



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

Disability Certificate

Nilratan Sircar Medical College & Hospital
138, Acharya Jagdish Chandra Bose Rd, Sealdah
Kolkata, West Bengal, 700014



Certificate/UDID No. WB3192020010018036

Date of Issue: 23/07/2025

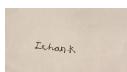
This is to certify that I/We have carefully examined **Ishan Kaul** Son of **Shanker Kaul**, Date of Birth **19/12/2001**, Gender **Male**, Registration No. **1931/50000/0241/10005127**, Resident of **31 Judge's Court Road, 3g Rajshree Building, , Kolkata, West Bengal - 700027** whose photograph is affixed above, and I am/we are satisfied that:

(A) **He** is a case of : **Autism Spectrum Disorder**.

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

(C) The diagnosis in his case is **Mild ASD**.

(D) **He** has **50%** (in figure) **fifty** percent(in words) disability and the nature of certificate is **Temporary and valid till 30/12/2034** 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:

Jayadev Son Chaudhury
Aishis Debnath Balal Kumar Saha

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Nilratan Sircar Medical College & Hospital
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Kolkata, West Bengal, 700014

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.