



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

Disability Certificate

Issuing Medical Authority, Amravati, Maharashtra



Certificate No.: MH0720719770166226

Date: 18/03/2016

This is to certify that I/We have carefully examined Shri **Santosh Janrao Madankar** Son of Shri **Janrao** Date of Birth **01/01/1977** Age **43** Year(s) Male, Registration No. **2707/00000/2001/3291272** resident of House No. **Sangawa Bk., Sangawa Bk., Sangawa Bk. - 444804** Sub District **Daryapur** District **Amravati** 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 **ADHERENT LEUCOMA RT,EYE WITH MACULOPATHY**

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



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

