अ. क्र.	श्री/ श्रीम.	केवळ दिव्यांग अधिकारी /कर्मचाऱ्यांचे नाव	पदनाम	सध्याचा विभाग	प्रथम नियुक्तीचे पद	प्रथम नियुक्ती दिनांक	मूळ नियुक्ती दिव्यांग प्रवर्गातून झाली आहे किंवा कसे	दिव्यांगत्वाचे प्रमाणपत्र तात्पुरते आहे की कायमस्वरूपी आहे.	मूळ नियुक्ती दिव्यांग प्रवर्गातून झाली नसल्यास दिव्यांग असल्याबाबतचे प्रमाणपत्र सादर केल्याचा दिनांक	साप्रवि शा.नि.क्र.दिव्यांग२०१५/ प्र.क्र.८३/१६अ,दि.२०.०४.२०२३ मध्ये नमूद अ,ब,क,ड,इ मधील दिव्यांगत्वाचा प्रकार (सोबत दिव्यांग प्रमाणपत्र व UDID Card ची साक्षांकीत प्रत जोडावी.
१	२	३	४	५	६	७	८	९	१०	११
१	श्री.	संजाब ग. देशमुख	विधि सल्लागार-नि-सह सचिव	विधि व न्याय विभाग	सहायक विधि सल्लागार-नि-अवर सचिव	दि. ०३. डिसेंबर, २००९ (म.पू.)	होय	कायमस्वरूपी	--	प्रमाणपत्राची प्रत सोबत जोडली आहे.
२	श्री.	जितेंद्र धों. कुंभार	सहायक कक्ष अधिकारी	विधि व न्याय विभाग	चतुर्थ श्रेणी	दि.२० डिसें. २००६ (म.पू.)	दिव्यांग प्रवर्गातून न झाली आहे.	कायमस्वरूपी	दि.११.१०.२००६	प्रमाणपत्राची प्रत सोबत जोडली आहे. दिव्यांगत्वाचा प्रकार "अ"
३	श्रीम.	सुषमा नि.जुवेकर	सहायक कक्ष अधिकारी	विधि व न्याय विभाग	लिपिक-टंकलेखक	दि.१० ऑगस्ट १९९८ (म.पू.)	नाही	तात्पुरते (दि.१९/१०/२०२७ पर्यंत)	दि.१९ ऑक्टो २०२२	प्रमाणपत्र प्रत जोडली आहे. तात्पुरते अपंगत्व असल्यामुळे UDID Card उपलब्ध करुन घेण्याची प्रक्रिया चालू आहे. पुराव्यादाखल कागदपत्र जोडले आहेत. "क" वर्ग "शारिरीक दुर्बलता"
४	श्रीम.	हेमलता वि.रावते	सहायक कक्ष अधिकारी	विधि व न्याय विभाग	लिपिक-टंकलेखक	दि.११ सप्टे २०१४ (म.पू.)	होय	कायमस्वरुपी	-	"प्रमाणपत्र व UDID Card प्रत जोडली आहे. "क" वर्ग, "वाचा आणि भाषा दिव्यांगत्व"
५	श्रीम.	लिलावती ना.टकले	शिपाई	विधि व न्याय विभाग	शिपाई	दि.२४ सप्टे १९९८ (म.पू.)	होय	कायमस्वरूपी	--	प्रमाणपत्र प्रत जोडली आहे. "क" वर्ग "शारिरीक दुर्बलता" UDID Card उपलब्ध करुन घेण्याची प्रक्रिया चालू आहे. पुराव्यादाखल कागदपत्र जोडले आहेत.
६	श्री.	वैभव म.गोलतकर	शिपाई	विधि व न्याय विभाग	शिपाई	दि.०१ जून १९९९ (म.पू.)	होय	कायमस्वरुपी	--	प्रमाणपत्र प्रत जोडली आहे. UDID Card उपलब्ध नाही. "क" वर्ग "हाडांची ऊती नष्ट होणे"

Government of Maharashtra

Disability Certificate

NAME OF THE HOSPITAL: *Govt. Medical College Hospital, Akola*
Maharashtra India

Certificate Number: *85163* Date: 23.05.14

This is to certify that I have carefully examined.
Person Identification Number: *PI50100124161*
Aadhar Number: *N/A*
Shri/Smt. Kum: *Deshmukh Sanjab Ganeshrao*
Father Name: Shri Smt..Kum. *Ganeshrao S. Deshmukh*
Date of Birth (dd/mm/yyyy): *05/07/1971* Age: *42 years*
Gender: *Male*
Permanent Address:
House Address: *Khetan Nagar Kaulkhed Akola*
Village: *Kaulkhed* Taluka: *Akola*
District: *Akola* Pincode: *444004*

whose photograph is affixed above, and am satisfied that he / she is a case of *Physical Impairment* disability. His Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability [illegible]
Physical Impairment	*Rt. L/L*	*R LL weakness with fixed Equinovarus*	61

