



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



Disability Certificate

Issuing Medical Authority, Nanded, Maharashtra

Handicap Board/ortho/G.M.C., NANDED
Outward No. S.F.6.F.122
Date: 12/10/2022



Certificate No.: MH1590620040299502

Date: 27/06/2022

This is to certify that I/we have carefully examined Shri **Gaurav Manohar Wankhede**, Son of Shri **Manohar**, Date of Birth **19/01/2004**, Age **18**, Male, Registration No. **2715/00000/2206/2098833**, resident of House No. **At Post Betsangavi, mohanpura - 431708**, Sub District **Loha**, District **Nanded**, 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 **LEFT MILD EQUINUS DEFORMITY**
- (C) He has **19%**(in figure) **Nineteen** percent(in words) Temporary Disability in relation to his 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 **5 year(s)**, and therefore this certificate shall be valid till **27/06/2027**

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

Nature of Document(s): Aadhaar card



महाराष्ट्र शासन, सार्वजनिक आरोग्य विभाग,
शासन निर्णय क्रं.अप्रवि-२०१७/प्र.क्रं.१०६/आरोग्य-६
दिनांक:-१७ ऑक्टोबर, २०१७

अधिष्ठाता,
जे.जे.समूह रुग्णालय,
जी.एम.सी., मुंबई

Signature / Thumb Impression of the Person with Disability

(Handwritten signatures)

Signatory of notified Medical Authority Member(s)



Issuing Medical Authority, Nanded, Maharashtra

Address Proof for any purpose