



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. WB3160519750005720

Date of Issue: 08/04/2025

This is to certify that I/We have carefully examined **Saugata Roy** Son of **Sankar Roy**, Date of Birth **23/11/1975**, Gender **Male**, Registration No. **1915/00000/2205/1195938**, Resident of **Mouri Roy Para Roy Bati Po -andul Mouri, Domjur, Howrah, West Bengal - 711302** 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: **ALL FOUR LIMBS.**

(C) The diagnosis in his case is **DEFORMITY AND WEAKNESS OF ALL FOUR LIMBS DUE TO ANKYLOSING SPONDYLITIS.**

(D) **He** has **80%** (in figure) **eighty** 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.**

Saugata Roy

Signature / Thumb impression of the Person with Disability:

Narayan Chattopadhyay

Mohd Salehuddin

Mouri Roy Para Roy Bati Po

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.