



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

## Disability Certificate

Institute Of Human Behaviour And Allied Sciences (ihbas)  
Shahdara, Delhi



**Certificate No.:** DL0430919960070698

**Date:** 13/10/2023

This is to certify that I/we have carefully examined Shri **Souham Deb**, Son of Shri **Surajit Deb**, Date of Birth **27/11/1996**, Age **26**, M, Registration No. **0704/00000/2307/0480547**, resident of House No. **375 B J And K Pocket Dilshad Garden Jhilmil - 110095**, Sub District **Gandhi Nagar**, District **East**, State / UT **Delhi**, whose photograph is affixed above, and I am/we are satisfied that:

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

**(B)** The diagnosis in his case is **Severe Intellectual Impairment**

**(C)** He has **90%**(in figure) **Ninety** percent(in words) Permanent Disability in relation to his Brain 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. 76(E) dated 04/01/2018).

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. JAGDISH SADIZA**  
Clinical Psychologist  
IHBAS, Delhi - 110095  
RCI Regn No. A-00153

**Dr. SHRUTI**  
Assistant Professor  
Deptt. of Psychiatry  
IHBAS, Delhi-110095

Signatory of notified Medical Authority Member(s)



**Dr. OM PRAKASH**  
Professor of Psychiatry &  
Dy Medical Superintendent  
DMC No. 44910  
IHBAS, Delhi-110095

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