



# RAMAKRISHNA MISSION SIKSHANAMANDIRA

(A NCTE recognized Govt. Aided (WB) Autonomous Post-Graduate College under University of Calcutta)  
Belur Math, Howrah - 711 202, West Bengal

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## 2.1.3-Certificate of EWS and Divyangjan



Swami Vidyamritananda  
Principal (Offg.)  
Ramakrishna Mission Sikshanamandira  
Belur Math, Howrah-711202, W.B.

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“Education is the manifestation of the perfection already in man.”

- Swami Vivekananda



# **RAMAKRISHNA MISSION SIKSHANAMANDIRA**

(A NCTE recognized Govt. Aided (WB) Autonomous Post-Graduate College under University of Calcutta)  
Belur Math, Howrah - 711 202, West Bengal

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YEAR 1-2022-2023

Ortho (1601)

OFFICE OF THE MEDICAL SUPERINTENDENT CUM VICE PRINCIPAL  
DIAMOND HARBOUR GOVT. MEDICAL COLLEGE & HOSPITAL



New Town, Diamond Harbour, South 24 Parganas, Pin - 743331

FORM - VII

Certificate of Disability

(In cases other than those mentioned in Forms v and VI)

[See rule 18(1)]



Certificate No. 2719

Date: 4-3-2020

Diamond Harbour Medical College

This is to certify that I have carefully examined Shri/Smt./Kum Kazi Iktafat Ahmed  
son/wife / daughter of Shri Kazi Nasiruddin

Date of birth (DD/MM/YY) 20/01/1999 Age 21 years, male/female \_\_\_\_\_

Registration No. 2719 Permanent resident of House No. X

Ward/Village/Street Salika Post Office Maheshpur District 24 Pgs (S)

State WB, whose photograph is affixed above and am satisfied that he / she is a case of

Disability. His / her extent of percentage physical impairment/ disability has been evaluated as per guidelines ( ..... number and date of issue of the guidelines to be specified) and is shown against the relevant disability in the table below :

Sl. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment / mental disability (%)
1.	Locomotor disability	@ B/L		20% (Thinks)
2.	Muscular Dystrophy	Horn		
3.	Leprosy cured			
4.	Cerebral palsy			
5.	Acid attack Victim			
6.	Low vision	#		
7.	Deaf	ξ		
8.	Hard of Hearing	ξ		
9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder.			
13.	Mental illness			
14.	Chronic Neurological Conditions			
15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

(Please strike out the disabilities which are not applicable)

2. This above condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is :

(i) not necessary,  
or

(ii) is recommended/after ..... years ..... months and therefore this certificate shall be valid till

.....  
(DD) (MM) YY

@ e.g. Left/right/both arms / legs, # e.g. Single eye ξ e.g. Left/Right/both ears

Government of West Bengal

# M. R. BANGUR HOSPITAL, KOLKATA - 700 033

(District Hospital, South 24 Parganas, West Bengal)

## DISABILITY CERTIFICATE FOR HANDICAPPED PERSON

(Certificate issued as per Gazette Notification No 9835-SW/1A-14/97 Part-I, DT : 27.12.2011)

### Form - VI

### DISABILITY CERTIFICATE

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)

(See rule 5)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)



ATTEST



Kolkata - 700 033

Certificate No. 566 Date : 28-12-2019

Date .....

This is to certify that I have carefully examined Shri /            /            SHYAM MALAKAR

..... son /            /            of Shri. DILIP MALAKAR

Date of Birth 25 / 06 / 1999 Age 20 (twenty) 05 (five) mths year, Male /            M  
(DD) (MM) (YYYY)

Registration No..... Permanent Resident of house No.....

Ward / Village Indra pala Street .....

Post Office Indra pala District South 24 Pgs.

State West Bengal PIN 743610

Whose Photography is affixed above, and am satisfied that :

A) He / She is case of

\*Locomotor Disability

Blindness

(Please tick as applicable)

shyam malakar

16/07/2022

B) The diagnosis in his / her case is ..... Post traumatic Stiffness .....  
 C) He / She has ..... 40 ..... % (in figure) ..... Forty ..... percent (in words)  
 Permanent physical impairment / blindness in relation to his / her .....  
 (Part of body) as per guidelines (to be specified).

*Renew after 5/10 years*

2. The applicant has submitted the following document as proof of resident :-

Nature of Document	Date of Issue	Details of authority issuing certificate
<i>Residential Certificate</i>	<i>27-11-2019.</i>	<i>Pradhan, <u>Shikharbali II.</u> Gram Panchayet</i>

*[Signature]*  
 M.D. (Orthopaedic Surgeon)  
 M. R. Bangur Hospital  
 Kolkata - 700 033

*16/07/2022*  
 (Signature and Seal of Authorized  
 Signatory of Notified Medical Authority)  
 Chairperson & Superintendent  
 Handicapped Board  
 M. R. Bangur Hospital  
 Tollygunge, Kolkata-33

*Snyam malakan*

.....  
 Signature / Thumb Impression  
 of the person in whose favour  
 disability certificate is issued.

*Snyam malakan*  
*16/07/2022*



2356

Govt. of West Bengal  
Office of the Superintendent  
Deben Mahato (Sadar) Hospital, Purulia

**DISABILITY CERTIFICATE**

Certificate issued as per order No-HF/O/PHP/292/HAD/9M-57-2002 (Pt I), dt-8/



No- 1093

dated - 26.06.19

On our examination of Shri/Smt. Sajal Majhi Aged  
about 20 yrs, Son/Daughter/Wife/Husband of Hiralal Majhi  
Address Vill- Balarampur po- Rangadib  
it is certified that :  
Dist- Purulia

1. He/she is a physically (Orthopedically, Visionary and Hearing) disabled / Mentally Challenged person with B.T. nystagmus (Nature of disability) Cognitive Impairment
2. The disability reportedly is congenital / caused by injury/diseases not likely to respond to any sort of treatment
3. His/Her percentage of permanent/partial disability is calculated as 40 %  
(forty percent) & having chances of variation the case requires review after 5 yrs.
4. He/She being mentally challenged Person with a IQ of ..... hence falls under the category of Mild Moderate /Severe /Profound.
5. The a assessment has been made as per instruction issued by the Govt. of India vide no-16-18/97 -NI. Dt 18.2.2002
6. He/She can 1 can not travel without assistance of an escort.
7. He /She may be Provide with ..... (Name of the prosthetic. Aids and appliances) which will increase his/her mobility and functional independence.
8. Special remarks if any .....

