



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

Disability Certificate

College Of Medicine & Sagore Dutta Hospital
578, BT Road, Kamarhati
North 24 Parganas, West Bengal, 700058



Certificate/UDID No. WB3090719990039391

Date of Issue: 22/07/2025

This is to certify that I/We have carefully examined **Sohini Malakar** Daughter of **Subrata Malakar**, Date of Birth **13/03/1999**, Gender **Female**, Registration No. **1930/30000/0250/50009540**, Resident of **20,fl-b/3,2ndfl,rangeet Apt,,sarat Chandra Dhar Road, Baranagar (m), Noapara , Barrackpur - I, North 24 Parganas, West Bengal - 700090** whose photograph is affixed above, and I am/we are satisfied that:

(A) **She** is a case of : **Cerebral Palsy**.

(B) Name of affected body part: **BOTH LOWER LIMBS AND RIGHT UPPER LIMB.**

(C) The diagnosis in her case is **CEREBRAL PALSY (SPASTIC)**.

(D) **She** has **90%** (in figure) **ninety** 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**.



Signature / Thumb impression of the Person with Disability:

Med. Anwar Sadek Hossain

Signature of notified Medical Authority Members:

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North 24 Parganas, West Bengal, 700058



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