



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

Disability Certificate

Issuing Medical Authority, Satara, Maharashtra



Certificate No.: MH3110020010134159

Date: 29/03/2016

This is to certify that I/we have carefully examined Shri **Vijay Subhash Bhilare**, Son of Shri **Subhash**, Date of Birth **17/03/2001**, Age **20**, Male, Registration No. **2731/00000/2106/1337045**, resident of House No. **Flat No. A-307, Gat No. 1319/1, Ganesh Kunj, Kedareshwar Road, Shirwal, Tal- Khandala - 412801**, Sub District **Khandala**, District **Satara**, State / UT **Maharashtra**, whose photograph is affixed above, and I am/we are satisfied that:

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

(B) The diagnosis in his case is **Moderate Intellectual Disability with Epilepsy**

(C) He has **75%**(in figure) **Seventy Five** percent(in words) Permanent 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).

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

Nature of Document(s): Electricity Bill (not older than last three months)

विजय भिलारे

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



Signature of the Issuing Medical Authority Member

Issuing Medical Authority, Satara, Maharashtra