



(ESTD. 1989)

SILIGURI B. ED. COLLEGE

(Affiliated to the WBUTTEPA/AFFL/B.ED/2017/06110)

Recognised by the NCTE, Accredited by NAAC at B; Registered under society registration act. XXVI of 1961, No. S/87547 of 1997-98)

Baramohan Singh Jote
P.O. Kadamtala, (Sibmandir)
Dist. Darjeeling, PIN-734011
Phone : 0353-2581566 (O),
Mobile : 89002 84340
Mobile : 94340 42247 (O)
e-mail : slg_bedclg@yahoo.co.in

Ref. No.....

Date

To Whom It May Concern

Certified that the following Names in P.H. categories are as follows from 2018 to 2022

YEAR	NAME	PROGRAMM E NAME	EWS	DIVYANGIY N	TOTAL
2018	1. PUNITA SINGH 2. VIJAYA TAMANG	B.ED.	0	2	2
2019	1. ASISH SAHA 2. PAYEL DAS	B.ED.	0	2	2
2020	1. BIMALA ROY	B.ED.	0	1	1
2021	1. DEBASRITA CHAUDHURY 2. VIVEK TIWARI	B.ED.	0	2	2
2022	1. KAMILA KUJUR 2. AKSHAY KUMAR	B.ED.	0	2	2

Dr. Serangi

25-11-2023

PRINCIPAL
SILIGURI B.ED. COLLEGE

Principal
Siliguri B.ED. College





Government of West Bengal
Office of the Chairman, Handicapped Medical Bord &

Medical Superintendent S.D. Hospital, Kalimpong
Special Camp On

DISABILITY CERTIFICATE

(Certificate issued as per Order No. HF/O/PHP/322/SW/O/01/03

Dt. 22.03.2003)

No. & Date KPH/2886 Dt. 10.02.2014

On our examination of Sir/Smt. BITAYA TAMANG

Aged about 25 years, son/dughter/husband/wife of Buddha Tamang

Address Parental East (P), Taldhaka

it is certify that:

1. He/She is Physically (Orthopaedically, Visionary, Speech & Hearing disabled) / Mentally Challenged person with Speech & Hearing disability (Nature of Disability).
2. The disability reportedly is Congenital / Caused by injury / Disease 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 90% (Ninety) & this case requires /dose not require review after 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 te Govt. of India vide No. 4--2/83 III dt. 06.08.1986
6. He / She can / can not 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.

R.T.I. Tamang
(Signature / LTI of the Candidate)

Signature of the Chairman & Members of the Board:

[Signature]
Medical Officer (Physician)
S. D. Hospital, Kalimpong

[Signature]
Medical Officer (E.N.T.)
S. D. Hospital, Kalimpong

[Signature]
Chairman
Medical Board
S. D. Hospital, Kalimpong

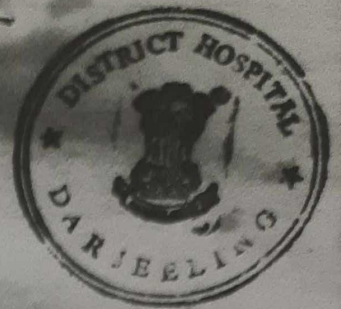
[Signature]
Medical Officer (Eye)
S. D. Hospital, Kalimpong

[Signature]
Medical Officer (Ortho Surgeon)
S. D. Hospital, Kalimpong

[Signature]
Chairman
Medical Board, S.D. Hospital, Kalimpong.
S. D. Hospital, Kalimpong

Self Attested
Bijaya Tamang
05/02/14

Govt. of West Bengal
Darjeeling Gorkha Hill Council
Office of the Superintendent, District Hospital
Darjeeling



DISABILITY CERTIFICATE

No. 26/08

Dated 10th Apr 08

On our examination of ~~Shri/Smt./Kum.~~ Puneeta Singh.

Aged about 18 yrs. ~~Sex: M/F~~ D/o. Pam. Bichar Singh.

Address of No. 9 Meadow Bank, Darjeeling.

It is Certified that :

1. He/She is a Physically (Orthopaedically) Visionary/Speech and Hearing Disabled/Mentally Challenged person with Ankylosed (L) hip & 2.5 cm shortening of (L) lower limb.
(Nature of Disability)
2. The disability reportedly is congenital/cause by injury/diseases not likely to respond to any sorts of treatment.
3. His/Her percentage of permanent/partial disability having change of variation is calculate as 65% (Sixty five) %
4. He/She being a Mantally Retarded person with an I. Q. of Normal, falls under the category of Mild/Moderated/Severe/Profound.
5. The assessment has been made as per instruction issued by the Govt. of India vide No. 4-2/83 III Dated 06.08.86.
6. He / She ~~can~~ / cannot travel without assistance of escort.
7. He/She may be provided with Crutches
(Name of the prosthetic aid) which will increase his/her mobility and functional independence.