1. The Above condition is *Permanent, non-progressive, not likely to improve*
2. Reassessment of disability not necessary
3. The applicant has submitted following documents as proof of residence:
Telephone, Electricity, Water and any other utility bill indicating the address of the applicant

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Dr. A.B. Jadhav
Orthopedic Surgeon Class-I/ClassII
Member
Regn. No. : 2003/02/622

Dr. Arvind K. Ade
Additional Civil Surgeon
Member Secretary Board
Regn. No. : 72462

Dr. G. G. Rathod
Civil Surgeon
CHAIRMAN
President
Regn. No. : 5165

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

Note: This is not valid for Medico Legal cases.

939/907

मुद्रणालय (मो-८४)—४-९९—२,००० पु./२००० ... गा. मै. १२८ म.
C. M. 128 m.

149234

ख

मी असे प्रमाणित करतो की, दिनांक .... १९९ रोजी अपघाताने जखमी झालेले म्हणून नमूद केलेले श्री/श्रीमती JITENDRA D. KUMBHAR यांना मी आज दिनांक 11/10/06 रोजी तपासले. त्यांच्या जखमा खालीलप्रमाणे आहेत :— Vn < 6/6 PL (+)

RE- nystagmus
LE- micropthalmos c̄ iris coloboma
c̄ choroidal coloboma
c̄ BE- nystagmus.

ते .... दिवसांनी/आठवड्यांनी आपल्या कामावर परत रुजू होऊ शकतील असे वाटते. त्यांच्या कायम असमर्थतेविषयी प्रारंभिक अंदाज पुढीलप्रमाणे आहे :—

संपूर्ण

अंशतः टक्के 40%

काही नाही He is forty percent blind

केवळ अपघात ... साठी असमर्थ ठरण्याचे कारण आहे.

ठिकाण ....

दिनांक १९९

वैद्यकीय अधिकारी.

डॉ. टी. पी. लहाने,
प्राध्यापक व विभाग प्रमुख,
नेत्र शल्य चिकित्सा विभाग,
ज. जी. समूह रुग्णालय,
सोमवार, बुधवार, शुक्रवार

सूचना.— जखमांच्या स्वरूपाबद्दल अधिक माहितीकरिता वैद्यकीय अधिकाऱ्याने कामगार भरपाई अधिनियम (१९२३ चा अधिनियम आठवा) मधील कलम २ (क्यू) व (बी) आणि अनुसूचीही पहावी.

9331/

महाराष्ट्र शासन

क्र.संकिर्ण-२५१३/सं.क्र.१६४४/आस्था-१
ग्राम विकास व जलसंधारण विभाग,
मादाम कामा मार्ग, हुतात्मा राजगुरु चौक
मंत्रालय, मुंबई - ४०० ०३२.
दिनांक : २८.०१.२०१४.

कार्यालयीन आदेश

सामाजिक न्याय व विशेष सहाय्य विभागातील श्री.जितेंद्र धों. कुंभार, लिपिक-टंकलेखक यांची वैद्यकीय तपासणी त्यांच्या आधीच्या ग्राम विकास व जलसंधारण विभागात करण्यात आली असून त्यांना शासकीय सेवेकरीता पात्र समजण्यात येत आहे. तसेच वैद्यकीय प्रमाणपत्रावरुन त्यांचे अंधत्व ४०% असल्याचे प्रमाणित करण्यात येत आहे.

महाराष्ट्र नागरी सेवा (सेवेच्या सर्वसाधारण शर्ती) नियम १९८१ च्या नियम १६ अन्वये प्रमाणपत्राची नोंद त्यांच्या सेवापुस्तकात घेण्यात येत असून, वैद्यकीय प्रमाणपत्राची प्रत त्यांच्या सेवापुस्तकात ठेवण्यात येत आहे.

(वि. प. सोष्टे)
कक्ष अधिकारी, महाराष्ट्र शासन.

