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

Disability Certificate

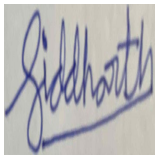
Sub Division Hospital-saltlake, North 24 Parganas, West Bengal

Certificate No.: WB30920619950004882 **Date: 05/10/2024**

This is to certify that I/We have carefully examined Shri **Siddharth Moulick** Son of Shri **Parthasarathi Moulick**, Date of Birth **12/06/1995**, Male, Registration No. **1930/30000/0240/80009769**, resident of **Bg-84 Sector-2 Salt Lake Bidhannagar - 700091**, Sub District **Barasat - I**, District **North 24 Parganas**, State / UT **West Bengal**
Whose photograph is affixed above, and I/We satisfied that:
(A) He is a case of **Autism Spectrum Disorder**
(B) The diagnosis in his case is **Autism Spectrum Disorder**
(C) He has **50%** (in figure) **fifty** percent(in words) Permanent Disability in relation to his MIND 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. 1338 (E) Dated 12.03.2024).

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

Signature of notified Medical Authority Member

Sub Division Hospital-saltlake
North 24 Parganas, West Bengal

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