Signature of the members of the board  
(with Rubber Stamp)

Signature /LTI of candidate

1. Nabanita Barua

Sajal Majhi

Signature /LTI taken in presence of

2. **DR. NABANITA BARUA**  
Assistant Professor  
(OPHTHALMOLOGY)  
3. Regd. No-WBME 70318  
4. Purulia Medical College & Hospital, Purulia

[Signature]

**DR. SUBRATA DAS**  
R.M.O. Cum Clinical Tutor  
Dept of Psychiatry  
D.M. (Sadar) Hospital, Purulia  
Attached Purulia Govt. Medical College  
RIN-66716 (WBMC)

Signature of the Medical Superintendent & Chairman

Seal of the Hospital

Self Attested Sajal Majhi

**DR. SIBASIS DAS**  
SUPERINTENDENT  
DMSH / PRL.  
R.No: 56265/ WBMC.

# Government of West Bengal



## Office of the Superintendent District Hospital, Tamluk, Purba Medinipur

30527

### DISABILITY CERTIFICATE

Certificate issued as per Order No. HF/O/PHP/292/HAD/9M-57/2002 (Pt-I)  
dt. 18th May 2003



Certificate No. H-280/2020 Dated 03-3-2020  
 On our examination of Shri/Smt. KOUSIK HAZRA aged about 31 yrs. Son/Daughter/Wife / Husband of Dhananjay Hazra  
 Address : Vill. Hardee a Chak P.O. Gouva a Chak TAMLUK  
 P.S. myna Dist. Purba Medinipur

It is certified that :-

- He / She is a Physically (Orthopaedically Visionary, Speech and Hearing) Disabled / Mentally Challenged person with (2) optic atrophy  
(Nature of Disability).....
- The Disability reportedly is congenital/ caused by injury/diseases not likely to respond to any sort of treatment.
- His / Her percentage of permanent / partial disability is calculated as 100 % ( Hundred Percent) & having chances of verification the case requires review after 10 yrs.
- He/She being mentally challenged person with a IQ of..... hence falls under the category of Mild / Moderate / Severe / Profound.
- The assessment has been made as per instruction issued by the Govt. of India Vide No. 16-18/97-NL Dt. 18.02.2002.
- He/She can/cannot travel without assistance of an escort.
- He/She may be provided with..... (Name of the Prosthetic Aids and appliances) which will increase his/her mobility and functional independence.
- Special remarks/Identification Marks, if any: A black mole on tip of nose

Members

1. [Signature]  
 DR. SANTANU KR. PATI  
 Medical Officer (Ophthal)  
 Regd. No. 42036 (W.B.M.C.)  
 Purba Medinipur District Hospital  
 TAMLUK

3. [Signature]  
 DR. DIPANKAR ROY  
 Medical Officer (Physician)  
 Regd. No. 42772 (W.B.M.C.)  
 Purba Medinipur District Hospital  
 4. TAMLUK

Sigr./LTI of candidate

Sigr./LTI. taken in presence of

[Signature]  
 Sig. of the Superintendent  
 cum Chairman  
 District Hospital, Tamluk  
 TAMLUK

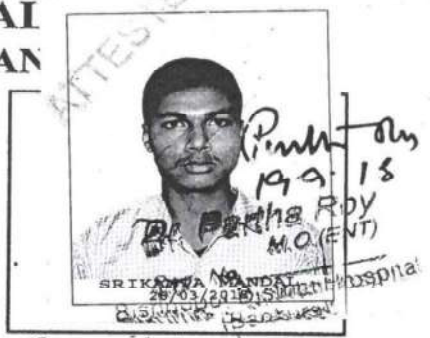
[Fingerprint]  
 LTI OF  
 Kousik Hazra  
 4.2.20

**GOVERNMENT OF WEST BENGAL**  
**BISHNUPUR DISTRICT HOSPITAL, DIST.- BAN**  
**DISABILITY CERTIFICATE**

Certificate issued as per order No.-  
 HF/O/PHP/292/HAD/9M - 57-2002 (Pt-I). dt - 8th May 2003

No.- 462/2018

Dated - 19.09.18



On our examination of Shri / Smt. SRIKANTA MANDAL (male)  
 Ages about 20 years, Son / Daughter / Wife / Husband of Tapas Mandal  
 Address Will + P.O. Bailal, P.S. Jajpur, Dt. Bankura

It is certified that :

1. He/She is a physically (Orthopaedically, Visionary, and  Hearing) disabled/Mentally Challenged person with Audiogram No. 9097970 At ear severe S/N Hearing loss.  
It is profound S/N loss (Nature of disability) Temporary
2. The disability reportedly is congenital/caused by injury/diseases not likely to respond to any sort of treatment.
3. His/Her percentage of permanent/partial disability is calculated as 70 % (Severely percent) & having chances of variation the case requires review after Five Yrs.
4. He / She being mentally challenged person with a IQ of ..... Hence falls under the category of mild / Moderate / Severe / Performed.
5. The assessment has been made as per instruction issued by the Govt. of India vide No.-16 - 18 / 97 - NI. Dt. 18.2.2002.
6. He / She may be provided with ..... (Name of the Prosthetic Adis and appliances, if any .....

