



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

## Disability Certificate

District Hospital-howrah  
11, Biplabi Haren Ghosh Sarani, Howrah Corporation  
Howrah, West Bengal, 711101



**Certificate/UDID No. WB3160519950031344**

**Date of Issue: 25/11/2025**

This is to certify that I/We have carefully examined **Souvik Jana** Son of **Dhananjay Jana**, Date of Birth **13/07/1995**, Gender **Male**, Registration No. **3356/90000/0251/00007861**, Resident of **14, Chasha Dhoba Para Lane, B.garden, Sankrail, Howrah, West Bengal - 711103** 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: **RIGHT UPPER LIMB.**

(C) The diagnosis in his case is **TRAUMATIC WEAKNESS OF RIGHT UPPER LIMB.**

(D) **He** has **60%** (in figure) **sixty** 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**.

*Souvik Jana*

Signature / Thumb impression of the Person with Disability:

*Narayan Chattopadhyay*

*Mohd. Shauhin*

*D. H. Ghosh Sarani*

Signature of notified Medical Authority Members:

District Hospital-howrah  
11, Biplabi Haren Ghosh Sarani, Howrah Corporation  
Howrah, West Bengal, 711101



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