प्रति,

१. श्री. जितेंद्र धों. कुंभार, लिपिक-टंकलेखक, सामाजिक न्याय व विशेष सहाय्य विभाग, मंत्रालय, मुंबई.
२. कक्ष अधिकारी, रोखाशाखा ग्राम विकास व जलसंधारण विभाग यांना संबंधीत कर्मचाऱ्यांच्या वैद्यकीय प्रमाणपत्राच्या प्रतीसह अग्रेषित. त्यांना विनंती करण्यात येते की, शारीरिक पात्रता प्रमाणपत्राची नोंद संबंधित कर्मचाऱ्यांच्या सेवापुस्तकासह घेण्यात यावी प्रमाणपत्राची मूळ प्रत सुरक्षित ठेवण्यात यावी.
३. अधिक्षक नस्ती/ निवडनस्ती आस्था-१.

Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India
Acknowledgement / Resident Copy

Enrolment No : 2722/00000/2304/1141633

Date : 25/04/2023

Name, Address and other details
jitendra Dhondiram Kumbhar (Male)
Dhondiram Yashwant Kumbhar (Father)

Room No.14, D-3,b Wing, Saikrupa Building,, Sahyadri Nagar, Charkop, Kandivali (west),, Mumbai-400 067, Borivali, Mumbai Suburban, Maharashtra - 400067

Date of Birth : 24/06/1975
Age : 47 Year(s)

नाम, पता और अन्य विवरण
जीतेन्द्र धोंडीराम कुम्भार (पुरुष)
धोंडीराम यशवंत कुम्भार (पिता)

रूम न. १४, डी-३, साईकृपा बिल्डिंग, सह्याद्रि नगर,, चारकोप, कांदिवली (पश्चिम), मुंबई -४०० ०६७, Borivali, Mumbai Suburban, Maharashtra - 400067

Mobile : 8422097548
Email : jitendra.kumbhar@nic.in

Address Proof Document : Aadhaar card
ID Proof Document : Aadhaar Card

For enquiry, please contact :

https://www.swavlambancard.gov.in 1) - rajawadihospital@gmail.com 2) - cooperhospitaljuhu@gmail.com

MO Address: 1) - Seth V C Gandhi and M A Vora Munic General Hospital (Rajawadi Hospital)
2) - Dr Rustam Narsi Cooper Municipal General Hospita

This is computer generated receipt and does not require any signature.

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

VITTHAL SAYANNA GENERAL HOSPITAL ★ THANE ★ सत्यमेव जयते

Disability Certificate

Issuing Medical Authority, Thane, Maharashtra

5116

Certificate No.: MH2190019750583267 **Date: 19/10/2022**

This is to certify that I/we have carefully examined Kum. **Sushama Nilesh Juvekar**, Daughter of Shri **Tulsidas**, Date of Birth 22/08/1975, Age 47, Female, Registration No. 2721/01/000/1901/1430597, resident of House No. B-30,new **Swati Co.op.hsg Soc,3 Floor, Rabodi No .2 Thane West,Thane,, Maharashtra-400601 - 400601**, Sub District **Thane**, District **Thane**, State / UT **Maharashtra**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Physical Impairment**
(B) The diagnosis in her case is **CEREBELLAR ATAXIA DUE TO HEAD INJURY WITH SIP CRANIOTOMY**
(C) She has 48%(in figure) **Forty Eight** percent(in words) Temporary Disability in relation to her 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 **5 year(s)**, and therefore this certificate shall be valid till **19/10/2027**

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

Patient.

Signatory of notified Medical Authority Member(s)

Issuing Medical Authority, Thane, Maharashtra

Add. Civil Surgeon (Clinical)
Civil Hospital, Thane

This Card/Certificate is meant to certify the disability of the person and is not an instrument for his/her/any proof for any purpose.

Patient.

I. PRASAD PRAHLAD JATHAR
M.D.(Medicine) Physician
Reg. No. 2005031470

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

Disability Certificate

Issuing Medical Authority, Satara, Maharashtra

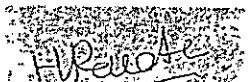
Certificate No.: MH3111519820155571 **Date: 14/12/2021**

This is to certify that I/we have carefully examined Kum. **Hemlata Vitthal Ravate**, Daughter of Shri **Vitthal**, Date of Birth **20/07/1982**, Age **39**, Female, Registration No. **2731/00000/2109/1535937**, resident of House No. **A/p,samarth Ngar Umbraj,tal,karad,dist,satara. - 415109**, Sub District **Karad**, District **Satara**, State / UT **Maharashtra**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Speech and Language Disability**
(B) The diagnosis in her case is **B/L Vocal cord paralysis**
(C) She has **100%**(in figure) **One hundred** percent(in words) Permanent Disability in relation to her Mouth 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): Ration Card



Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)

Issuing Medical Authority, Satara, Maharashtra

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

9861

UNIQUE DISABILITY ID
Government of India

STATE ID:
N/A

Aadhaar No.
*******9492

Address of the Card Issuing Authority State/District level
Civil Hospital, Sadar Bazar, Satara, Maharashtra - 415001

