / UTs **Maharashtra** Whose photograph is affixed above, and I/We satisfied that:

- (A) He is a case of **Locomotor Disability**
(B) The diagnosis in his case is **P.P.R.P. Both Lower Limb**

(C) He has **50%**(in figure) **Fifty** percent(in words) Permanent in relation to his (part of body) as per guidelines (to be specified).

The applicant have been 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



Issuing Medical Authority, Bhandara, Maharashtra

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

Male
केंद्रप्रमुख
सं. सहायक कोटा



Government of Maharashtra
Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)

1303
31/5/13



NAME OF THE HOSPITAL:

District Hospital, Parbhani
(Maharashtra, India)

Certificate Number: 10319

Date: 15/03/13

This is to certify that I have carefully examined,

Person Identification Number: *PI51300007332*

Aadhar Number: N/A

Shri/Smt./Kum: *SHAIKH KHAYUM SK KASIM*

Father Name: Shri/Smt./Kum. *SK KASIM*

Date of Birth (dd/mm/yyyy):

Age: *35 years*

Gender: *Male*

Permanent Address:

House Address:

Village: *Mahatpuri*

Taluka: *Gangakhed*

District: *Parbhani*

Pincode: N/A

whose photograph is affixed above, and am satisfied that he / she is a case of **Physical Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
<i>Physical Impairment</i>	<i>Rt. L/L</i>	<i>post traumatic postoperated chronic osteomyelitis with stiffness r ankle and 68 foot</i>	

1. The Above condition is *Permanent, non-progressive, not likely to improve*
2. Reassessment of disability not necessary
3. The applicant has submitted following documents as proof of residence:

A certificate of residence issued by a Panchayat, municipality, cantonment board

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Dr Mohd Faisal
3124/09/06

Dr M.T. Jadhav
Additional Civil Surgeon
Residential Medical Officer (C)

Dr. M. D. Jadhav
Civil Surgeon
President

डॉ. फैसल
वेद्यकिय अधिकारी
Regn. No. 55348

General Hospital, Parbhani
Office (CL)

Regn. No. : 55348

Signature/Thumb impression of the person whose favour disability certificate is issued

Note: This is not valid for Medico Legal cases.

Civil Surgeon
Chairman

Orthopaedic Board

General Hospital, Parbhani

Dr. M. D. Jadhav
31/5/2013

Affected
Dr. M. D. Jadhav
Lecturer

Vidarbha College of Arts Com. & Sci
Jiwati, Dist. Chandrapur



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

1176/16/1719



Disability Certificate

Issuing Medical Authority, Hingoli, Maharashtra



Certificate No.: MH1620619890033120

Date: 27/06/2019

This is to certify that I/We have carefully examined Shri **Satish Kacharu Bhujale** Son of Shri Kacharu Date of Birth 01/01/1989 Age 30 Year(s) Male, Registration No. 2716/00000/1906/1568347 resident of House No. Chota Talab Somvar Peth - 431512 Sub District Basmath District Hingoli State / UTs Maharashtra
Whose photograph is affixed above, and I/We satisfied that:

(A) He is a case of Locomotor Disability

(B) The diagnosis in his case is **FOOT DROP IN RIGHT LOWER LIMB WITH ATROPHY IN RT LOWER LIMB**

(C) He has 44%(in figure) **Forty Four** percent(in words) Temporary in relation to his (part of body) as per guidelines (to be specified).

This certificate recommended for **5 year(s)**, and therefore this certificate shall be valid till **27/06/2024**

The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): **Aadhaar card**

[Signature]

Signature / Thumb impression of the Person With Disability

[Signature]

[Signature]

[Signature]

Signatory of notified Medical Authority Member



[Signature]
Issuing Medical Authority, Hingoli, Maharashtra

Government of Maharashtra

Form IV

Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)



NAME OF THE HOSPITAL:

Govt. Medical College Hospital, Latur
(Maharashtra, India)

Certificate Number: 427717

Date: 28/07/2017

This is to certify that I have carefully examined.

Person Identification Number: PI52400585369

Aadhar Number: N/A

Shri Smt. Kum. **GANDALE MADHUKAR YESHWANT WACHALLA**

Wife Name: Shri Smt./Kum. **SOW SHUBHANGI**

Date of Birth (dd/mm/yyyy): 01/03/1966

Age: 51 years

Gender: Male

Permanent Address:

House Address: Near Z P School

Village: Manjral

District: Latur



Taluka: Ausa

Pincode: 413516

whose photograph is affixed above, and am satisfied that he / she is a case of **Physical Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Physical Impairment	Rt. U/L, Rt. L/L	CVE RIGHT SIDE HEMIPARESIS	53

1. The Above condition is **Permanent, non-progressive, likely to improve**

2. Reassessment of disability

3. The applicant has submitted following documents as proof of residence: **Aadhar Card, Ration card**

4. The applicant has submitted following documents as proof of Identity: **Aadhar Card**

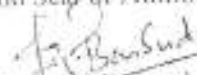
(Signature and Seal of Authorised Signatory of notified Medical Authority)


Dr. Pravin Bhagat

Assistant Professor Medicine

Member

Regn. No. : 2010/03/0640

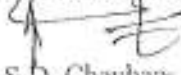

Dr. Mahadev Bansode

Dy. Medical Superintendent /

Member Secretary

Member Secretary

Regn. No. : 2003/03/0969


Dr. S.D. Chauhan

Medical Superintendent

President

Regn. No. : 087557

Signature Thumb impression of the person whose favour disability certificate is issued

Note: This is not valid for Medico Legal cases.

Government of Maharashtra

Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)

NAME OF THE HOSPITAL:

Govt. Medical College Hospital, Latur
(Maharashtra, India)

Certificate Number: 150344

Date: 11/02/15

This is to certify that I have carefully examined.

Person Identification Number: V152400210436

Aadhar Number: N/A

Shri/Smt./Kum: Khandekar Pravin Bakaramji

Wife Name: Shri/Smt./Kum. Sow Sujata Khandekar

Date of Birth (dd/mm/yyyy): 01/02/1968

Gender: Male

Permanent Address:

House Address: Paru Nagar

Village: Murad

District: Latur



Age: 47 years

Taluka: Latur

Pincode: 413510

whose photograph is affixed above, and am satisfied that he / she is a case of **Visual Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Visual Impairment	Both Eyes	be astigmatic amblyopia	40

1. The Above condition is **Temporary, non-progressive, likely to improve**
2. Reassessment of disability is recommended/ after years and therefore this certificate shall be valid till (DD / MM / YY)
3. The applicant has submitted following documents as proof of residence:

Aadhar Certification card

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Dr. N.B. Dole

Dr. Sumit S. Waghmare

Dr. Deepak Kokane

Ophthalmic Surgeon Class-I/Class-II

R.M.O.

Medical Superintendent

Member

Member Secretary

President

Regn. No. : 2000/07/2478

Regn. No. : 2006/10/3162

Regn. No. : 080528

Signature/Thumb impression of the person whose favour disability certificate is issued

Note: This is not valid for Medico Legal cases.

Government of Maharashtra		English
Software for Assessment of Disability, Maharashtra (SADM) Social Justice and Special Assistance Department, Public Health Department, Directorate of Medical Education and Research		
Print	Log Out	
Government of Maharashtra Form-IV Disability Certificate (In cases other than those mentioned in Forms II and III) (See rule 4)		
वा.क. बाह्यरुग्ण विभाग/अपण प्रमाणपत्र/ <u>213</u> आयुक्त यांचे कार्यालय वा. रा. ती. घा. वें. म. यश्या. बंबाजीवाडी दिनांक. <u>5/7/2018</u>		
NAME OF THE HOSPITAL:		SRTR Medical College Hospital, Ambajogai (Maharashtra, India)
Certificate Number: 544220		Date: 03/07/2018
This is to certify that I have carefully examined. Person Identification Number: V152300742014 Aadhar Number: N/A Shri/Smt./Kum: DUDHAL KARNRAJ ARUN RAMKAWAR Wife Name: Shri/Smt./Kum. SWATI Date of Birth (dd/mm/yyyy): 05/10/1981 Age: 36 years Gender: Male Permanent Address: House Address: makegaon Village: Makegaon Taluka: Ambajogai District: Bid Pincode: 431317		
whose photograph is affixed above, and am satisfied that he / she is a case of Visual Impairment disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-		
Disability	Affected part of Body	Diagnosis
Visual Impairment	Both Eyes	Amblyopia BE
		Disability (in %)
		40
1. The Above condition is Permanent, non-progressive, not likely to improve 2. Reassessment of disability 3. The applicant has submitted following documents as proof of residence: Aadhar Card 4. The applicant has submitted following documents as proof of Identity: Aadhar Card		
(Signature and Seal of Authorised Signatory of notified Medical Authority)		
 Dr. M.B. Dongre Associate Professor Ophthalmology Member	 DR. YOGESH GANPADE R.M. Ambajogai Member Secretary Handicap Board	 DR. RAKESH JADHAV R.M. Ambajogai President Handicap Board
Member Handicap Board Concerned Specialist		
Signature/Thumb Impression of the person whose favour disability certificate is issued Note: This is not valid for Medico Legal cases.		
Home Forms Contact Us		
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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, Jalna, Maharashtra

Out No./C.S.Jalna/Disability Certificate/.....
19527 Dist. Hospital, Jalna/Date...12/10/2019



Date: 12/10/2019

Certificate No.: MH1810619830069518

This is to certify that I/We have carefully examined Shri **Pandurang Kacharu Paghal** Son of Shri **Kacharu** Date of Birth **10/02/1983** Age **36 Year(s)** Male, Registration No. **2718/00000/1910/0563926** resident of House No. **Shivaji Nagar - 431204** Sub District **Ambad** District **Jalna** State / UTs **Maharashtra**
Whose photograph is affixed above, and I/We satisfied that:

(A) He is a case of Locomotor Disability

(B) The diagnosis in his case is **VOLKAMANS ISCHEMIC CONTRACTURE RIGHT UPPER LIMB**

(C) He has **40%**(in figure) **Forty** percent(in words) Permanent in relation to his (part of body) as per guidelines (to be specified).