Signature of the member of the board

(with Rubber Stamp)  
Partha Roy

Srikanta Mandal

1. Dr. Partha Roy  
M.O.(ENT)  
 Reg. No. 45144  
 Bishnupur District Hospital  
 Bankura

Sig. / LTI of candidate

2. Anjan Kumar Karnilya  
 (Ophthalmologist)  
 Reg. No. ....  
 Bishnupur District Hospital  
 Bankura

Sig. / LTI taken is presence of

3. Dr. ... ..  
 Medical Officer (Psychiatrist)  
 Regd.No. 3358  
 Bishnupur District Hospital  
 Bankura

Sig. of the Medical Superintendent & Chairman Seal of the Hospital

Srikanta Mandal





# **RAMAKRISHNA MISSION SIKSHANAMANDIRA**

(A NCTE recognized Govt. Aided (WB) Autonomous Post-Graduate College under University of Calcutta)  
Belur Math, Howrah - 711 202, West Bengal

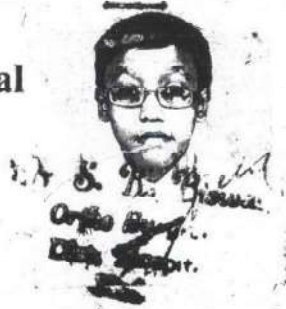
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YEAR 2-2021-2022

GOVT. OF WEST BENGAL

Office of the Superintendent, District Hospital

Krishnagar, Nadia.



Memo No. 2427 / Dated, Krishnagar, the 16-11-2007

DISABLED CERTIFICATE

On our examination of Shri / Smt. Pallab Mondal aged about 11 yrs son / daughter / husband / wife of Bishrajit Mondal address Jogamati Tala, Nabardari, Nadia

it is certified that :

- 1. He/She is a physically (Orthopaedically, Visionary, Speech and Hearing Disabled / Mentally Challenged person with Congenital Spina myelomeningocele (D.K.M.C.) (nature of disability)
2. The disability reportedly is congenital / caused by injury / diseases not likely to respond to any sorts of treatment.
3. His/Her percentage of permanent/partial disability/disability having changes of variation is calculated as 100% (B.M.) & the case requires/does not require review after ... yrs.
4. He/She being a Mantally Retarded person with an I.Q. of ... falls under the category of Mild/Hoderate/Severe/Profound.
5. The assesment has been made as per instruction issued by the Govt.of India vide No. 4 - 2/83 III it.6.8.86.
6. He / She can /can not travel without assistances of eacort.
7. He / She may be provided with ... (name of the prosthetic aid) which will increase his/her mobility and functional independence.

N.B.- Validity of the Certificate Permanent.

Pallab Mondal

Signature / L.T.I. of Candidate.

Signature of the Members of Handicapped Board.

Sig. of Ortho. Surgeon

Sig. of Eye (Ophthal) Surgeon

Sig. fo Physican/ Psychiatrist

Sig. of Clinical Psychologist

Sig. of ENT. (Otolary)

Surgeon. Dr. K. N. Kapur M.S. ENT. Surgeon Dist. Hospital Nadia.

Dr. S. K. Biswas Ortho Surgeon Dist. Hospital Nadia

Signature of Chairman & Superintendent District Hospital, Nadia.

pallab Mondal



qd. No - 996

Date 29-11-12

Govt. of West Bengal  
Office of the Superintendent  
**BASIRHAT S.D. HOSPITAL**  
Basirhat, North 24 Parganas

**DISABILITY CERTIFICATE**

(Certificate issued as per order No-HF/O/GA/107/W-02/98, dt-15.1.98)

Rezaul Islam

On our examination of Shri/Smt. Rezaul Islam Gazi  
Aged about 19 yrs  
Son/Daughter/Wife/Husband of Abdul Rasid Gazi  
Address 115/10 - Kumarijal, P.S. - Minakhan  
Dist (N) 24 Parganas it is certified that:



1. He/She is Physically (Orthopaedically, Visionary and Hearing Disabled/Mentally Challenged person with Microphthalmos & Nystagmus (Nature of Disability)
2. The disability reportedly is congenital/caused by injury/diseases not likely to respond to any sorts of treatment
3. His/Her percentage of permanent/partial disability is calculated as 100 % (Hundred percent & having chances of variation the case requires review after        yrs.
4. He/She being a mentally challenged person with a I.Q. of        hence falls under the category of Mild/Moderate/Severe/Profound.
5. The assessment has been made as per instruction issued by the Govt. of India vide No. 16-13/97-NI, Dt. 15.02.2003
6. He/She can/can not travel without assistance of escort.
7. He/She may be provided with        (Name of the Prosthetic Aid and appliances) which will increase his/her mobility and functional independence.
8. Special remarks, if any

Signature of the members of the board  
(with Rubber Stamp)

Rezaul Islam Gazi  
Sig./LTI of candidate

- Signature
1. Physition.....
  2. Orthopadatic Surgeon.....
  3. Eye Surgeon.....
  4. ENT Surgeon.....

Sig./LTI taken in presence of  
        
Superintendent  
Sig. of the Superintendent & Chairman

Rezaul Islam Gazi  
29-11-12

**GOVERNMENT OF WEST BENGAL**  
**Office of the Superintendent, S. D. Hospital, Rampurhat, Birbhum.**  
**MEDICAL CERTIFICATE IN RESPECT OF AN ORTHOPAEDICALLY HANDICAPPED CANDIDATE**

(For the purpose of economic assistance the orthopaedically are those who have physically defect or deformity which causes an interference with the normal functioning of bones, muscles and joints)

Certified that I, Dr. B. K. manna

Registration No. 48265/2006 have this 19<sup>th</sup> day of December 2006,

examined the candidate whose particulars are given below :-

1. Name of the Candidate : Sandip Sengupta
2. Father's Name : Shib thala Bosa wd ms - 11 Postms -  
Subir Sengupta Rampurhat, Birbhum
3. Sex : Male
4. Approximate age : 16 yrs.
5. Identification marks :

6. (a) Nature of disability :- (Tick relevant from following list)  
 Postpolio paralysis, Hemiplegia, Quadraplegia malunited fracture, Nerve paralysis, Upper extremity, Lower extremity, Lump, Painful, Shorting Deformity, Aboveknee, Below knee, Hip, Hemi-pelvectomy Sumos, Cheopate Wrist Finger, Below Elbow, Above Elbow, Shoulders, Foro Quarter, Urilateral, Bilateral.