UNIQUE DISABILITY ID
Government of India

नाम / Name
हेमलता विट्ठल रावते
Hemlata Vitthal Ravate

UD ID
MH3111519820155571

Disability Type
Speech and Language Disability

Year of Birth	% of Disability
1982	**100% (One hundred Percent)**

Date of Issue	Valid upto
14/12/2021	Permanent

Issuing Authority Sign

9801

Government of Maharashtra

Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)

DISABILITY BOARD * SIR J. J. GROUP OF HOSPITAL, MUMBAI *

NAME OF THE HOSPITAL: *SIR JJ GROUP OF HOSPITALS AND GRANT GOVERNMENT MEDICAL COLLEGE,MUMBAI-08*
(Maharashtra, India)

Certificate Number: *485788*

Date: *05/12/2017*

This is to certify that I have carefully examined.

Person Identification Number: *PI51900649968*

NO. JJH / HC / DIS. CERT / 90/18

Aadhar Number: N/A

Shri/Smt./Kum: *TAKLE LILAVATI NARAYAN HOUSABAI*

Husband Name: Shri/Smt./Kum. *NARAYAN*

Date of Birth (dd/mm/yyyy): *14/03/1967* Age: *50 years*

Gender: *Female*

Permanent Address:

House Address: *SHIV AMBIKA SEVA MANDAL SAIDATTA SOC KURLA ANDHERI ROAD SANDESH NAGAR BAIL BAZAR KURLA W*

Village: *N/A* Taluka: *Mumbai*

District: *Mumbai* Pincode: *400070*

whose photograph is affixed above, and am satisfied that he / she is a case of *Physical Impairment* disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Physical Impairment	*Rt. U/L*	*R Hand contracture with Little finger amputation*	*40*

1. The Above condition is *Permanent, non-progressive, not likely to improve*
2. Reassessment of disability
3. The applicant has submitted following documents as proof of residence: *Aadhar Card*
4. The applicant has submitted following documents as proof of Identity: *Aadhar Card*

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Dr. Nadir Shah	Dr. SANJAY G. SURASE	DR. SUDHIR D. NANANDKAR
Assisstant Professor Orthopedics	Medical Superintendent	DEAN
Member	Member Secretary	President
Regn. No. : 2008/10/3682	Regn. No. : 091172	Regn. No. : 55343

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

Note: This is not valid for Medico Legal cases.

१४९१ —

विकलांगता प्रमाण-पत्र

DISABILITY CERTIFICATE

अखिल भारतीय भौतिक चिकित्सा एवं पुनर्वास संस्थान, बम्बई

भारत सरकार स्वास्थ्य एवं परिवार कल्याण मंत्रालय

ALL INDIA INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION, Bombay 400 034.

Ministry of Health & Family Welfare, Govt. of India

पुनर्वास नं.
Rehab. No 203/92

वि. प्र. दे.
D. C. / A नं. 6750

Date ... 6.1.92

प्रमाणित किया जाता है कि श्री/श्रीमती/कु. Lilavati N. ...
This is to certify that Mr./Mrs./Kum. ... Age 26 Sex F

इस संस्थान में दिनांक ... को विकलांगता प्रतिशत हेतु मूल्यांकन किया गया था
was evaluated in this Institute on 16.1.92 for disability percentage.

...

Post Polio residual paralysis ...

मस्तिष्क पक्षाघात
Cerebral palsy

विच्छेदन
Amputation

जन्मजात विकृति
Congenital anomaly

Hemiplegia Paraplegia

अन्य
Others

उसकी विकलांगता चालीस प्रतिशत से अधिक है / चालीस प्रतिशत से कम है
His/her disability exceeds forty percent/Less than Forty Percent.

His/She is fit/not fit to drive ... modification

...

He/She is entitled for all the concessions as per the percentage of disability mentioned above if the disability Exceeds Forty ...

[illegible signature]

9371
20%

No. JJH/HC/Handicap Board/ 729 /2008
Office of the Dean,
Sir J. J. Gr. of Hospitals,
Byculla, Mumbai–8.

Incharge
J.J. Hospital, Date :- 05/08/08

DR. SANJAY ANAND JAGTAP
M.B.B.S., M.D. (Ortho) Bom.
Asso. Professor & Unit Incharge
Grant Medical College, J.J. Hospital,
Reg. No. 83844- 5- 4-90
95311- 12-11-93

I/We hereby certify that I/We have examined

Shri Smt. Leelavati Narayan Takale

M/F female Age 34 yr. on 05/08/03 found that

He/She is having Absent 2nd finger & contracture 5th finger.