The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): Aadhaar card

Signature / Thumb impression of the Person With Disability

Signature of notified Medical Authority Member

Signature of notified Medical Authority Member

Signature of notified Medical Authority Member

Signature of notified Medical Authority Member

DR. P. J. GHODKE
Orthopedic Surgeon CL-II
General Hospital, Jalna

DR. S. P. KULKARNI
Addl. Civil Surgeon (Clinical)
General Hospital, Jalna



Head Master
Matsyodari Vidyalaya Chinchkhed
Tq.Ambad Dist.Jalna

DR. M.K. RATHOD
Civil Surgeon CL-I
General Hospital, Jalna

Issuing Medical Authority, Jalna, Maharashtra

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



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



Disability Certificate

Issuing Medical Authority, Buldhana, Maharashtra

जात. सार/अंग दि. 1934
कार्यालय जिला राख विकित्तक, बुलढाना
दिनांक- 11 MAR 2019

Date: 04/03/2019

Certificate No.: MH0420719810037063

This is to certify that I/We have carefully examined Shri Ankush Devrao Wanve Son of Shri Devrao Date of Birth 15/06/1981 Age 37 Year(s) Male, Registration No. 2704/00000/1902/1159239 resident of House No. At Post Pimpalgaon Bk - 443204 Sub District Deolgaon Raja District Buldhana State / UTs Maharashtra Whose photograph is affixed above, and I/We satisfied that:

- (A) He is a case of Low Vision
(B) The diagnosis in his case is RE 6/60 LE 3/60 ESOTROPIA AMBLYOPIA

(C) He has 50%(in figure) Fifty percent(in words) Permanent in relation to his (part of body) as per guidelines (to be specified).

The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): Aadhaar card

Signature / Thumb impression of the Person With Disability

Dr. Navin R. Jiwane

Dr. Rajendra R. Gayke

Dr. P.B. Pandit

M.S.D.O.
Civil Surgeon Buldhana
Reg. No. 52622

Dr. Navin R. Jiwane
Ophthalmic Surgeon Class-II
Member of notified Medical Authority



Dr. Rajendra R. Gayke
Additional Civil Surgeon
District Hospital Buldhana
Reg. No. 2005/03/1559

Issuing Medical Authority, Buldhana, Maharashtra

Dr. P.B. Pandit
M.S.D.O.
Civil Surgeon Buldhana
Reg. No. 52622

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



Government of Maharashtra

Secretary, Department of Disability Affairs (ADM)

Social Justice and Special Assistance Department, Public Health Department, Directorate of Medical Education and Research

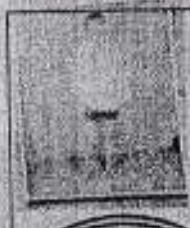


Government of Maharashtra Disability Certificate

No. 512514

(In cases other than those mentioned in Forms II and III) (See rule 4)

जाक. सारु/अण वि. 1536/20-17
कार्यालय जिल्हा रुग्ण चिकित्सक, बुलडाणा
दिनांक- 24 NOV 2017



NAME OF THE HOSPITAL:

District Hospital, Buldana
(Maharashtra, India)

Certificate Number: 465601

Date: 08/11/2017



This is to certify that I have carefully examined.

Person Identification Number: PI50000636932

Aadhar Number: ~~NA~~ 767239235981

Shri/Smt./Kum: BURKUL JAGAN SARJERAO RUKHMINIBAI

Mother Name: Shri/Smt./Kum. RUKHMINI

Date of Birth (dd/mm/yyyy): 29/09/1987

Age: 30 years

Gender: Male

Permanent Address:

House Address: at-post savangi tekade at-post savangi tekade

Village: Savangi Tekade

District: Buldana

Taluka: Deolgaon Raja

Pincode: 443206

whose photograph is affixed above, and am satisfied that he / she is a case of **Physical Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Physical Impairment	Rt. U/L, Rt. L/L	Post Polio Residual Paralysis (PPRP) with RT Sise Weakness	55

1. The Above condition is **Permanent, non-progressive, not likely to improve**

2. Reassessment of disability

3. The applicant has submitted following documents as proof of residence: **Aadhar Card**

4. The applicant has submitted following documents as proof of Identity: **Aadhar Card**

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Dr. R. U. Rathod
Orthopedic Surgeon
Member

Dr. B. S. Bhushari
Additional Civil Surgeon
Member Secretary

Dr. Smt. S.D. Patil M.D.DGO
Civil Surgeon
President

Regn. No. 2010/03/0387

Regn. No. 2005/04/2253

Regn. No. : 86611

Signature of the person who is applying for the certificate is issued

Note: This is not valid for medico legal cases

Dr. B. S. Bhushari
Additional Civil Surgeon
District Hospital Buldana

Dr. (Smt.) Sarita D. Patil
M.D.DGO
Civil Surgeon Buldana



महाराष्ट्र शासन



Government of Maharashtra

Disability Certificate

92408

Government of Maharashtra
Software for Assessment of Disability, Maharashtra (SADM)
Social Justice and Special Assistance Department, Public Health Department, Directorate of Medical Education and Research

Print Log Out

Government of Maharashtra Form-IV Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)



NAME OF THE HOSPITAL:

Medical Officer, District Hospital, Ratnagiri
(Maharashtra, India)

Certificate Number: 424805

Date: 20/07/2017

This is to certify that I have carefully examined.

Person Identification Number: PIS2800582991

Aadhar Number: N/A

Shri/Smt./Kum: PAWAR VIJAY PANDURANG JAYSHRI

Father Name: Shri/Smt./Kum. PANDURANG

Date of Birth (dd/mm/yyyy): 02/11/1976

Age: 40 years

Gender: Male

Permanent Address:

House Address: PURE BK SHINGARI

Village: Pure

Taluka: Khed

District: Ratnagiri

Pincode: N/A

whose photograph is affixed above, and am satisfied that he / she is a case of **Physical Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Physical Impairment	LL L/L	Post Polio Residual Paralysis (PPRP) LEFT LOWER LIMB	45

1. The Above condition is **Permanent, non-progressive, not likely to improve**

2. Reassessment of disability

3. The applicant has submitted following documents as proof of residence: **Aadhar Card**

4. The applicant has submitted following documents as proof of Identity: **Aadhar Card**

(Signature and Seal of Authorised Signatory of notified Medical Authority)

DR PRAMOD T. SURYAWANSHI
Orthopedic Surgeon Class-II

DR. VIKAS M. KUMRE
Resident Medical Officer

DR. P. N. DEVKAR
Civil Surgeon

Member

Member Secretary

President

Regn. No. : 2001/08/28599

Regn. No. : 2005/09/3527

Regn. No. : 59091

Signature/Thumb impression of the person whose favour disability certificate is issued

Note: This is not valid for Medico Legal cases.

Civil Surgeon, Ratnagiri

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

Disability Certificate

Issuing Medical Authority, Ratnagiri, Maharashtra



Date: 24/12/2019

Certificate No.: MH3220619760058042

This is to certify that I/We have carefully examined Shri Ished Saver Farnandis Son of Shri Saver Date of Birth 07/04/1976 Age 43 Year(s) Male, Registration No. 2732/00000/1907/1751468 resident of House No. Sakhar - 416702 Sub District Rajapur District Ratnagiri State / UTs Maharashtra
Whose photograph is affixed above, and I/We satisfied that:

(A) He is a case of Locomotor Disability

(B) The diagnosis in his case is **POST POLIO RESIDUAL PARALYSIS RIGHT LOWER LIMB**

(C) He has **45%**(in figure) **Forty Five** percent(in words) Permanent in relation to his (part of body) as per guidelines (to be specified).