(b) Extent of disability :  
 Extimate in percentage (Mc. Bridde Scale) on Anatomical Functional (Patient's Assessment) Examiner's Assessment Economical Basis Mentionees percentage Below 25, 25, 25, 75 - 90 Total (Disability)

50% (b/hs)

(c) Use of appliance Tick relevant from following list:  
 Challiper, Cratoh, Above knee, Below knee, Prosthesis, Cane, Unilateral, Bilate Elbow, Below Elbow, Hemip Shoulder disarticulation.

Postpolio defib

(d) Any operation done of indicated.

(e) Photograph (attested) to show if p nature of disability and any applia



**TESTED**

7. Any other particulars to clarify the nat of disability that the Surgeon might like to point out.

Sandip Sengupta  
15/12/06

December 2006

[Signature]  
10/12/06

Signature of the Applicant :

Place : Rampurhat, S.D. Hospital

Date : 19/12/06

Signature of Orthopaedic Surgeon  
**S. D. Hospital, Rampurhat, Birbhum**

Designation :

Office Stamp :

Address :

[Signature]  
19/12/06  
**S. D. Hospital, Rampurhat, Birbhum.**

Self-attested  
Sandip Sengupta  
15-7-18

[Signature]  
16/12/06  
Signature of the Chairman of the Board/  
 Superintendent S. D. Hospital  
 Rampurhat, Birbhum.

[Signature]  
19/12/06  
**S. D. Hospital, Rampurhat, Birbhum.**

[Signature]  
19/12/06  
Ophthalmologist



# **RAMAKRISHNA MISSION SIKSHANAMANDIRA**

(A NCTE recognized Govt. Aided (WB) Autonomous Post-Graduate College under University of Calcutta)  
Belur Math, Howrah - 711 202, West Bengal

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YEAR 3-2020-2021



# DISABILITY CERTIFICATE

GOVT. OF WEST BENGAL  
Haldia Sub-Divisional Hospital  
Basudevpur :: Purba Medinipur

Certificate issued as per order No.  
HF/O/CA/107/W-02/98  
No. HSDH/HB/13954

Dt. 15.01.98  
Dt. 29.12.2020

ATTENDED



Superintendent  
Haldia S. D. Hospital  
Purba Medinipur

Valid upto 28.12.2030

On our examination of Shri / Smt. AYAN DAS  
Aged about 23 years, Son/Daughter/Husband/Wife of Bibhas Das  
Address Vill. Dhanya Khola P.O. Nandigram  
P.S. Nandigram Dist. Purba Medinipur.  
....., it is certified that :-

1. He / She is a Physically (orthopedically, Visionary, Speech and Hearing Disabled. Mentally Challenged per-son with Partially cancelled CT EV (W)

(Nature of Disability)

2. The Disability reported is congenital/ caused by injury/diseases not likely to respond to any sorts of treatment.

3. His / Her Percentage of permanent / temporary / partial disability / disability having charges of variation is calculated as 55% % (fifty five) and the case requires / does not require review after 10 (Ten) years.

4. He/She being mentally retarded person with an I. Q. of ..... falls under the category of Mild/Moderate / Severe / Profound,

5. The assessment has been made as per instruction issued by The Govt. of India vide No. 4-2/83 III dt. 6. 8. 86

6. He / She cannot travel without an assistance of escort.

7. He / She may be provided with ..... (name of the prosthetic aid) which will increase his / her mobility and functiona independence.

8. Identification Mark cut mark (W) eyebrow

Ayan Das

Signature / L. T. I. of the candidate

Chairman (Superintendent)

29.12.2020

Superintendent  
Haldia S.D. Hospital  
Basudevpur, Purba Medinipur

## Members of Board

- Ayan Das  
29.12.2020
- [Signature]  
29.12.2020
- [Signature]  
29.12.2020
- Dr. Sandipan Bhattacharyya  
M. S. (Ortho.)  
Haldia S. D. Hospital  
W.B. Reg. No. -50552
- Dr. Swapan Kr. Gorai  
Eye Surgeon  
Haldia S. D. Hospital  
Basudevpur, Purba Medinipur  
Reg. No. -571156

6.

Ayan Das

# Government of West Bengal



## Office of the Superintendent District Hospital, Tamluk, Purba Medinipur

30527

### DISABILITY CERTIFICATE

Certificate issued as per Order No. HF/O/PHP/292/HAD/9M-57/2002 (Pt-I)  
dt. 18th May 2003



Certificate No. H-280/2020 Dated 03-3-2020  
 On our examination of Shri/Smt. KOUSIK HAZRA aged about 31 yrs. Son/Daughter/Wife / Husband of Dhananjay Hazra  
 Address : Vill. Hardee a Chak P.O. Gouva a Chak TAMLUK  
 P.S. myna Dist. Purba Medinipur

