



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

## Disability Certificate

Issuing Medical Authority, Betul, Madhya Pradesh



**Certificate No.:** MP3010619910117347

**Date:** 14/02/2017

This is to certify that I/we have carefully examined Kum. **Ruchi Pawar**, Daughter of Shri **Dhaneshwar Singh Pawar**, Date of Birth **24/10/1991**, Age **29**, Female, Registration No. **2330/00000/2105/0267387**, resident of House No. **S.e.537,near Sbi, Mppgcl Colony,sarni, Distt Betul, Distt Betul - 460447**, Sub District **Ghoda Dongri**, District **Betul**, State / UT **Madhya Pradesh**, 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 **locomotor disability**

(C) She has **45%**(in figure) **Forty Five** percent(in words) Permanent Disability in relation to her BOTH LEG 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):** Voter Id

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



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