The applicant have been 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



Issuing Medical Authority, Ratnagiri, Maharashtra

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

TRUE COPY

District Hospital, Ahmednagar

Disability Cert. / 24/857

Date :- 28 / 11 / 2008

10 DEC 2008

DISABILITY CERTIFICATE

(Not for Court use)

Certified that we examined Shri./smt./Kum.....



साहे मनिषा किरणराव
12/11/08 नगर इकाई 8/908
Whose Particulars are given below with his/her
photographs.

His/Her age is approximately

:- 21 years

Identification Marks

:-

Sex - Female

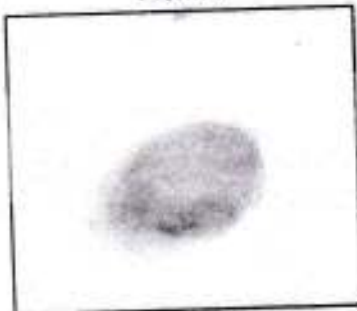
:- Male/Female

He / She has following Disabilities :-

Rt eye - no PL phthisis
Lt eye - 6/18

Thumb Imperssion

निशाणी



His / Her disability is More than 40% (for

Signature of Resident Medical Officer (Clinical)

Member
Resident Medical Officer (Clinical)

Signature of President
Civil Surgeon

President
Civil Surgeon
General Hospital, Ahmednagar

Signature of Member
Head of District
General Hospital, Ahmednagar

Member
Head of District
General Hospital, Ahmednagar



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

Disability Certificate

Issuing Medical Authority, Kolhapur, Maharashtra



Date: 06/06/2019

Certificate No.: MH3420619750022076

This is to certify that I/We have carefully examined Shri Anil Sidram Omase Son of Shri Sidram Date of Birth 01/06/1975 Age 43 Year(s) Male, Registration No. 2734/00000/1812/0495797 resident of House No. Udgaon, Shirol, Kolhapur - 416101 Sub District Shirol District Kolhapur State / UTs Maharashtra Whose photograph is affixed above, and I/We satisfied that:

Dr. Kishan P. Kulkarni
MBBS D.Ortho
Medical Officer
Dept. Of Orthopaedics
R.C.S.M. & G.M.C. Kol.
Reg. No. 2010/103204

(A) He is a case of Locomotor Disability

(B) The diagnosis in his case is **PPRP Right Lower Limb**

Left

(C) He has **45%** (in figure) **Forty Five** percent (in words) Permanent in relation to his (part of body) as per guidelines (to be specified).

The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): Aadhaar card



Signature / Thumb impression of the Person With Disability

[Signatures]

Signatory of notified Medical Authority Member



Issuing Medical Authority, Kolhapur, Maharashtra

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

True Copy
गट निदेशन अधिकारी
पंचायत सामता, शिराळ



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

Disability Certificate

Issuing Medical Authority, Kolhapur, Maharashtra



Certificate No.: MH3420619760074919

Date: 26/09/2012

This is to certify that I/We have carefully examined Shri **Sanjay Vitthal Ghosale** Son of Shri **Vitthal** Date of Birth **01/06/1976** Age **43 Year(s)** Male, Registration No. **2734/00000/1911/0266188** resident of House No. **Chandgad, Malgad - 416507** Sub District **Chandgad** District **Kolhapur** State / UTs **Maharashtra** Whose photograph is affixed above, and I/We satisfied that:

(A) He is a case of Locomotor Disability

(B) The diagnosis in his case is **Rheumatoid Arthritis With Right Hip Stiff With Multiple Upper Limb Deformities**

(C) He has **40%**(in figure) **Forty** percent(in words) Permanent in relation to his as per guidelines (to be specified).

The applicant have been 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



Issuing Medical Authority, Kolhapur, Maharashtra

GOVT. OF MAHARASHTRA
CHATRAPATI PRAMILARAJE HOSPITAL, KOLHAPUR
DISABILITY CERTIFICATE

ORIGINAL

No./CPRH/CSK/

200

-Date 27/11/2008

(कोर्ट कामाच्या वेळी उपयोगाचे नाही)

C. No. 2003

This is certified that Shri/Smt./Kum. Rukhsana Son/Wife/Daughter of Shri
Allauddin M/S. H. age 30 sex F identification mark (s)
Rukadi Tal. Hattangale is suffering from permanent disability of following category :

A. Locomotor or cerebral palsy :

- i) BL-Both legs affected but not arms
 ii) BA-Both arms affected (a) Impaired reach.
 (b) Weakness of grip.
 iii) BLA-Both legs and Both arms affected
 iv) OL-One leg affected (right or left) (a) Impaired reach.
 (b) Weakness of grip
PPRF (R) lower limb (c) Ataxic
 v) OA-One arm affected (a) Impaired reach.
 (b) Weakness of grip
 (c) Ataxic
 vi) BH-Stiff back and hips (Cannot sit or stood)
 vii) MW-Muscular weakness and physical endurance.

B. Blindness or low vision :

- (i) B-Blind
 (ii) PB-Partially
 Blind

C. Hearing Impairment :

- (i) D-Deaf
 (ii) PD-Partially
 Deaf

(Delete the category whichever is not applicable)

2. This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment of this case is not recommended/is recommended after a period of years months.

3. Percentage of disability in his/her case is 50% percent Left

4. Shri/Smt./Kum. Rukhsana Allauddin Chai h meets the following physical requirements for discharge of his/her duties :

- | | |
|---|--------|
| i) F-can perform work by manipulating with fingers. | Yes/No |
| ii) PP-can perform work by pulling and pushing. | Yes/No |
| iii) L-can perform work by lifting. | Yes/No |
| iv) KC-can perform work by kneeling and crouching. | Yes/No |
| v) B-can perform work by bending. | Yes/No |
| vi) S-can perform work by sitting. | Yes/No |
| vii) ST-can perform work by standing. | Yes/No |
| viii) W-can perform work by walking. | Yes/No |
| ix) SB-can perform work by seeing. | Yes/No |
| x) H-can perform work by hearing/speaking. | Yes/No |
| xi) RW-can perform work by reading and writing. | Yes/No |

Dr. Member OFFICERDr. MemberDr. Member

Member CI-II.

Dr. P. S. Member

Medical Board, KOLHAPUR

Medical Board

Chairperson
Medical Board, Kolhapur

सत्यप्रत/TRUE COPY

श्री शंकर किरान पाटील

सिद्धा परिषद सत्यप्रत कोलहापुर

टिप : (१) प्रमाणपत्राची मूळप्रत जपून ठेवावी. जेव्हा पाहिजे तेथे या प्रमाणपत्राची झेरॉक्स किंवा सत्यप्रत जोडावी.

(२) मूळ प्रमाणपत्र गहाळ करू नये किंवा खाड्याखोड करू नये.

Government of Maharashtra

Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)



NAME OF THE HOSPITAL

C.S.M.Hospital, Solapur
(Maharashtra, India)

Dr. Saurabh R. Agrawal
(M. S. ORTHO)

Assistant Professor

Reg. No. MCI/13-14797

Date: 20/11/2017

Dr. V. M. Govt. Medical College
Solapur

Certificate Number: 357188

This is to certify that I have carefully examined.

Person Identification Number: PI52600494617

Aadhar Number: N/A

Shri/Smt./Kum: **JADHAV SAVITA TUKARAM GANGABAI**

Father Name: Shri/Smt./Kum. **TUKARAM**

Date of Birth (dd/mm/yyyy): 03/06/1979

Age: 37 years

Gender: **Female**

Permanent Address:

House Address: 62 NEHARU NAGAR VIJAPUR ROAD

Village: **Solapur**

Taluka: **Solapur**

District: **Solapur**

Pincode: 413004

whose photograph is affixed above, and am satisfied that he / she is a case of **Physical Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Physical Impairment	Rt. U/L, Lt. L/L	C/O Right upper limb PPRP with flail shoulder and left lower limb PPRP	52

1. The Above condition is **Permanent, non-progressive, not likely to improve**

2. Reassessment of disability

3. The applicant has submitted following documents as proof of residence: **Aadhar Card**

4. The applicant has submitted following documents as proof of Identity: **Aadhar Card**

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Dr. Saurabh Ramesh Agrawal

Assistant Professor

Member

Regn. No. : MCI/13-14797

Dr. Jati G.M.

deputy medical superintendent

Member Secretary

Regn. No. : 2003/03/1255

Dr. Maske A.N.

Medical Superintendent

President

Regn. No. : 83722

Signature/Thumb impression of the person whose favour disability certificate is issued

Note: This is not valid for Medico Legal cases.

Dr. Saurabh R. Agrawal
(M. S. ORTHO)

Assistant Professor

Reg. No. MCI/13-14797

Dept. of Orthopaedics

Dr. V. M. Govt. Medical College
Solapur

वैद्यकीय उप अधीक्षक
श्री छत्र.शिवाजी महाराज सर्वोपचार रुग्णालय
सोलापूर.

वैद्यकीय अधीक्षक
श्री छत्र.शिवाजी महाराज सर्वोपचार रुग्णालय
सोलापूर.