It is certified that :-

1. He / She is a Physically (Orthopaedically Visionary, Speech and Hearing) Disabled / Mentally Challenged person with (2) optic atrophy  
(Nature of Disability).....
2. The Disability reportedly is congenital/ caused by injury/diseases not likely to respond to any sort of treatment.
3. His / Her percentage of permanent / partial disability is calculated as 100 % (Hundred Percent) & having chances of verification the case requires review after 10 yrs.
4. He/She being mentally challenged person with a IQ of..... hence falls under the category of Mild / Moderate / Severe / Profound.
5. The assessment has been made as per instruction issued by the Govt. of India Vide No. 16-18/97-NL Dt. 18.02.2002.
6. He/She can/cannot travel without assistance of an escort.
7. He/She may be provided with..... (Name of the Prosthetic Aids and appliances) which will increase his/her mobility and functional independence.
8. Special remarks/Identification Marks, if any: A bleen male cum d.p. of nose

Members

1. [Signature]  
 DR. SANTANU KR. PATI  
 Medical Officer (Opthal)  
 Regd. No. - 42036 (W.B.M.C.)  
 Purba Medinipur District Hospital  
 TAMLUK

3. [Signature]  
 DR. DIPANKAR ROY  
 Medical Officer (Physician)  
 Regd. No. - 42772 (W.B.M.C.)  
 Purba Medinipur District Hospital  
 4. TAMLUK

[Signature] Sigr./LTI of candidate

Sigr./LTI. taken in presence of

[Signature]  
 Sig. of the Superintendent  
 cum Chairman  
 District Hospital, Tamluk  
 TAMLUK

[Fingerprint]  
 LTI OF  
 Kousik Hazra  
 4.9.20

✓ 14-05-2015  
IDENTITY CARD ISSUED

SL. No. - 82

Page No. 133



**Govt. of West Bengal**  
**Nadia District Hospital Krishnagar, Nadia, Pin - 741101**  
**Disability Certificate**

Valid upto 18/3/2024

[ Certificate issued as per order No. - HF / O / PHP / 292 / HAD / 9M - 57 - 2002 (Pt I), dt - 8th May 2003 ]

Memo No. 251

Dated 23/11/19/3/2014

On our examination of Shri / Smt. Samir Biswas Aged  
about 16 yrs, Son / Daughter / Wife / Husband of Rimol Biswas  
address Villa Kamalapur  
P.O. Humania pota - P.S. Langhat, Nadia

it is certified that :

1. He / she is a physically (Orthopaedically, Visionary, and Hearing) Disabled, Mentally Challenged person with PPRF both lower limbs (nature of disability)
2. The disability reportedly is congenital / caused by injury / diseases not likely to respond to any sort of treatment.
3. His / Her percentage of permanent / partial disability is calculated as 60% %  
(Sixty percent) & having chances of variation the case requires review after NA Yrs.
4. He / She being a Mentally challenged person with a I. Q. of NA hence falls under the category of Mild / Moderate / Severe / Profound.
5. The assessment has been made as per instruction issued by Govt. of India vide No. 16-18/97 - NI. Dt. 18.02.2002.
6. He / She can /  cannot travel without assistance of an escort.
7. He / She may be provided with NA (Name of the Prosthetic Aids and appliances) which will increase his / her mobility and functional independence.
8. Special remarks, if any NA

Signature of the Members of the Board  
(With Rubber Stamp)

✓ Samir Biswas  
Signature / L.T.I of Candidate.

Debabrata  
23/11/14  
Sig of Ortho Surgeon  
Dr. Ghatak  
Orthopaedic Surgeon  
Medical Officer  
District Hospital  
Krishnagar, Nadia

Subrata Biswas  
Sig. of Physican / Psychiatrist  
Dr. Subrata Biswas  
M.O. Psychiatrist  
District Hospital  
Krishnagar Nadia

Sig. of Clinical Psychologist

Sig. of ENT (Otolary) Surgeon.

Dr. Debabrata Dutta  
Chairman & Superintendent  
District Hospital

Signature of Chairman & Superintendent, Nadia District Hospital, Nadia

Samir Biswas  
23/11/2021

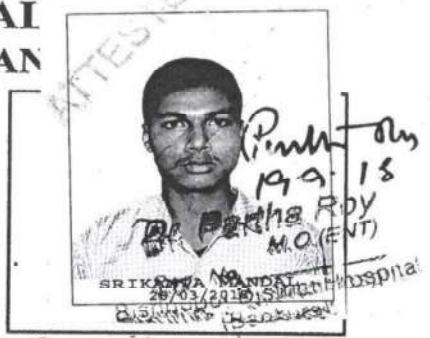


**GOVERNMENT OF WEST BENGAL**  
**BISHNUPUR DISTRICT HOSPITAL, DIST.- BAN**  
**DISABILITY CERTIFICATE**

Certificate issued as per order No.-  
 HF/O/PHP/292/HAD/9M - 57-2002 (Pt-I). dt - 8th May 2003

No.- 462/2018

Dated - 19.09.18



On our examination of Shri / Smt. SRIKANTA MANDAL (male)  
 Ages about 20 years, Son / Daughter / Wife / Husband of Tapas Mandal  
 Address Will + P.O. Bailal, P.S. Jajpur, Dt. Bankura

It is certified that :

1. He/She is a physically (Orthopaedically, Visionary, and  Hearing) disabled/Mentally Challenged person with Audiogram No. 9097970 At ear severe S/N Hearing loss.  
It is profound S/N loss (Nature of disability) Temporary
2. The disability reportedly is congenital/caused by injury/diseases not likely to respond to any sort of treatment.
3. His/Her percentage of permanent/partial disability is calculated as 70 % (Severely percent) & having chances of variation the case requires review after Five Yrs.
4. He / She being mentally challenged person with a IQ of ..... Hence falls under the category of mild / Moderate / Severe / Performed.
5. The assessment has been made as per instruction issued by the Govt. of India vide No.-16 - 18 / 97 - NI. Dt. 18.2.2002.
6. He / She may be provided with ..... (Name of the Prosthetic Adis and appliances, if any .....

