

cases of amputation or complete permanent paralysis of limbs and in cases of blindness see rule 4)



GOVERNMENT OF MAHARASHTRA

Rajarshee Chhatrapati Shahu Maharaj

Government Medical College And C. P. R. General Hos

DISABILITY CERTIFICATE



Dr. Manoj R. Mandlik  
M.S.  
Reg. No. 2010-1-103

Don. 1981  
RCSM Govt. Medical College  
CPR Gen. Hospital, Kolhapur

No. CPRHC/20 Date 26/11/2014

Certificate No. 1477

This is to certify that I have carefully examined Shri/Smt/Kumari Rehit Gaikwad  
Son/wife/daughter of Shri Mahadev  
Date of Birth (DD/MM/YY) 21/10/1998 Age 16 Years Male/Female  
Registration No. 60174 Permanent resident of House No. - Ward Malvadi Village Panbada  
Street - Post Office panbada District Kolhapur  
State MH Whose photograph is affixed above and am satisfied that

(A) he/she is a case of :- Locomotor disability.

- Blindness

60% myopic macular degener-  
ration

(Please tick as applicable)

(A) He/she has 40 % (in figure) fourty percent (in words) permanent physical impairment/blindness in relation to his/her eye body as per guidelines (to be specified)

2. The applicant has submitted the following document as proof of residence

Nature of Document	Date of issue	Details of authority issuing certificate
Residence Certificate		
Rationing Card	SN-958792	SI Tah. of Panbada
Aadhar	9932-2683-9378	Govt. of India

A. Dele  
Dr. Manoj R. Mandlik

Akshita  
26/11/14  
Sd/-  
Name & Seal of Member

Manoj  
26/11/14  
Sd/-  
MEDICAL SUPERINTENDENT  
R.C.S.M. Govt. Medical College &  
C.P.R. Hospital Kolhapur

Donor  
RCSM Govt. Medical College  
CPR Gen. Hospital

Signature/Thumb impression of the person whose favour disability certificate is issued