



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

## Disability Certificate

**Prafulla Chandra Sen Government Medical College & Hospital - Arambagh**  
**Arambagh Station Rd, Arambagh**  
**Hooghly, West Bengal, 712601**



**Certificate/UDID No. WB3191919970012417**

**Date of Issue: 29/10/2025**

This is to certify that I/We have carefully examined **Sk Md Mustakin** Son of **Sk Md Hossain**, Date of Birth **04/03/1997**, Gender **Male**, Registration No. **1931/20000/0251/00012397**, Resident of **Vill-chak Ahammed, p.o-batanal, Arambagh, Hooghly, West Bengal - 712615** whose photograph is affixed above, and I am/we are satisfied that:

(A) **He** is a case of : **Muscular Dystrophy.**

(B) Name of affected body part: **WHOLE BODY.**

(C) The diagnosis in his case is **MUSCULAR DYSTROPHY.**

(D) **He** has **65%** (in figure) **sixty five** 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.**

*Sk Md Mustakin*

Signature / Thumb impression of the Person with  
Disability:

Signature of notified Medical Authority Members:

Prafulla Chandra Sen Government Medical College & Hospital -  
Arambagh  
Arambagh Station Rd, Arambagh  
Hooghly, West Bengal, 712601



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