



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

Disability Certificate

Issuing Medical Authority, Pune, Maharashtra



Date: 17/11/2022

Certificate No.: MH2590819730553923

This is to certify that I/we have carefully examined Shri **Sanjeev Krishnakant Dubey**, Son of Shri **Krishnakant Dubey**, Date of Birth **14/03/1973**, Age **49**, Male, Registration No. **2725/00000/2209/0472280**, resident of House No. **B-202 Mandke Advantage Homes, Lane 29, Lulla Nagar, Munjeri - 411040**, Sub District **Haveli**, District **Pune**, State / UT **Maharashtra**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Mental Illness**

(B) The diagnosis in his case is **Schizophrenia**

(C) He has **55%**(in figure) **Fifty Five** percent(in words) Temporary Disability in relation to his Brain 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 **17/11/2025**

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

[Handwritten Signature]

[Handwritten Signatures]

Signatory of notified Medical Authority Member(s)



[Handwritten Signature]

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