



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

Disability Certificate

Issuing Medical Authority, Amravati, Maharashtra



Date: 01/04/2022

Certificate No.: MH0720619860332297

This is to certify that I/we have carefully examined Kum. **Suvarna Nilesh Sagane**, Daughter of **Shri Nilesh Sagane**, Date of Birth **15/06/1986**, Age **35**, Female, Registration No. **2707/00000/2203/2304091**, resident of House No. **At.sangawa B,po.yesurna,tq.daryapur ,dist.amravati - 444804**, Sub District **Daryapur**, District **Amravati**, State **/ UT Maharashtra**, whose photograph is affixed above, and I am/we are satisfied that:

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

(B) The diagnosis in her case is **PID WITH RADICULOPATHY BOTH LOWER LIMB**

(C) She has **40%**(in figure) **Forty** percent(in words) Temporary Disability in relation to her **BOTH LOWER LIMB** as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

This certificate recommended for **3 year(s)**, and therefore this certificate shall be valid till **01/04/2025**

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

Nature of Document(s): Aadhaar card

[Signature]

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



Issuing Medical Authority, Amravati, 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.

