



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

## Disability Certificate

District Hospital-mr Bangur  
241, 249- Deshpran Sashmal Road, Tollygunge  
South 24 Parganas, West Bengal, 700033



**Certificate/UDID No. WB3062020000029076**

**Date of Issue: 22/09/2025**

This is to certify that I/We have carefully examined **Anushna Bhattacharya** Daughter of **Pulak Kumar Bhattacharya**, Date of Birth **05/02/2000**, Gender **Female**, Registration No. **1930/40000/0250/30028951**, Resident of **4b, Vishnu Regency, Naskarpara Road, 486 Raynagar, Bansdrani, Kolkata, West Bengal - 700070** whose photograph is affixed above, and I am/we are satisfied that:

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

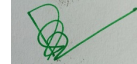
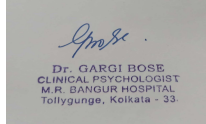
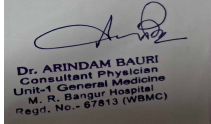
(B) Name of affected body part: **Brain.**

(C) The diagnosis in her case is **Autism Spectrum Disorder.**

(D) **She** has **50%** (in figure) **fifty** 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.**

Anushna Bhattacharya

Signature / Thumb impression of the Person with Disability:



Signature of notified Medical Authority Members:

District Hospital-mr Bangur  
241, 249- Deshpran Sashmal Road, Tollygunge  
South 24 Parganas, West Bengal, 700033



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