



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

## Disability Certificate

**Malda Medical College & Hospital**  
**Uma Roy Sarani, Singatala, P.O-Malda**  
**Malda, West Bengal, 732101**



**Certificate/UDID No. WB3170519980017423**

**Date of Issue: 12/12/2025**

This is to certify that I/We have carefully examined **Jayanta Mahaldar** Son of **Makhan Mahaldar**, Date of Birth **28/01/1998**, Gender **Male**, Registration No. **1931/60000/0241/10018726**, Resident of **Barampur, Nurpur, Manikchak, Malda, Manikchak, Malda, West Bengal - 732203** whose photograph is affixed above, and I am/we are satisfied that:

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

(B) Name of affected body part: **Left Lower Limb.**

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

(D) **He** has **50%** (in figure) **fifty** percent(in words) disability and the nature of certificate is **Temporary and valid till 12/12/2035** 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.**

Jayanta Mahaldar

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Members:

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