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

Disability Certificate

Issuing Medical Authority, Beed, Maharashtra



Certificate No.: MH2720619840003580

Date: 19/06/2014

This is to certify that I/We have carefully examined Shri **Youraj Abhimanyu Hirve** Son of Shri **Abhimanyu Sadhu Hirve** Date of Birth **05/03/1984** Age **32 Year(s)** Male, Registration No. **2727/00000/1701/0073803** resident of House No. **Gavthan Samaj Mandir Javal Kalamamba, At Po Kalamamba Tq Kaij Dist Beed - 431123** Sub District **Kaij** District **Beed** State / UTs **Maharashtra**
Whose photograph is affixed above, and I/We satisfied that:

- (A) He is a case of **Locomotor Disability**
(B) The diagnosis in his case is **Post Polio Residual Paralysis (PPRP) LT UL**

(C) He has **40%**(in figure) **Forty** percent(in words) Permanent in relation to his (part of body) as per guidelines (to be specified).

The applicant have been 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



[Signature]

Issuing Medical Authority, Beed, Maharashtra

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

[Signature]
Dr. J. C. Chaudhary

Government of Maharashtra

Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)

बा.क. शाहचरण विमान/अवम प्रमाणपत्र/ 265

अ.प्र.प्र.प. शांते कार्यालय

म्ह. रा. ती. रा. वें. ५ हावा बंधाजोलाई

दिनांक. 26/4/15



NAME OF THE HOSPITAL:

SRTR Medical College Hospital, Ambajogai
(Maharashtra, India)

Certificate Number: 157420

Date: 15/03/15

This is to certify that I have carefully examined.

Person Identification Number: P152300223983

Aadhar Number: N/A

Shri/Smt./Kum: **THOKE SUHAS SAMBHAJI**Father Name: Shri/Smt./Kum. **SAMBHAJI**

Date of Birth (dd/mm/yyyy): 01/01/1988

Age: 27 years

Gender: **Male**

Permanent Address:

House Address: **SIRSALA PO. SIRSALA**Village: **Sirsala**Taluka: **Parli**District: **Bid**Pincode: **431128**

whose photograph is affixed above, and am satisfied that he / she is a case of **Physical Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Physical Impairment	Lt. L/L	CDH-left hip	55

1. The Above condition is **Permanent, progressive, not likely to improve**
2. Reassessment of disability not necessary
3. The applicant has submitted following documents as proof of residence:

Aadhar Card

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Dr. Namdev P. June

Assistant Professor Orthopaedics
Member, Medical Board
Concerned Specialist
Regn. No. : 2003/03/0804

Dr. D.R. Kekan

Dr. R.M.O.
Member, Secretary
Member, Board
SRTR Medical College Hospital, Ambajogai
Regn. No. : 2003/03/0804

Dr. S.V. Birajdar

Physician Class-I/Class-II
President, Medical Board
SRTR Medical College Hospital, Ambajogai
Regn. No. : 57300
Dist. Board

Signature/Thumb impression of the person whose favour disability certificate is issued.

Note: This is not valid for Medico Legal cases.

Assistant Professor
Shri Pandharpur Parli
Mahavidyalaya, Parli
Regn. No. : 2003/03/0804

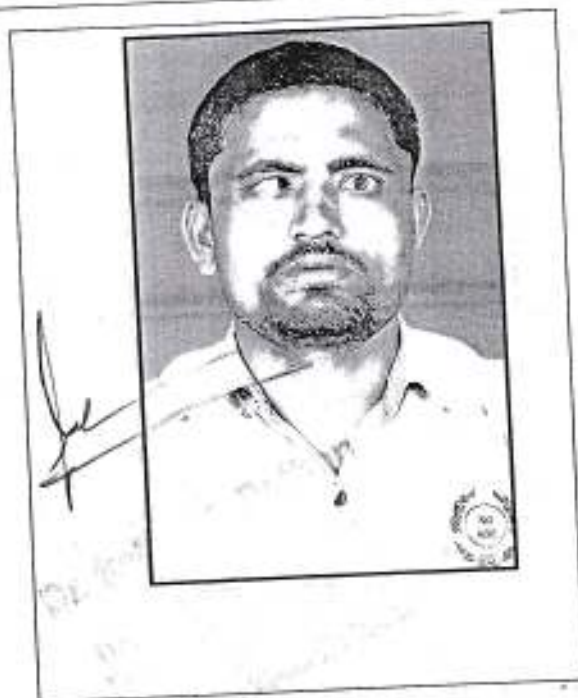
B. J. MEDICAL COLLEGE & SASSOON GENERAL HOSPITALS, PUNE

CERTIFICATE OF THE MEDICAL BOARD FOR PERSONS WITH DISABILITIES

NOT FOR COMPENSATION CLAIMS

For general purposes only e.g. employment, special conveyance allowance/scholarships for handicapped persons etc.

Read: 1) Resolution No. FDD/1081/6256591570/CA-13
March 1986 Govt. of Maharashtra, Social Welfare, Mantralaya, Mumbai-1
2) Notification No. 42/81 HW-111/Government of India, Ministry of Social Welfare, Delhi dt. 6th Aug. 1986.



Certificate No. 9257

Date: 14/12/2012

This is to certify that Shri./Smt./K/m. Gokul N. Kokale
Son/wife/daughter of Shri. Nivrutti Kokale age 30 old ☒ male / female,
registration No. 696551 is a case of (Bt) Esotropia with Nystagmus

He/She is ~~physically disabled~~/visually disabled/speech and hearing disabled and has 75%
seventy five percent) permanent / temporary (physical impairment / visual impairment / speech
and hearing impairment) in relation to his/her

He/She is fit/unfit for benefits for persons with disabilities.

Note :-

- 1) This condition is progressive/non-progressive/likely to improve / not likely to improve
- 2) Reassessment is not recommended/is recommended after a period of
- 3) Audiogram with photograph is attached with certificate.

Means of identification :

Signature/Thumb Impression
of the patient.

Specialist

Dept. of Ortho/ ENT Ophthal. /
Surgery / Medicine / Psychiatry, BJMC, Pune.

Sassoon Gene

Resident M

महाराष्ट्र शासन



Government of Maharashtra Disability Certificate



No. 502130

Government of Maharashtra
Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III) (See Form I)



NAME OF THE HOSPITAL:

District Hospital, Osmanabad
(Maharashtra, India)

Certificate Number: 541890

Date: 26/06/2018

This is to certify that I have carefully examined.

Person Identification Number: P152500735589

Aadhar Number: N/A

Shri/Smt./Kum: KAMBLE SUBHASH MANIKRAO FULABAI

Father Name: Shri/Smt./Kum. KAMBLE MANIKRAO

Date of Birth (dd/mm/yyyy): 09/05/1982

Gender: Male

Age: 36 years

Permanent Address:

House Address: Kaldeo Nimbala

Village: Kaldeo

District: Osmanabad

Taluka: Umarga

Pincode: 413604

whose photograph is affixed above, and am satisfied that he / she is a case of **Physical Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Physical Impairment	Lt. U/L	Left ankle joint deformity	45

- The Above condition is **Temporary, non-progressive, likely to improve**
- Reassessment of disability is recommended/ after 5 years, and therefore this certificate shall be valid till (DD / MM / YYYY) 07/06/2023
- The applicant has submitted following documents as proof of residence: **Aadhar Card**
- The applicant has submitted following documents as proof of Identity: **Aadhar Card**

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Dr. Ganesh Dilip Patil
Orthopedic Surgeon Class-II
Member

Dr. R. V. Galande
Additional Civil Surgeon
Member Secretary
Regn. No. : 73516

Dr. Eknath D. More
Civil Surgeon
President
Regn. No. : 55348

Regn. No. : 2009/02/180

Signature/Thumb impression of the person whose favour disability certificate is issued

Note: This is not valid for Medico Legal cases.



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

Disability Certificate

Issuing Medical Authority, Pune, Maharashtra



Certificate No.: MH25100619780057601

Date: 21/02/2019

This is to certify that I/We have carefully examined Smt. **Manisha Shrikant Nicht** Daughter of Shri **Dagadu Kondaji Dhome** Date of Birth **02/07/1978** Age **40 Year(s)** Female, Registration No. **2725/00000/1902/0599509** resident of House No. **At-vadner Khurd, Post-takli Haji, Tal-shirur, Dist-pune - 412218** Sub District **Shirur** District **Pune** State / UTs **Maharashtra**

Whose photograph is affixed above, and I/We satisfied that:

(A) She is a case of Locomotor Disability

(B) The diagnosis in her case is **FAILED BACK SYNDROME WITH RT LL WEAKNESS**

(C) She has **43%**(in figure) **Forty Three** percent(in words) Permanent in relation to her (part of body) as per guidelines (to be specified).

