

Government of Maharashtra

Form-IV

Disability Certificate

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



NAME OF THE HOSPITAL:

Sassoon Hospitals, Pune
(Maharashtra, India)

Certificate Number: 323075

Date: 31/08/2016

This is to certify that I have carefully examined.

Person Identification Number: **PI52100449036**

Aadhar Number: N/A

Shri/Smt./Kum: **NISAL CHETAN DATTATRAY LATA**

Father Name: Shri/Smt./Kum. **DATTATRAY**

Date of Birth (dd/mm/yyyy): **8/12/1989**

Age: **26 years**

Gender: **Male**

Permanent Address:

House Address: **SIDDHANATH HOUSING SOC. SAYOG NAGAR, RUPEE NAGAR, TALAWADE.**

Village: **Pune**

Taluka: **Pune City**

District: **Pune**

Pincode: **412114**

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	Lt. L/L	pprp lt lower limb	45

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)

[Signature]
Dr. P.D. Deokate

[Signature]
Dr. Snehal Kishor Wadekar

[Signature]
Dr. Ajay A. Taware
Medical Superintendent and
Chairman Disability Board

DR. PRAVIN DADASAHEB DEOKATE
Reg. No. 2006/02/1176
Assistant Professor
Dept. of Orthopaedics
M.C. & S. G. H. Pune

Dr. Sumit M. Wanve
Member Secretary
Resident Medical Officer
Sassoon General Hospital
Pune-01.

Dr. Ajay A. Taware
Regn. No. 2001/01/298
MD. (F.M.T.)
Superintendent
Sassoon General Hospital Pune.

B. Note: This is not valid for Medico Legal cases.