His/Her Permanent percentage disability is 40 % (forty

Percentage)

Mark of Identification

1) Mole on outer canthus (L) eye.

2) Skin grafting path (R) forearm

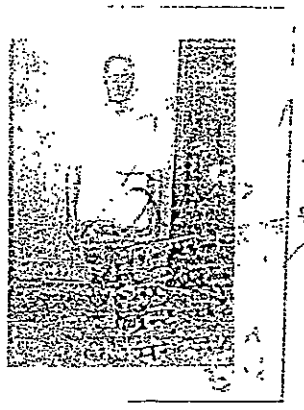
Specialist
Member
Sir J.J. Gr. of Hospitals, Mumbai–8.

Sr. R.M.O.
Member
Sir J.J. Gr. of Hospitals, Mumbai–8.

Medical Superintendent
President
Sir J.J. Gr. of Hospitals, Mumbai–8.

DR. SANJAY ANAND JAGTAP
M.B.B.S., M.D. (Ortho) Bom.
Asso. Professor & Unit Incharge
Grant Medical College, J.J. Hospital,
Reg. No. 83844- 5- 4-90
95311- 12-11-93

9921



No. JJH/HC/Handicap Board/ /2012
Office of the Dean,
Sir, J. J. Gr. of Hospitals,
Byculla, Mumbai-8.

Date : 21/3/2012

I/We hereby certify that I/We have examined

Shri/Smt/Kum/Kumari Vaibhav Mahadeo Golatkar

Male / Female Age 36 yr on 21/3/2012 found that

He/She is having Bilateral AVN femur head - (R) operated

His/Her Permanet percentage disability is 45 % (Forty five Percentage)

Mark of Identification

1) Mole on (L) side Cheek

2)

Specialist
Member
Sir J.J. Gr. of Hospitals, Mumbai-8.

प्राध्यापक व विभागप्रमुख
अस्थिव्यंगचिकित्सा विभाग
सर ज. जी. समूह रुग्णालये
मुंबई-४०० ००८.

Sr. R.M.O.
Member
Sir J.J. Gr. of Hospitals, Mumbai-8.

R. M. O.
Sir J. J. Group of Hospitals
MUMBAI 400 008

Medical Superintendent
President
Sir J.J. Gr. of Hospitals, Mumbai-8.

MEDICAL SUPERINTENDENT
Sir J. J. Group of Hospital
Mumbai-400 008

9991-

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

Disability Certificate

Kalyan Dombivali Municipal Corporation Bai Rukminibai Hospital, Kalyan West
Mahatma Phule Chowk, Murbad Road, Kalyan
Thane, Maharashtra, 421301

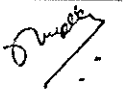
Certificate/UDID No. MH4990519760009635 **Date of Issue: 10/06/2025**

This is to certify that I/We have carefully examined **Vaibhav Mahadev Golatkar** Son of **Mahadev Golatkar,** Date of Birth **29/02/1976,** Gender **Male,** Registration No. **2749/70000/0250/40030045,** Resident of **D-7/006 Aadhrwadi Road Kalyan West, Kalyan, Thane, Maharashtra - 421301** whose photograph is affixed above, and I am/we are satisfied that:

(A) **He** is a case of : **Locomotor Disability.**
(B) Name of affected body part: **LEFT LOWER LIMB .**
(C) The diagnosis in his case is **LEFT LOWER LIMB SHORTENING POST BILATERAL THR.**
(D) **He** has **45%** (in figure) **forty five** percent(in words) disability and the nature of certificate is **Permanent** as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide **S.O.1338(E)** dated **12/03/2024.**

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Members:



Kalyan Dombivali Municipal Corporation Bai Rukminibai Hospital,
Kalyan West
Mahatma Phule Chowk, Murbad Road, Kalyan
Thane, Maharashtra, 421301

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

9961.

UNIQUE DISABILITY ID

Government of India

STATE ID:

Aadhaar No.
********0063

Card Issuing Authority
Kalyan Dombivali Municipal Corporation Bai Rukminibai Hospital, Kalyan West, Thane, Maharashtra

UNIQUE DISABILITY ID

Government of India

नाम / Name
वैभव महादेव गोलतकर
Vaibhav Mahadev Golatkar

UD ID
MH4990519760009635

Disability Type
Locomotor Disability

Year of Birth	% of Disability
1976	**45%** (Forty five Percent)
Date of Issue	Valid upto
10/06/2025	**Permanent**

Issuing Authority Sign