The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): Aadhaar card

Manisha Nicht

Signature / Thumb impression of the Person With Disability

Prakash

Bhaskar

Manisha Nicht

Signatory of notified Medical Authority Member



Manisha Nicht

Issuing Medical Authority, Pune, Maharashtra

Manisha Nicht

Government of Maharashtra
Form-IV**Disability Certificate**

(In cases other than those mentioned in Forms II and III) (See rule 4)



NAME OF THE HOSPITAL:

Sassoon Hospitals, Pune
(Maharashtra, India)

Certificate Number: 479994

Date: 21/12/2017

This is to certify that I have carefully examined.

Person Identification Number: PIS2100657548

Aadhar Number: N/A

Shri/Smt./Kum: ZAGADE SUBHASH UTTAM LILABAI

Wife Name: Shri/Smt./Kum. VRUSHALI SUBHASH ZAGADE

Date of Birth (dd/mm/yyyy): 1/1/1978

Gender: Male

Age: 39 years

Permanent Address:

House Address: Kurkumbh Zagadewadi

Village: Kurkumbh

District: Pune

Taluka: Daund

Pincode: 413802

whose photograph is affixed above, and am satisfied that he / she is a case of **Physical Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Physical Impairment	Lt. L/L	Lt foot and ankle deformity	41

1. The Above condition is **Permanent, non-progressive, not likely to improve**
2. Reassessment of disability
3. The applicant has submitted following documents as proof of residence: **Aadhar Card**
4. The applicant has submitted following documents as proof of Identity: **Aadhar Card**

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Dr. P.D. Deokate

Dr. Madhuri Sahebrao Sose

Dr. Ajay A. Taware

Medical Superintendent and
Chairman Disability Board

President

Regn. No. : 2001/01/0298

Dr. Ajay A. Taware

MD. (F.)

Reg. No. 2001 / 01 / 2001

Superintendent

Sassoon General Hospital, Pune

DR. PRAVIN D. DEOKATE

Reg. No. 2006/02/1176

Assistant Professor

Department Of Orthopedics,

J.J.M.C. & S.G.H. Pune

R.M.O.

Member Secretary

Regn. No. : 2017/02/2438

President Medical Officer

Sassoon General Hospital, Pune

Note: This is not valid for Medico Legal cases.

Head Master

Firangimata Vidyalaya
Kurkumbh, Tal. Daund Dist. Pune

Government of Maharashtra

Software for Assessment of Disability, Maharashtra (SADM)

Social Justice and Special Assistance Department, Public Health Department, Directorate of Medical Education and Research

Print **Log Out**

Government of Maharashtra

Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)

NAME OF THE HOSPITAL:

District Hospital, Satara
(Maharashtra, India)

Certificate Number: 139190

Date: 03/12/24


This is to certify that I have carefully examined
 Person Identification Number: **H152700182476**
 Aadhar Number: N/A
 Shri/Smt./Kum: **Ranavare Rabuldev Kabirao**
 Father Name: Shri/Smt./Kum. **Kabirao Ramasingh Ranavare**
 Date of Birth (dd/mm/yyyy): **01/06/1976**
 Gender: **Male**
Permanent Address:
 House Address: **At. Po. Jinti**
 Village: **Jinti**
 District: **Satara**
 Taluka: **Phaltan**
 Pincode: **N/A**

Age: **38 years**


whose photograph is affixed above, and am satisfied that he / she is a case of **Hearing Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

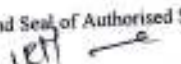
Disability	Affected part of Body	Diagnosis	Disability (in %)
Hearing Impairment	Both Ears	Bilateral Moderate Hearing Loss	55

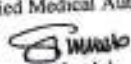
1. The Above condition is **Permanent, non-progressive, not likely to improve**
 2. Reassessment of disability not necessary
 3. The applicant has submitted following documents as proof of residence:
Aadhar Card, Voter Identity Card



Member of the Medical Board
Satara.


Dr. R.G. Katkar
 Medical Officer Class I
 Member
 Regn. No. : 56841


DR. U.R. MANE
 Additional Civil Surgeon
 Member Secretary
 Regn. No. : 60171


Dr. Suresh P. Jagdale
 Civil Surgeon
 President
 Regn. No. : 52118

Member of the Medical Board

Member of the Medical Board

President of the Medical Board

Note: **Satara.** valid for Medico Legal cases.

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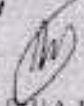



महाराष्ट्र शासन



Government of Maharashtra Disability Certificate



No. 158049

Government of Maharashtra	
Software for Assessment of Disability, Maharashtra (SADM)	
Social Justice and Special Assistance Department, Public Health Department, Directorate of Medical Education and Research	
Print	Log Out
<p align="center">Government of Maharashtra Form-IV Disability Certificate (In cases other than those mentioned in Forms II and III) (See rule 4)</p>	
	
NAME OF THE HOSPITAL:-	District Hospital, Satara (Maharashtra, India)
Certificate Number:	Date: 13/05/15
<p>This is to certify that I have carefully examined. Person Identification Number: P152700246110 Andhar Number: N/A Shri/Smt./Kum: Chavan Chandrakant Dagadu Wife Name: Shri/Smt./Kum. Chaya Chandrakant Chavan Date of Birth (dd/mm/yyyy): 10/03/1975 Gender: Male Permanent Address: House Address: At. Po. Karanje Village: Karanje District: Satara Taluka: Satara Pincode: N/A</p>	
<p>whose photograph is affixed above, and am satisfied that he / she is a case of Physical Impairment disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-</p>	
Disability	Affected part of Body Diagnosis Disability (in %)
Physical Impairment	Li. L/L Post traumatic sequel-limbs Li L/L 42
<p>1. The Above condition is Permanent, non-progressive, not likely to improve 2. Reassessment of disability not necessary 3. The applicant has submitted following documents as proof of residence: Ration card</p>	
<p align="center">(Signature and Seal of Authorised Signatory of notified Medical Authority)</p>	
 Dr. U.A. Patil Medical Officer(Ortho)	 DR. U.R. MANE Additional Civil Surgeon Member Secretary Regn. No. : 60171
 Dr. Suresh Bhat President of the Medical Board Civil Surgeon President Regn. No. : 52118	
<p>Signature/Thumb impression of the person whose favour disability certificate is issued Note: This is not valid for Medico Legal cases</p>	
<p align="center">Satara.</p>	

सत्यप्रत

श्री. इमरालद बदन काडी
विशेष कार्यकारी अधिकारी
तानजाईनगर, कर्जे तर्फ सातारा.





महाराष्ट्र शासन

Government of Maharashtra

Disability Certificate



No. 165927

Government of Maharashtra
Form-IV
Disability Certificate
(In cases other than those mentioned in Forms II and III) (See rule 4)

NAME OF THE HOSPITAL: District Hospital, Satara (Maharashtra, India)

Certificate Number: 52267 Date: 22/05/2018

This is to certify that I have carefully examined.
Person Identification Number: P152700729273
Aadhar Number: N/A
Shri/Smt./Kum: PHARANDE NITIN NAMDEV INDUBAI
Wife Name: Shri/Smt./Kum. SHILPA PHARANDE
Date of Birth (dd/mm/yyyy): 22/06/1983 Age: 34 years
Gender: Male
Permanent Address:
House Address: A/P-Pharandewadi
Village: Phaltan
District: Satara
Pincode: 415523
Inhabitant: Phaltan

whose photograph is affixed above, and am satisfied that he / she is a case of *Physical Impairment* disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Physical Impairment	RL LL	Post traumatic sequel-limbs RT LL	43

1. The Above condition is *Permanent, non-progressive, likely to improve*
2. Reassessment of disability
3. The applicant has submitted following documents as proof of residence: *Aadhar Card, Ration card*
4. The applicant has submitted following documents as proof of Identity: *Aadhar Card*

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Dr. Manoj S. Kulkarni
Member of the Medical Board
Satara
Regn. No. : 2010-03-041

DR. U.R. MANE
Additional Civil Surgeon
Member Secretary
Regn. No. : 60171

Dr. Shrikant D. Bhoi
Civil Surgeon
President
Regn. No. : 58828

Member of the Medical Board
Satara.

Signature/Thumb impression of the person whose favour disability certificate is issued
Note: This is not valid for Medico Legal cases.

Government of Maharashtra

Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)



NAME OF THE HOSPITAL:

C.S.M.Hospital,Solapur
(Maharashtra, India)

Certificate Number: 565132

Date: 10/09/2018

This is to certify that I have carefully examined.

Person Identification Number: PI52600775707

Aadhar Number: N/A

Shri/Smt./Kum: PATEL JAVED RAHAMAN MUMTAJ....