Signature of the member of the board

(with Rubber Stamp)  
Partha Roy

Srikanta Mandal

1. Dr. Partha Roy  
M.O.(ENT)  
 Reg. No. 45144  
 Bishnupur District Hospital  
 Bankura

Sig. / LTI of candidate

2. Anjan Kumar Karnilya  
 (Ophthalmologist)  
 Reg. No. ....  
 Bishnupur District Hospital  
 Bankura

Sig. / LTI taken is presence of

4. Dr. ... ..  
 Medical Officer (Psychiatrist)  
 Regd.No. 3358  
 Bishnupur District Hospital  
 Bankura

Sig. of the Medical Superintendent & Chairman Seal of the Hospital

Srikanta Mandal

**DR. B. N. BOSE S. D. HOSPITAL**

BARRACKPORE, 24 PARGANAS (N)

**DISABILITY CERTIFICATE**

No. & Date 452/7/6/10

On our examination of Sri / Smt. PRASON SAMA

..... Aged about 18 Yrs Years Son / Daughter /

Wife of SRI HANMAN SAMA

(Address) BIHARI, 11, NABA NAGAR P.O. BIHARI  
P.O. NEMGA KOLKATA - 51

.....It is certified that :

1. He / She is a physically (Orthopaedically, Visionary), Speech and Hearing Disabled / Mentally Challenged person with.....total optic atrophy (B.E.)..... (nature of disability)
2. The disability reportedly is congenital / caused by injury / diseases not likely to respond to any sorts of treatment.
3. His/Her percentage of permanent / partial disability / disabili having changes of variation is calculated as.....100.....% & the case requires / doe not require review after .....Years.
4. He / She being a Mentally Retarded person with an I.Q. of..... Falls under the category of Mild / Moderate / Server / Profound.
5. The assessment has been made as per instruction issued by the Govt. Of India vide Nc.-4-2/83 III dt. 6.8.86
6. He / ~~She~~ can / cannot travel without assistance of escort.
7. He / She may be provided with..... (Name of the prosthetic aid) which will increase his/her mobility and functional independence.

Signature / L. T. I. Of the Candidate



- Signature of the Chairman & Members of the Board  
Barrackpore North 24 Pgs
1. [Signature] Dr. B. N. Bose  
Superintendent  
Dr. B. N. Bose  
Hospital, Barrackpore  
24 Pgs (N)
  2. [Signature] M. O. Eye Surgeon
  3. [Signature] Dr. B. N. Bose S. D. Hospital  
Barrackpore North 24 Pgs Member

L.O. of Prasen Saha  
28/05/18



**DISABILITY CERTIFICATE**

Memo No. BSMCH/H.B. / 891

Dated 18/05/2017

On our examination of Sri / Smt. TARA PADHA KUMBHAKAR  
Aged about 26 yrs., S/o / D/o / Husband / Wife of Chittaranjan Kumbhakar  
Address : Vill. Kamarkuli P.O. Chhatua Dist.-Bankura.

**It is Certified that :**

1. He / She is a Physically (Orthopaedically, Visually, Speech and Hearing Disabled) / Mentally Challenged Person with Both Retinal Detach ment (nature of disability).
2. The disability reportedly is congenital / caused by injury / diseases not likely to respond to any sorts of treatment.
3. His / Her percentage of permanent / partial disability / disabilities having changes of variation is calculated as 75% & the case requires / does not require review after 10 yrs. Second time
4. He / She being a Mentally Retarded Person with I. Q. of ....., falls under the category of Mild / Moderate / Severe / Profound.
5. The assessment has been made as per instruction issued by the Govt. of India vide No. 4-2/83 III Dt. 6/8/86.
6. He / She can / can not travel without assistance of escort. Escort needed.
7. He / She may be provided with low visual aid.  
(Name of the Prosthetic Aid) which will increase his / her mobility and functional independence.

Tarapadha Kumbhakar  
Signature / LTI of the Candidate

Biswajit Reg. No - 46298  
Signature of the Member of the Handicapped Board (WBHC)  
18/05/2017

Deptt. of Orthopaedic,  
B. S. MEDICAL COLLEGE, BANKURA.

Rudra 18/05/17  
Deptt. of Physical Medicine,  
B. S. MEDICAL COLLEGE, BANKURA.

Sho  
Deptt. of Psychiatric,  
B. S. MEDICAL COLLEGE, BANKURA.

Deptt. of Ophthalmology,  
B. S. MEDICAL COLLEGE, BANKURA.

Sho 18/05/17  
Deptt. of E.N.T.,  
B. S. MEDICAL COLLEGE, BANKURA.

Self Attested  
Tarapadha Kumbhakar  
15.09.2020



ATTESTED

**CHAIRMAN  
HANDICAPPED BOARD  
B. S. Medical College & Hospital  
Bankura**

Attested  
Signature of Chairman

**CHAIRMAN  
HANDICAPPED BOARD  
B. S. Medical College & Hospital  
Bankura**



# **RAMAKRISHNA MISSION SIKSHANAMANDIRA**

(A NCTE recognized Govt. Aided (WB) Autonomous Post-Graduate College under University of Calcutta)  
Belur Math, Howrah - 711 202, West Bengal

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YEAR 4-2019-2020



SJ. No.

351

GOVT. OF WEST BENGAL  
CONTAI SUB-DIVISIONAL HOSPITAL  
P.O.-CONTAI :: DIST.-PURBA MEDINIPUR.  
**DISABILITY CERTIFICATE**

{Certificate issued as per order no.-HF / O / PHP / 292 / HAD / 9M-57-2002 (Pt 1), dt-8th May 2003}

No.- 208  
09/04/14

Dated... 09 / 04 2014

On our examination of Shri / Smt. Rajib Mishra

Aged about 20 Yrs.; M/F

S/D/W of Tapan Mishra

Vill. Alangini P.O. Alangini

P.S. Egra Dist.-Purba Medinipur

it is certified that :



1. He / She is a physically (Orthopaedically, Visionary and Hearing) disabled / mentally challenged person with Congenital deformity of hand (Nature of disability) .....
2. The disability reportedly is congenital / caused by injury / diseases not likely to respond to any short of treatment.
3. His / Her percentage of permanent / partial disability is calculated as 50 % (fifty percent) and having chances of variation. the case requires review after 10 (Ten) yrs.
4. He / She being mentally challenged person with a I.Q. of ....., hence falls under the category of Mild / Moderate / Severe / Profound.
5. The assessment has been made as per instruction issued by the Govt. of India vide no-16-18 / 97-NI. Dt. 18.02.2002
6. He / She can / cannot travel without assistance of an escort.
7. He / She may be provided with.....  
which will increase his / her mobility and functional independence.
8. Special remarks if any.....

