

Dr. Babasaheb Ambedkar Marathwada University,
Aurangabad – 431 004 (MS), India
Department of Physics
 “NAAC Reaccredited ‘A’ Grade”

Dr. Ramphal B. Sharma
 M. Sc., Ph. D. PDF (ITALY)
Professor and Head



Phone No : +91-240-2403384/2403385
 /2403284
 Fax No: +91-240-2403113
 Cell: +91-9422793173
 Email: rps.phy@gmail.com
 ramphalsharma@yahoo.com

Ref.

Date: - 13-06-2018

List of Differently abled students (2017-18)

Sr. No	Academic year	Name of Students	Disability
1	2017-18	Ganesh Shinde	Physical Impairment in left Leg (PARAPARESIS)

R. P. Sharma
 Head

Department of Physics
Dr. Ramphal B. Sharma
 Professor and Head
 Department of Physics
 Dr. Babasaheb Ambedkar
 Marathwada University,
 Aurangabad-431004 (M.S.)

2. 23

महाराष्ट्र शासन
Government of Maharashtra
Disability Certificate
Part IV



No. 469074

Disability Certificate

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

6333



NAME OF THE HOSPITAL:

District Hospital, Beed
(Maharashtra, India)

Certificate Number: 24259

Date: 10/12/2015

This is to certify that I have carefully examined
Person Identification Number: PI52300316610

Aadhar Number: N/A

Shri/Smt /Kum. SHINDE GANESH MADHUKAR SUMAN

Father Name: Shri/Smt /Kum. MADHUKAR

Date of Birth (d/m/yyyy): 01/01/1994

Age: 21 years

Gender: Male

Permanent Address:

House Address: BHOJGAON

Village: Bhojgaon

Taluka: Georai

Pincode: 431127

District: Beed

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	BIL. I/L	PARAPARESIS	62

1. The Above condition is *Temporary, non-progressive, likely to improve*

2. Re-assessment of disability is recommended after 1 years, and therefore this certificate shall be valid till (DD/MM/YYYY) 01/11/2020

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 Authorized Signatory of notified Medical Authority)

Dr. P.K. Chavan

Physician Class-I

Member

Regn. No. 1081826

Dr. N.S. Chavan

Additional Civil Surgeon / Member
Secretary

Member Secretary

Regn. No. 70721

Dr. Balde A N

Civil Surgeon

President

Regn. No. 522