



Government of Rajasthan

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

Disability Certificate

Chief Medical And Health Officer 1 Jaipur, Jaipur, Rajasthan



Certificate No.: RJ1090320010018063

Date: 17/01/2025

This is to certify that I/We have carefully examined Shri **Garvit Sikhwal** Son of Shri **Hariom Sikhwal**, Date of Birth **08/10/2001**, Male, Registration No. **0810/20000/0240/70003976**, resident of **253 Chand Bihari Nagar Near Kishore Jewellers Khatipura Road Jhotwara - 302012**, Sub District **Jaipur**, District **Jaipur**, State / UT **Rajasthan** Whose photograph is affixed above, and I/We satisfied that:

(A) He is a case of **Low Vision**

(B) The diagnosis in his case is **BOTH EYES-NYSTAGMUS, MICROCORNEA**

(C) He has **60%** (in figure) **sixty** percent(in words) Permanent Disability in relation to his Both Eye 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. 1338 (E) Dated 12.03.2024).

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

Nature of Document(s): Aadhaar card

Garvit

Signature / Thumb Impression of the Person with Disability

[Signature] *[Signature]* *[Signature]*

Signature of notified Medical Authority Member

[Signature]

Chief Medical And Health Officer 1 Jaipur
Jaipur, Rajasthan