Father Name: Shri/Smt./Kum. RAHAMAN

Date of Birth (dd/mm/yyyy): 01/06/1977

Age: 41 years

Gender: Male

Permanent Address:

House Address: Gosaki Nagar

Village: Solapur

District: Solapur

Taluka: Solapur

Pincode: 413007

whose photograph is affixed above, and am satisfied that he / she is a case of **Physical Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Physical Impairment	LL L/L	PPRP LEFT LOWER LIMB	42

1. The Above condition is **Permanent, non-progressive, not likely to improve**

2. Reassessment of disability

3. The applicant has submitted following documents as proof of residence: **Aadhar Card**

4. The applicant has submitted following documents as proof of Identity: **Aadhar Card**

(Signature and Seal of Authorised Signatory of notified Medical Authority)

DR. DHANOO DHANANJAYAN

Assistant Professor Orthopedics

deputy medical superintendent

President Professor, Department Of
Medicine

President

Regn. No. : 47014/2013

Regn. No. : 8454/06.11.92

Signature/Thumb impression of the person whose favour disability certificate is issued

Note: This is not valid for Medico Legal cases.

मुख्याध्यापक
श्री जाबमनी प्राथमिक शाळा, सोलापूर

Government of Maharashtra

Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)



Lecturer
Orthopedics Department
Dr V M. Medical College Solapur

NAME OF THE HOSPITAL:

C.S.M.Hospital,Solapur
(Maharashtra, India)

Certificate Number: 428595

Date: 01/08/2017

This is to certify that I have carefully examined.

Person Identification Number: P152600587141

Aadhar Number: N/A

Shri/Smt./Kum: **PAWAR. CHANDRAKANT MOHAN APRUKA**

Father Name: Shri/Smt./Kum. **MOHAN**

Date of Birth (dd/mm/yyyy): **02/04/1976**

Age: **41 years**

Gender: **Male**

Permanent Address:

House Address: **MARAVADE**

Village: **Maravade**

District: **Solapur**

Taluka: **Mangalvedhe**

Pincode: **413319**

whose photograph is affixed above, and am satisfied that he / she is a case of **Physical Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Physical Impairment	Rt. L/L	RIGHT LOWER LIMB POST POLIO RESIDUAL PARALYSIS	41

1. The Above condition is **Permanent, non-progressive, not likely to improve**
2. Reassessment of disability
3. The applicant has submitted following documents as proof of residence: **Aadhar Card**
4. The applicant has submitted following documents as proof of Identity: **Aadhar Card**

(Signature and Seal of Authorized Signatory of notified Medical Authority)

Dr Saurabh Ramesh Agrawal
Assistant Professor
Member
Regn. No. : MCI/13-14797

Dr. Jattu G.M.
deputy medical superintendent
Member Secretary
Regn. No. : 2003/03/1255

Dr. Marke A.N.
Medical Superintendent
President
Regn. No. : 83722

Signature/Thumb impression of the person whose favour disability certificate is issued

Note: This is not valid for Medico Legal cases.

Lecturer
Orthopedics Department
Dr V M. Medical College Solapur

वैद्यकीय उप अधीक्षक
श्री छत्र.शिवाजी महाराज सर्वोपचार रुग्णालय
सोलापूर

वैद्यकीय अधीक्षक
श्री छत्र.शिवाजी महाराज सर्वोपचार रुग्णालय
सोलापूर

श्री कंगार एच. टी.
प्रमुख कार्यकारी अधिकारी अ. वं.



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

Disability Certificate

Issuing Medical Authority, Solapur, Maharashtra



Certificate No.: MH3030719800027840

Date: 29/08/2019

This is to certify that I/We have carefully examined Smt. **Vaishali Yashwant Kulkarni** Daughter of Shri **Anantrao** Date of Birth **22/05/1980** Age **39 Year(s)** Female, Registration No. **2730/00000/1906/0510712** resident of House No. **Block No 9 Waman Nagar, Jule Solapur, Solapur - 413004** Sub District **Solapur North** District **Solapur** State **/ UTs Maharashtra**

Whose photograph is affixed above, and I/We satisfied that:

(A) She is a case of Low Vision

(B) The diagnosis in her case is **Both Eye Cystoid Macular Edema**

(C) She has **40%**(in figure) **Forty** percent(in words) Permanent in relation to her (part of body) as per guidelines (to be specified).

The applicant have been 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



Issuing Medical Authority, Solapur, Maharashtra



Government of Maharashtra

Disability Certificate

Disability Certificate

No. 302039

(In cases other than those mentioned in Forms II and III) (See rule 4)

565



NAME OF THE HOSPITAL:

District Hospital, Nandurbar
(Maharashtra, India)

Certificate Number: 78159

Date: 17/04/14

This is to certify that I have carefully examined.

Person Identification Number: P149700105460

Aadhar Number: N/A

Shri/Smt./Kum: VASAVE CHHAGAN VANSING

Father Name: Shri/Smt./Kum. vansing sanga vasave

Date of Birth (dd/mm/yyyy): 05/06/1988

Age: 25 years

Gender: Male

Permanent Address:

House Address: Atumarbhavan post Jamana

Village: Umaragavhan

District: Nandurbar

Taluka: Akkalkuwa

Pincode: 425415

whose photograph is affixed above, and am satisfied that he / she is a case of **Physical Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Physical Impairment	RL L/L	PPRP right lower limb	42

- The Above condition is **Permanent, non-progressive, not likely to improve**
- Reassessment of disability not necessary
- The applicant has submitted following documents as proof of residence:

Aadhar Card, Ration card

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Dr. Dipak Jadhav
Ortho Surgeon
Member

Regn. No. : 2001/07/2639

Dr. Ravikiran Chavan
RMO (CI)
Member Secretary
Regn. No. : 078818

Dr. Hemant Ramdas Borse
Civil Surgeon
President
Regn. No. : 63063

Signature/Thumb impression of the person whose favour disability certificate is issued

Note: This is not valid for Medico Legal cases.

Government of Maharashtra

Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)



796/15
30/01/15



NAME OF THE HOSPITAL:

Govt. Medical College Hospital, Dhule
(Maharashtra, India)

Certificate Number: 143352

Date: 28/01/15

This is to certify that I have carefully examined,

Person Identification Number: PI49800205263

Aadhar Number: N/A

Shri/Smt./Kum: Patil Ushabai Dayaram

Father Name: Shri/Smt./Kum. Dayaram

Date of Birth (dd/mm/yyyy):

Age: 32 years

Gender: Female

Permanent Address:

House Address: Sutrepada

Village: Sutare

Taluka: Dhule

District: Dhule

Pincode: N/A

whose photograph is affixed above, and am satisfied that he / she is a case of *Physical Impairment* disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Physical Impairment	Rt. L/L	R LL PPRP	40

1. The Above condition is *Permanent, non-progressive, not likely to improve*
2. Reassessment of disability not necessary
3. The applicant has submitted following documents as proof of residence:

Aadhar Card

Dr. Amol Khairnar

Dr. Amol Khairnar
Assistant Professor
Member

Regn. No. : 2004/04/2215

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Dr. M.G. Khan

Dy. Medical Superintendent
Member Secretary

Regn. No. : 82761

Dr. A.N Borde

Dr. A.N Borde
Medical Superintendent
President

Regn. No. : 57142

Signature/Thumb impression of the person whose favour disability certificate is issued

Note: This is not valid for Medico Legal cases.

म. ज्यो.
म. भदा
म. दिवालय



महाराष्ट्र शासन



Government of Maharashtra



Disability Certificate
Software for Assessment of Disability, Maharashtra (SADM)
 Social Justice and Special Assistance Department, Public Health Department, Directorate of Medical Education and Research

668264

Print

Log Out

Government of Maharashtra

Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)



NAME OF THE HOSPITAL:

District Hospital, Raigad
(Maharashtra, India)

Certificate Number: 445514

Date: 02/09/2017

This is to certify that I have carefully examined.

Person Identification Number: PIS2000602999

Aadhar Number: N/A

Shri/Smt./Kum: VASHIKAR RAJESH SURESH -

Father Name: Shri/Smt./Kum. SURESH VASHIKAR

Date of Birth (dd/mm/yyyy): 25/11/1972

Age: 44 years

Gender: Male

Permanent Address:

House Address: asudgaon

Village: Panvel

District: Raigarh

Taluka: Panvel

Pincode: 410206

whose photograph is affixed above, and am satisfied that he / she is a case of **Physical Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Physical Impairment	LL L/L	PPRP	45

1. The Above condition is **Permanent, non-progressive, not likely to improve**

2. Reassessment of disability

3. The applicant has submitted following documents as proof of residence: **Aadhar Card**

4. The applicant has submitted following documents as proof of Identity: **Aadhar Card**

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Kadam

Dr. Mrunalini M. Kadam
Orthopedic Surgeon Class-II
Member

Regn. No. : 2003/09/3476

Dr. Anil Shivling Phutane
Additional Civil Surgeon
Member Secretary

Regn. No. : 58212

Dr. Ajit E. Gawali
Civil Surgeon
President

Regn. No. : 51484

Signature of the person whose disability certificate is issued
 Note: This is not valid for legal cases.

