M.A.C.P. No.137/2022
Laxmi Kosre Vs. Vishnu and others

या साक्षीदाराचा पुरावा व्ही. सी. व्दारे नोंदविण्यांत येत आहे.
ऑडीओ व व्हिडीओ क्वॉलिटी तपासुन चांगली असल्याची खात्री करुन घेतली.

Exh.No.27

Deposition of Witness **No. 2** for the petitioner.

I do hereby on solemn affirmation state that :

My name : **Dr. Rajiv Jyotiswarup Chawla,**
Aged about : 54 Years, Occupation : Private Practitioner,
Residence : R & R Nursing Home Katol, Tahsil and District : Nagpur.

Exam-in-Chief by Ld. Adv. Shri. V. O. Marjiwe for the petitioner :-

1) I have done Orthopedic and MBBS. Laxmi Balkrushna Kosare came to me on 26.05.2022. She was under my observation from 26.05.2022.

2) I have issued Form Comp-'B' to the petitioner. I have mentioned 15% disability. She had disability that she was unable to open mouth completely and had difficulty in mastication with multiple facial injuries. The contents of the certificate are true and correct. It bears my signature and stamp of the hospital. It is at **Exh.28**.

Cross-exam. by Ld. Adv. Smt. Nashine for the respondent No.2 :

3) It is correct to say that there is a Board Constituted at every district place to issue disability certificate. I am not member of the board. Exh.28 is not a disability certificate. It is true to say the the patient is permanent resident of Tumsar.

4) It is true to say that petitioner was not admitted in the hospital. It is true to say that I have not operated upon the petitioner. It is true to say that petitioner was not having 15 % disability and I have issued false Form at Exh. 28.

Respondent No.1-Ex-parte

Hence, no cross-examination.

Re-examination : Nil.

Before me,
sd/-

Bhandara
Dt.-16/06/2025

(Bharti Kale)
Member, M.A.C.T., Bhandara.

CERTIFICATE

This is to certify that above deposition is taken before me and signed by me in presence of advocate and opportunity given to cross-examine.

sd/-

Bhandara
Dt.-16/06/2025

(Bharti Kale)
Member, M.A.C.T., Bhandara.