



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

Disability Certificate

Imambara District Hospital - Chinsura
Hospital Rd, Chinsurah
Hooghly, West Bengal, 712102



Certificate/UDID No. WB3192019960025270

Date of Issue: 20/02/2025

This is to certify that I/We have carefully examined **Subhajit Dey** Son of **Nemai Chandra Dey**, Date of Birth **20/10/1996**, Gender **Male**, Registration No. **1912/00000/2303/1275121**, Resident of **Kalupukur Main Road Chandannagar, Chinsurah - Magra, Hooghly, West Bengal - 712136** whose photograph is affixed above, and I am/we are satisfied that:

(A) **He** is a case of : **Hemophilia**.

(B) Name of affected body part: **Blood**.

(C) The diagnosis in his case is **HEMOPHILIA** .

(D) **He** has **65%** (in figure) **sixty five** percent(in words) disability and the nature of certificate is **Permanent** as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide **S.O.1338(E)** dated **12/03/2024**.

Subhajit Dey

Signature / Thumb impression of the Person with Disability:

DR. TIRTHANKAR CHAKRABORTY
DR. TIRTHANKAR CHAKRABORTY
MD. PATHOLOGY
Reg. No. 66038 WBMC

Subhajit Dey

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Signature of notified Medical Authority Members:



This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.