[Signature]  
Signature of the members of the board

Rajib Mishra  
Sign. / LTI of candidate

Medical Officer (Orth.)  
Contai S.D. Hospital  
Contai :: Purba Medinipur

Medical Officer (Phy.)  
Contai S. D Hospital  
Purba Medinipur.

Medical Officer (ENT)  
Contai S. D. Hospital  
Purba Medinipur.

Medical Officer (Oph.)  
Contai S. D. Hospital  
Purba Medinipur.

[Signature]  
Chairman of the Board  
Superintendent.  
Contai S.D. Hospital  
Contai :: Purba Medinipur

Government of West Bengal

# M. R. BANGUR HOSPITAL, KOLKATA - 700 033

(District Hospital, South 24 Parganas, West Bengal)

## DISABILITY CERTIFICATE FOR HANDICAPPED PERSON

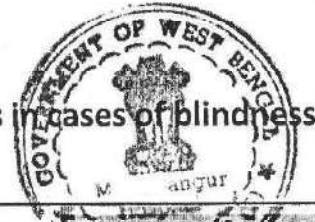
(Certificate issued as per Gazette Notification No 9835-SW/1A-14/97 Part-I, DT : 27.12.2011)

### Form - VI

## DISABILITY CERTIFICATE

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)

(See rule 5)



(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE

*Jaganjit Chandra*  
2/11/15

**ATTESTED**

*Jaganjit Chandra*  
M.O. (C) ...  
M. R. Bangur Hospital



Date ..... Kolkata-700033

Certificate No. 01 dt 2-01-15

This is to certify that I have carefully examined Shri / Smt. / Km. Sourav Bera

..... son / wife / daughter of Shri. Gangadhar Bera

Date of Birth XX / XX / 1994 Age 20 (Twenty) year, Male / Female Male  
(DD) (MM) (YYYY)

Registration No. .... Permanent Resident of house No. ....

Ward / Village Bijoy Nagar Street .....

Post Office Bijoy Nagar District 24 Pgs (S)

State W.B. PIN

Whose Photography is affixed above, and am satisfied that :

A) He / She is case of

\*Locomotor Disability

\* Blindness

(Please tick as applicable)

B) The diagnosis in his / her case is Post burn Contracture of fixed flexion deformity (90°) at elbow & Rt wrist (Rt)

C) He / She has 65 % (in figure) Sixty five percent (in words)

Permanent physical impairment / blindness in relation to his / her .....  
 (Part of body) as per guidelines (to be specified).

2. The applicant has submitted the following document as proof of resident :- Resident 310 years

Nature of Document	Date of Issue	Details of authority issuing certificate
<i>Residential Certificate</i>		

*Jyoti Jyoti Das*  
 2/1/15  
 M.O. (Orthopaedic Surgeon)  
 M. R. Bangur Hospital  
 Kolkata-700032

*S. Mukherjee*  
 2/1/15  
 Chairman & Superintendent  
 (Signature and Seal of Authorized  
 M. R. Bangur Hospital  
 Signatory of Notified Medical Authority)

*Sourav Bera*

.....  
 Signature / Thumb Impression  
 of the person in whose favour  
 disability certificate is issued.



# **RAMAKRISHNA MISSION SIKSHANAMANDIRA**

(A NCTE recognized Govt. Aided (WB) Autonomous Post-Graduate College under University of Calcutta)  
Belur Math, Howrah - 711 202, West Bengal

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YEAR 5-2018-2019



**DR. B. N. BOSE S. D. HOSPITAL**

BARRACKPORE, 24 PARGANAS (N)

**DISABILITY CERTIFICATE**

No. & Date 452/7/6/10

On our examination of Sri / Smt. PRASUN SAMA

..... Aged about 18 Yrs Years Son / Daughter /

Wife of SRI HANMAN SAMA

(Address) BIHARI, 11, NABA NAGAR P.O. BIHARI

P.O. NEMGA, KOLKATA, 51

.....It is certified that :

1. He / She is a physically (Orthopaedically, Visionary), Speech and Hearing Disabled / Mentally Challenged person with total blindness - actually (B.E.)  
(nature of disability)
2. The disability reportedly is congenital / caused by injury / diseases not likely to respond to any sorts of treatment.
3. His/Her percentage of permanent / partial disability / disabili having changes of variation is calculated as 100 % & the case requires / doe not require review after ..... Years.
4. He / She being a Mentally Retarded person with an I.Q. of.....  
Falls under the category of Mild / Moderate / Server / Profound.
5. The assessment has been made as per instruction issued by the Govt. Of India vide No.- 4-2/83 III dt. 6.8.86
6. He / ~~She~~ can / cannot travel without assistance of escort.
7. He / She may be provided with.....  
(Name of the prosthetic aid) which will increase his/her mobility and functional independence.

