

Date 20/08/2022

To,

The Principal,

Seth Govind Raghunath Sable College of Pharmacy, Saswad.

Subject : Getting extra time in the University examinations.

Applicant : Sarwade Ranjeet Anil (Final Year B.Pharm.)

Requested Madam,

I am Sarwade Ranjeet Anil, studying in Final Year B.Pharm. in our Seth Govind Raghunath Sable College of Pharmacy, Saswad.

As per above cited subject, I am disabled person (Disability type – Corneal Opacity). I would like to request you to allow me to get extra time for my University exam and all other in-semester examinations.

For that, I am attaching my disability certificate with this application.

Thank You.

Yours Faithfully,



(Sarwade Ranjeet Anil)



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

Disability Certificate

Issuing Medical Authority, Pune, Maharashtra



Certificate No.: MH2590620000418901

Date: 26/01/2022

This is to certify that I/we have carefully examined Shri **Chetan Mohan Natu**, Son of Shri **Mohan**, Date of Birth **22/04/2000**, Age **21**, Male, Registration No. **2725/00000/2110/1404802**, resident of House No. **Pimpalgaon - 412214**, Sub District **Daund**, District **Pune**, State / UT **Maharashtra**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Locomotor Disability**

(B) The diagnosis in his case is **CP WITH SPASTIC DIPLEGIA**

(C) He has **70%**(in figure) **Seventy** percent(in words) Permanent Disability in relation to his 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): Aadhaar card

C.M. Natu

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



Issuing Medical Authority, Pune, Maharashtra

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