Add. Civil Surgeon
Civil Hospital Raigad

CIVIL SURGEON

Disability Certificate

(Cases other than those mentioned in Schedule I and II shall only be)



Govt. Medical College Hospital, Aurangabad
Chhatrapati, India

Certificate Number: 14973

Date: 20/1/19

This is to certify that I have carefully examined

Person Identification Number: P417300201133

Aadhar Number: N/A

Signature: Kunt. Suresh Chandra S. S. S.

Further Name: Kunt. Suresh Chandra S. S. S.

Date of Birth: 20/1/19

Age: 28 years

Gender: Male

Permanent Address:

House Address: Gullburgam

Village: Gullburgam

District: Aurangabad

Pincode: 431004

Phone: 2001133

whose photograph is affixed above, and who is afflicted with the disease of Physical Impairment

disability. His/Her extent of Percentage physical impairment/disability has been estimated as per guidelines and is shown against the relevant condition in the table below.

Disability	Affected part of Body	Signs and Symptoms	Disability %
Physical Impairment	Left Limb	Post Polio residual Paralysis Left Lower Limb	50

1. The Above condition is Permanent, non-progressive, not likely to improve

2. Reassessment of disability not necessary

3. The applicant has submitted following documents as proof of residence:

Bank Passbook

Dr. Gejagan M. Kathar
Member, S. Ortho
Res. 20/1/19

Dr. Prabhat Pandurangam Chavan
Member, Secretary
Res. 20/1/19

Dr. Suresh Chandra S. S. S.
Medical Superintendent
Res. 20/1/19

Res. 20/1/19
Res. 20/1/19
Res. 20/1/19

Res. 20/1/19
Res. 20/1/19
Res. 20/1/19

Res. 20/1/19
Res. 20/1/19
Res. 20/1/19

Res. 20/1/19
Res. 20/1/19
Res. 20/1/19

Handwritten signature



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



Disability Certificate

Issuing Medical Authority, Buldhana, Maharashtra

आक मासक/अंक दि. 16/09/2021
कार्यालय जिल्हा मन्त्रालय, बुलढाना
दिनांक 9 JUL 2021



Certificate No.: MH0420719880305625

Date: 02/05/2006

This is to certify that I/we have carefully examined Shri Amol Vishnu Rajguru, Son of Shri Vishnu, Date of Birth 11/11/1988, Age 12, Male, Registration No. 2704/00000/2106/1564849, resident of House No. Ward No 02 Shivaji Colony, Lonar, Buldhana - 443302, Sub District Lonar, District Buldhana, State / UT Maharashtra, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of Low Vision

(B) The diagnosis in his case is RE 6/24 LE NPL TRAUMATIC EYE

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

Name of document(s): Aadhar Card

Signature / Thumb Impression of the Person with Disability

Signature / Thumb Impression of the Issuing Medical Authority Member(s)



Issuing Medical Authority, Buldhana, Maharashtra

डॉ. राजेश जी. नडस
MD, PGD, DGO (CPS)
आर्य समाज, बुलढाना
443302

This certificate is issued to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose

[Handwritten signature]



महाराष्ट्र शासन

Government of Maharashtra Disability Certificate



No. 495380

प्रा.स. 761/2017

दि 16/11/2017

Government of Maharashtra

Form - 3

Disability Certificate

(In cases other than those mentioned in Form - 2 (B) (See rule 4)



NAME OF THE HOSPITAL:

District Hospital, Osmanabad
Maharashtra, India

Certificate Number: 466841

Date: 16/11/2017

This is to certify that I have carefully examined
Person Identification Number: P152500640603

Aadhar Number: N/A

Shri Smt. K. M. PATIL SANTOSH CHANDRAKANTH RUPAK

Father Name: Shri Smt. K. M. PATIL CHANDRAKANTH RUPAK

Date of Birth (dd mm yyyy): 01/02/1983

Age: 34 years

Gender: Male

Permanent Address:

House Address: Bedga

Village: Bedga

District: Osmanabad

Taluka: Lurgu

Pincode: 413600

whose photograph is affixed above and am satisfied that he/she is a case of **Physical Impairment**
disability. His/Her extent of percentage physical impairment/disability has been evaluated as per guidelines
and is shown against the relevant disability in the table below:

Disability	Affected part of body	Impairment	Disability (%)
Physical Impairment	LL UL LL UL	PPRP LL UL LL UL	57

1. The Above condition is **Permanent, non-progressive, not likely to improve**

2. Reassessment of disability

3. The applicant has submitted following documents as proof of residence: **Aadhar Card**

4. The applicant has submitted following documents as proof of identity: **Aadhar Card**

(Signature of the person whose disability certificate is issued) (Signature of notified Medical Authority)

Dr. B. H. Ingole
Orthopedic Surgeon Class-II
Member

Regn. No.: 2006/01-105

Dr. K. S. Gaud
Medical Civil Surgeon
Member Secretary
Regn. No.: 71516

Dr. B. H. Ingole
Civil Surgeon
President
Regn. No.: 55348

Signature/Thumb impression of the person whose disability certificate is issued

Note: This is not valid for Medico Legal cases.

Patil

Health Services

No. 5/2003. Examined-5/5/2003
Office of the Civil Surgeon Raigad
Alibag. Dt. 2/12/03.



CERTIFICATE

We the member of the Medical Board do hereby Certify that Shri/Smt/Kumari/Kumar... Neela Chintaman Hule Was examined in Civil Surgeon Raigad Alibag on 2/12/03 in our opinion he/she is physically handicapped he/She is having Deformity... congenital contracture and amputation of multiple toes of both feet Disability is... more than forty per cent Permanent / partial. Not to be used for court / legal purpose.

Ch
Member

Dr. R.M.O.
Member
R.M.O. (Clinical)

Dr. R.M.O.
President
Civil Surgeon
Raigad Alibag.

सत्यप्रसन्न मुळ्याध्यापक
को. ए. सो. सी. गु. रा. अस्पताल
विद्यार्थी नगरी, ता. रोहा, जि. रायगड

Civil Surgeon
Raigad - Alibag



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

Disability Certificate

Issuing Medical Authority, Thane, Maharashtra



Certificate No.: MH2130619860101008

Date: 01/06/2016

This is to certify that I/We have carefully examined Shri **Dhammapal Kisan Wathore** Son of Shri **Kisan** Date of Birth **22/03/1986** Age **32 Year(s)** Male, Registration No. **2721/00000/1902/1633590** resident of House No. **Room No 501, bhakti Paradise,, Near Patil Petrol Pump, Belvali,, Badalapur (w) - 421503** Sub District **Ambarnath** District **Thane** State / UTs **Maharashtra**
Whose photograph is affixed above, and I/We satisfied that:

(A) He is a case of Locomotor Disability

(B) The diagnosis in his case is **Post Polio Residual Paralysis Left Lower Limb**

(C) He has **50%**(in figure) **Fifty** percent(in words) Permanent in relation to his (part of body) as per guidelines (to be specified).

The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): Aadhaar card

Dhathore

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



Issuing Medical Authority, Thane, Maharashtra

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

Asing
मुख्याध्यापिका
यु माहिम मनपा इगजी उ.प्रा गाळा
एम.एम.सी. ता. माहिम (उ.प्रा.)
मुबई ४०००२१

Government of Maharashtra

Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)

का.प. 1532

कार्यालय, शस्य विभाग

नामांकित अस्पताल चन्द्रपुर,

चिवाड

28 FEB 2014



NAME OF THE HOSPITAL:

District Hospital, Chandrapur

(Maharashtra, India)

Certificate Number: 57169

Date: 04/02/14

This is to certify that I have carefully examined.

Person Identification Number: P150900080497

Aadhar Number: N/A

Shri/Smt./Kum: Bansod Kalidas Kashiram

Father Name: Shri/Smt./Kum. Kashiram

Date of Birth (dd/mm/yyyy): 19/04/1974

Gender: Male

Permanent Address:

House Address: Bhendala

Village: Bhendala

District: Chandrapur

whose photograph is affixed above, and am satisfied that he / she is a case of **Physical Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Physical Impairment	Rt. L/L	Post Polio Residual Paralysis (PPRP) Right Lower Limb	40

1. The Above condition is **Permanent, non-progressive, not likely to improve**

2. Reassessment of disability not necessary

3. The applicant has submitted following documents as proof of residence:

Aadhar Card

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Dr. Ullas Borkar

Dr. T.G. Phate

Dr. Pratik Sonure

Medical Officer (Medical)
General Hospital, Chandrapur
Member

Resident MO (Clinical) Officer
General Hospital, Chandrapur
Member Secretary

CIVIL SURGEON,
General Hospital, Chandrapur
Regn. No. 48115

Regn. No. : 2005/09/3605

Regn. No. : 2011/03/0368

Signature/Thumb impression of the person whose favour disability certificate is issued

Note: This is not valid for Medico Legal cases.



Government of Maharashtra

Secretary, Department of Disability, Maharashtra (A.M.)

