



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.: MH0720619690284280

Date: 14/10/2021

This is to certify that I/we have carefully examined Kum. **Nalini Arun Madankar**, Daughter of Shri **Arun**, Date of Birth **05/02/1969**, Age **52**, Female, Registration No. **2707/00000/2109/2013023**, resident of House No. **At Sangwa Bk. Post Amravati, 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 **LEFT HEMIPARESIS**

(C) She has **61%**(in figure) **Sixty One** percent(in words) Permanent Disability in relation to her **LEFT UPPER 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).

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)



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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.

