



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

## Disability Certificate

Sub Division Hospital-kharagpur, Paschim Medinipur, West Bengal



Certificate No.: WB3180519910021429

Date: 20/12/2024

This is to certify that I/We have carefully examined Shri **Subhas Sarkar** Son of Shri **Somnath Sarkar**, Date of Birth **15/08/1991**, Male, Registration No. **1931/80000/0240/92975880**, resident of **Kaushliya Po Kharagpur Ps Kharagpur Town - 721301**, Sub District, District **Paschim Medinipur**, State / UT **West Bengal**

Whose photograph is affixed above, and I/We satisfied that:

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

(B) The diagnosis in his case is **POST TRAUMATIC AMPUTATION (R) THIGH UPPER 1/3**

(C) He has **85%** (in figure) **eighty five** percent(in words) Temporary Disability in relation to his **RIGHT L.LIMB** 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. 1338 (E) Dated 12.03.2024).

This certificate recommended for **5 year(s)**, and therefore this certificate shall be valid till **19/12/2029**

The applicant has submitted the following document(s) as proof of residence:

**Nature of Document(s):** Aadhaar card

Signature / Thumb Impression of the Person with Disability

Dr. Biswabrata Hati  
Medical officer(Orthopaedic)  
S.D Hospital, Kharagpur  
Paschim Medinipur  
Regd No. 48229

Signature of notified Medical Authority Member

Sub Division Hospital-kharagpur  
Paschim Medinipur, West Bengal