Social Justice and Special Assistance Department, Government, Directorate of Medical Education and Research

Print

महाराष्ट्र शासन



Government of Maharashtra

Disability Certificate

Disability Certificate

No. 305713

(In cases other than those mentioned in Forms II and III) (See rule 4)



NAME OF THE HOSPITAL:

District Hospital, Nandurbar
(Maharashtra, India)

Certificate Number: 457329

Date: 25/10/2017

This is to certify that I have carefully examined.

Person Identification Number: PI49700630069

Aadhar Number: N/A

Shri/Smt./Kum: GIRASE NIMBA GULZARSING DHANBABAI

Father Name: Shri/Smt./Kum. GULZAR

Date of Birth (dd/mm/yyyy): 01/06/1979

Age: 38 years

Gender: Male

Permanent Address:

House Address: At Kothali Kukawal

Village: Kukawal

Taluka: Shahade

District: Nandurbar

Pincode: 425409

whose photograph is affixed above, and am satisfied that he / she is a case of **Physical Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Physical Impairment	Rt. U/L	congenital amputation of right hand through carpal bones	59

- The Above condition is **Permanent, non-progressive, not likely to improve**
- Reassessment of disability
- The applicant has submitted following documents as proof of residence: **Aadhar Card**
- The applicant has submitted following documents as proof of Identity: **Aadhar Card**

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Dr. Jaywant Patil

Orthopedic Surgeon

Member

Regn. No. : 2002/04/2131

Dr. K.D. Satpute

Additional Civil Surgeon

Member Secretary

Regn. No. : 73063

Dr. Raghunath B. Bhat

Civil Surgeon

President

Regn. No. : 73063

Signature/Thumb impression of the person whose favour disability certificate is issued

माध्यमिक विद्यालय, बुरखेडा
ता. शहादा, जि. नंदुरबार

B. J. MEDICAL COLLEGE & SASSOON GENERAL HOSPITALS, PUNE

CERTIFICATE OF THE MEDICAL BOARD FOR PERSONS WITH DISABILITIES

NOT FOR COMPENSATION CLAIMS

For general purposes only e.g. employment, special conveyance allowance/scholarships for handicapped persons etc.

Read: 1) Resolution No. FDD/1081/6256591570/CA-13

March 1986 Govt. of Maharashtra, Social Welfare, Mantralaya, Mumbai-1

2) Notification No. 42/81 HW-111/Government of India, Ministry of Social Welfare, Delhi dt. 6th Aug. 1986.



R. HEMANT P. PAREKH
M.S. D.N.B. (ORTHO)
LECTURER IN ORTHO.
B.J.M.C. & S.G.H. PUNE

Certificate No. 1672

Date: 1-11-07

This is to certify that Shri/Smt./Kum. Reshma Nanabhau Tungadkar
Smt./wife/daughter of Shri. Nanabhau Tungadkar age 26 old male/female,
registration No. 18404 is a case of Bilateral CTEV

He/She is physically disabled/visually disabled/speech and hearing disabled and has 50 %
Fifty percent permanent / temporary (physical impairment / visual impairment / speech
and hearing impairment) in relation to his/her Both LE.

He/She is fit/~~not~~ for benefits for persons with disabilities.

Note :-

- 1) This condition is progressive/non-progressive/likely to improve / not likely to improve.
- 2) Reassessment is not recommended/is recommended after a period of _____ months / years.
- 3) Audiogram with photograph is attached with certificate.

Marks of identification :

Signature/Thumb Impression
of the patient.

Phobos
रेश्मा नानाभा

Specialist
Dept. of Ortho / ENT Ophthal. /
Surgery / Medicine / Psychiatry, BJMC Pune
R. HEMANT P. PAREKH
M.S. D.N.B. (ORTHO), REG. NO. 2000-02551
LECTURER IN ORTHOPAEDICS
B.J.M.C. & S.G.H. PUNE

R.M.O.
Sassoon General Hospital,
Dr. S. B. Shelke
R.M.O.
Sassoon General Hospital,
Pune-1.

Medical Superintendent
Sassoon General Hospital,
Dr. P. S. Pawar
M.C. (Surg)
Reg. No. 44011
Superintendent,
Sassoon General Hospital, Pune.



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

Disability Certificate

Issuing Medical Authority, Nanded, Maharashtra



Certificate No.: MH1530619740021838

Date: 18/03/2019

This is to certify that I/We have carefully examined Shri **Dnyaneshwar Tukaram Kalyankar** Son of Shri **Tukaram**
Date of Birth **10/01/1974** Age **45 Year(s)** Male, Registration No. **2715/00000/1903/0826182** resident of House No.
Plot No 10, Manik Nagar, Taroda Bk, Nanded - 431605 Sub District **Nanded** District **Nanded** State / UTs
Maharashtra

Whose photograph is affixed above, and I/We satisfied that:

(A) He is a case of Locomotor Disability

(B) The diagnosis in his case is **post traumatic stiffness right ankle joint and left shoulder joint**

(C) He has **40%**(in figure) **Forty** percent(in words) Permanent in relation to his (part of body) as per guidelines (to be specified).

The applicant have been submitted the following document(s) as proof of residence.

Nature of Document(s): Electricity Bill (not older than last three months)

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



Issuing Medical Authority, Nanded, Maharashtra

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

28/5/21



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

Disability Certificate

Issuing Medical Authority, Ratnagiri, Maharashtra



Certificate No.: MH3220619820067333

Date: 18/03/2020

This is to certify that I/We have carefully examined Shri **Subhash Bhau Chopade** Son of Shri **Bhau** Date of Birth **04/06/1982** Age **37 Year(s)** Male, Registration No. **2732/00000/1908/0269400** resident of House No. **At Post Jawaletar, Chandraraowadi - 416704** Sub District **Rajapur** District **Ratnagiri** State / UTs **Maharashtra** Whose photograph is affixed above, and I/We satisfied that:

(A) He is a case of Locomotor Disability

(B) The diagnosis in his case is **POST POLIO RESIDUAL PARALYSIS LEFT LOWER LIMB**

(C) He has **40%**(in figure) **Forty** percent(in words) Permanent in relation to his (part of body) as per guidelines (to be specified).

The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): Ration Card

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



Issuing Medical Authority, Ratnagiri, Maharashtra

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

सत्यमत

Govt. of Karnataka
GENERAL HOSPITAL CHIKODI
ANNEXURE-II

Certificate No. 071/8378

Date: 2/01/2012

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri /Smt /Kum: Rajashri Dattatray Acharya
Son/wife/daughter of Shri. Dattatray Acharya Karadga Age 24
old male /female, Registration No. 1231 is a
case of PPH of left lower limb He/She is
physically disabled/visual disabled / speech & hearing disabled and he/she is
91% % fifty percent percent permanent (physical
impairment / visual impairment/speech & hearing impairment) in relation to
his/her left lower limb

Note :

1) This condition is progressive/ Non progressive / likely to improve Re-assessment is not
recommended./ is recommended after a period of _____
months/years.

(Strike out which is not applicable.)

Senior Specialist

Senior Specialist

President, Medical Council

Signature / Thumb impression
of the patient



Medical Superintendent / CMQ/Head of
Hospital (with seal)

"ATTESTED"

[Signature]
PRINCIPAL

D. S. Madage Comp. P. V. College
KARADGA (Dist. Chikodga)
College Curriculum



Print

Log Out

Government of Maharashtra

Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)



VZ-996
22/03/17



NAME OF THE HOSPITAL

District Hospital, Nashik
(Maharashtra, India)



Certificate Number: 3,9801

Date: 22/03/2017

This is to certify that I have carefully examined.

Person Identification Number: VT51600537074

Aadhar Number: N/A

Shri/Smt./Kum: PAGAR HEMLATA ABHIMAN SHINDU

Father Name: Shri/Smt./Kum. ABHIMAN

Date of Birth (dd/mm/yyyy):

Age: 41 years

Gender: Female

Permanent Address:

House Address: SHIVANERI NAGAR NEAR AIRTEL TOWER SATANA

Village: Baglan

Taluka: Baglan

District: Nashik

Pincode: 423301

whose photograph is affixed above, and am satisfied that he / she is a case of Visual Impairment disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Visual Impairment	Both Eyes	Maculopathy Both Eyes	49

1. The Above condition is Permanent, non-progressive, not likely to improve

2. Reassessment of disability

3. The applicant has submitted following documents as proof of residence: Aadhar Card, Ration card

4. The applicant has submitted following documents as proof of Identity: Aadhar Card

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Dr. ARUN SATDIVE
OPHTHALMIC SURGEON

Dr. G.M. HOLEY
Additional Civil Surgeon
Member Secretary

Dr. S.P. Jagdale
Civil Surgeon
President

Member
M.M. & H.S. CL-I (Class)
(Medical Officer)

Regn. No. : 55941
ADDL. CIVIL SURGEON, NASHIK

Regn. No. : 52118

Signature and Impression of the person whose favour disability certificate is issued: CIVIL SURGEON, NASHIK

Note: This is not valid for Medico Legal cases.

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20/9/21