Signature / L. T. I. Of the Candidate



Signature of the Chairman & Members of the Board

1. [Signature] **Dr. B. N. Bose**  
Superintendent  
Dr. B. N. Bose Hospital, Barrackpore  
24 Pgs (N)
2. [Signature] **M. O. Eye Surgeon**
3. [Signature] **Dr. B. N. Bose S. D. Hospital**  
Barrackpore North 24 Pgs Member

L.O. of Prasen Saha  
28/05/18



Government of West Bengal  
Office of the Medical Superintendent cum Vice Principal  
Midnapore Medical College & Hospital  
Paschim Medinipur

Eye

**DISABILITY CERTIFICATE**

[ Certificate Issued as per Order No. HF / OPHP / 292 HAD / 9M-57-2002 (Pt I), dt.-8th May 2003 ]

No. 2698

Date 19, 04, 2016

ON: 854623



On our examination of Sri / Prasenjit Saha  
Aged about 24 yrs. Son / Daughter / Wife / Husband of Dhananjay Saha  
Address Vill Bilakipur Post Talda Katan chok  
P.S. Dantan Dist. Paschim midnapur

**IT IS CERTIFIED THAT :**

- He / She is a physically (Orthopedically, Visionary and Hearing) disable / Mentally challenged person with Bilateral Deafness (Name of disability)
- The disability reportedly is congenial / caused by injury / diseases not likely to respond any sorts of treatment.
- His / Her percentage of permanent / partial disability is calculated as 75% (percentage) & having chances of variation the case requires review after 5 yrs.
- His / She being a mentally challenged person with an I.Q. of ..... hence falls under the category of Mild / Moderate / Severe / Profound.
- The assessment has been made as per instruction issued by the Govt. of India vide No. 1618 / 97- NI dt. 18.02.2002.
- He / She can / cannot travel without assistance of escort.
- He / She may be provided with ..... (Name of the prosthetic Aids and appliances) which will increase his / her mobility and functional independence.
- Special remarks if any .....

Signature of the members of the Board  
(with Rubber Stamp)

- Sagar K... R. M. O. Dept. of ophthalmology  
Handicapped Section  
Midnapore Medical College & Hospital  
Paschim Medinipur
- R. Bh... R. M. O. Dept. of ENT  
Handicapped Section  
Midnapore Medical College & Hospital  
Paschim Medinipur
- R. M. O. Dept. of Psychiatric Medicine  
Handicapped Section  
Midnapore Medical College & Hospital  
Paschim Medinipur

PRASENJIT SAHA  
Signature / LTI taken in presence of  
Medical Superintendent cum Vice Principal  
& Chairman Handicapped board  
Midnapore Medical College & Hospital  
Paschim Medinipur

Government of West Bengal  
**BARUIPUR SUB DIVISIONAL HOSPITAL**  
 South 24 Parganas, West Bengal



**DISABILITY CERTIFICATE FOR HANDICAPPED PERSONS**

(Certificate issued as per order No. BF/0/PHP/292/HAD/PM-S7-2002(Pt I), Dt. 06.05.88)

No. BSDH/DC/235.

Dated: 16/07/15

On our examination of Shri / Smt. SEKENDER ALI MOLLICK  
 Aged About 20 1/2 years, Son / Daughter / Husband / Wife of  
JALIL MOLLICK  
 Address Mil + Po - Chandpur P.O - B - Gobindapur -  
P.S. - Behar-gar - S. 24 Parg.

- I hereby certify that:
1. He/She is a physically (Orthopaedically, Visionary, Speech and Hearing Disabled / Mentally Challenged person with pprp whole of left upper & partial right hand (Nature of Disability).
  2. The disability reportedly is congenital/cause by injury/diseases not likely to respond to any sports of treatment.
  3. His/Her percentage of permanent/partial disability having changes of variation is calculated as 70 % Severely percent. The cause requires not require review after \_\_\_\_\_ years.
  4. He/She being a Mentally retarded person with an I.C. of \_\_\_\_\_ falls under the category of Mild/Moderate/Service/Profound.
  5. The assessment has been made as per instruction issued by the Govt. of India vide No. 4-2/83 III dt. 06.05.88.
  6. He/She can/cannot travel without assistance of escort.
  7. He/She may be provided with \_\_\_\_\_ (Name of the prosthetic aid) which will increase his/her mobility and functional independence.
  8. Special remarks, if any \_\_\_\_\_

Signature of the members of the board  
 (With Rubber Stamp)

SEKENDER ALI MOLLICK  
 Signature/LTI of the Candidate

1. [Signature] 16/7/15  
 2. \_\_\_\_\_

Sekender Ali Mollick  
 Date 12/3/18

3. [Signature] 16/7/15

SEKENDER ALI MOLLICK  
 Signature/LTI taken in presence of

4. [Signature] 16/7/15

\_\_\_\_\_  
 Sig. of the Medical Superintendent & Chairman  
 Board of the Hospital



PHC no - 3332  
Date - 30/7/2010

# GOVERNMENT OF WEST BENGAL

Office of the Superintendent

Asansol Sub-divisional Hospital  
Dist. - Burdwan



30/7/2010

## PHYSICALLY HANDICAPPED CERTIFICATE

We the following Medical Officers of Medical Board have examined the patient on 30-7-2010

- Name Panchanan Deyasi
- Age 20 yrs 3. Sex Male
- Father's / Husband Name Dilip Deyasi
- Address Vill - Lalbera, P.O - Birkhuti, PS - Jamunia  
Dist - Burdwan. N.B.
- Disease Post Polio Paraparesis
- Whether correctable by treatment No
- Evaluation of Permanent / Temporary disability is above Seventy Percent (70%)
- Signature of the Candidate Panchanan Deyasi

Panchanan Deyasi

*[Signature]*  
30/7/10

*[Signature]*  
30/7/10

*[Signature]*  
30/7/10

*[Signature]*  
30/7/10

Medical Officer (Physician)  
Sub-Divisional Hospital  
ASANSOL

Medical Officer (Surgeon)  
Sub-Divisional Hospital  
ASANSOL

Medical Officer (ENT)  
Sub-Divisional Hospital  
ASANSOL

Superintendent  
Sub-Divisional Hospital  
Asansol Dist-Burdwan