



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

Disability Certificate

Issuing Medical Authority, Pune, Maharashtra



Date No.: MH2590620150413338

Date: 12/01/2022

To certify that I/we have carefully examined Kum. **Shreya Naresh Yadav**, Daughter of Shri **Naresh**, Date of Birth **11/11/2015**, Age **6**, Female, Registration No. **2725/00000/2112/2522563**, resident of House No. **Sr. No. 28, Krishna Colony, Krishnaye Medical Lane, Munjaba Wasti,, Dhanori. - 411015**, Sub District **Haveli**, District **Pune**, State / UT **Maharashtra**, whose photograph is affixed above, and I am/we are satisfied that:

This is a case of **Locomotor Disability**


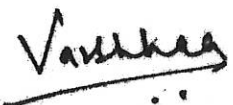

The diagnosis in her case is **Arthrogryposis Multiplex Congenita with Quadriparesis** as per Guidelines for the purpose of assessing the extent of specified disability in a person included under the Rules, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

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

Proof of Document(s): Aadhaar card

Shreya

Signature / Thumb Impression of the Person with Disability

Signature of notified Medical Authority Member(s)





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