



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

## Disability Certificate

Issuing Medical Authority, Jamnagar, Gujarat



Certificate No.: GJ1010620010092280

Date: 30/09/2019

This is to certify that I/We have carefully examined Shri **Arunbhai Sureshbhai Rathod** Son of Shri **Sureshbhai** Date of Birth **01/01/2001** Age **18 Year(s)** Male, Registration No. **2410/00000/1909/1767920** resident of House No. **Tarsai, Jamjodhpur, Jamnagar - 360531** Sub District **Jamjodhpur** District **Jamnagar** State / UTs **Gujarat** Whose photograph is affixed above, and I/We satisfied that:

- (A) He is a case of **Locomotor Disability**  
(B) The diagnosis in his case is **B/L HAND-Contracture, unspecified hand**

(C) He has **40%**(in figure) **Forty** percent(in words) Permanent in relation to his (part of body) as per guidelines (to be specified).

**NOT FOR MLC OR COURT USE**

The applicant have been 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]*

Signatory of notified Medical Authority Member



**DR. APOORVA V. DODIA**  
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ASSOCIATE PROFESSOR  
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Issuing Medical Authority, Jamnagar, Gujarat

તબીબી અધિકારી  
શ્રી મોડિલસિંઘ સરકારી હોસ્પિટલ  
જામનગર

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.