Signature of the Chairman & the Member of the Board.



[Signature]
Superintendent
District Hospital
Darjeeling.

[Signature] 29/4/08 Puneeta Singh
Orthopaedic Surgeon
SADAR HOSPITAL
DARJEELING.
Signature / LTI of the Candidate

Puneeta Singh.

Form-VIII

DISABILITY CERTIFICATE

(In cases of other than those mentioned in Forms VI & VII)

GOVERNMENT OF WEST BENGAL

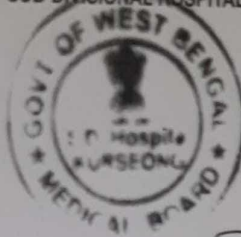
GORKHALAND TERRITORIAL ADMINISTRATION

OFFICE OF THE CHAIRMAN, MEDICAL BOARD & MEDICAL SUPERINTENDENT

SUB-DIVISIONAL HOSPITAL, KURSEONG

Certificate No.: 257/Ortho/KSDH

Date: 15/12/2016


 Orthopaedic
S. D. Hos
KURSE


This is to certify that I have carefully examined Shri/Smt./Km. Payel Das.
son/ wife/ daughter of Shri Pradip Das.
Date of Birth 21/11/1995 Age 22 years, Male/Female Female
(DD) (MM) (YYYY)

Registration No. _____ Permanent resident of House No. _____
Ward/Village Ghoomtee Teed Estate Street H. C. Road Kurseong
Post Office Maharadi District Darjeeling
State West Bengal PIN 734203

Whose photograph is affixed above, and am satisfied that he/she is a case of
Disability. His/her extent of percentage for physical impairment/disability has been evaluated as per guidelines (to be specified) is shown against the relevant disability in the table below:-

Sl. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/ mental disability (in %)
1.	Locomotor disability	@	amputated	60% (forty percent)
2.	Low Vision	#	short eye	
3.	Blindness	Both Eyes	high	
4.	Hearing impairment	I		
5.	Mental retardation	X		
6.	Mental-illness	X		

(Please strike out the disabilities which are not applicable)

2. The above condition is progressive/non-progressive/likely to improve/not likely to improve. Amputated
3. Reassessment of disability is:- Amputated
(i) not necessary, or
(ii) is recommended /after years..... months, and therefore this certificate shall be valid till
.....
(DD) (MM) (YYYY)

@ e.g. Left/Right/Both Arms/Legs

e.g. Single Eye/Both Eyes

I e.g. Left/Right/Both Ears

4. The applicant has submitted the following documents as proof of residence:-

Nature of Document	Date of Issue	Details of Authority issuing certificate
VOTER CARD	27.11.2013	Election Commission Of India
RATION CARD	23.07.2014	FOOD & SUPPLY KURSEONG.

Payel Das

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

 Orthopaedic Surgeon
S. D. Hospital
(Authorized Signature and Seal of the Medical Authority)
(Name & Seal)

 Superintending & Chairman
MEDICAL BOARD
KURSEONG

Note 1: In case, this certificate is issued by a Medical Authority, who is not a Govt. Servant, it shall be valid only if, it shall be countersigned by the Chief Medical Officer of the District.

Note 2: The Principal Rules were published in the Calcutta Gazette vide Notification Number 2101-SW/1A-14/97, dated the 8th July, 1999.

[Countersigned and Seal of the CMO/Medical Superintendent/ Head of Govt. Hospital, in case of the certificate is issued by a Medical Authority who is not a Govt. Servant (with Seal)]

ORIGINAL

DISABILITY CERTIFICATE

ORIGINAL

356/2005

(Name and Address of the Hospital / Special Camp)

No. & Date : 09/20.7.05

On our examination of Shri/Smt. Ashish Saha aged
about 12 yrs son/daughter/husband/wife of Ananda Saha

Address Vill - Uttar Falimari P.O. - Uttar Falimari
P.S. - Buxidhat Dist - Cooch Behar
it is certified that :

1. He/She is a Physically (Orthopaedically, Visually, Speech and Hearing Disabled) / Mentally Challenged person with Congenital Microphthalmos & absent B.M. eyes (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 100 % & the case requires/dose not require review after 10 yrs. (one hundred per cent only) He cannot earn his living
4. He/She being a mentally Retarded person with an I.Q. of falls under the category of Mild/Moderate/Severe/Profound.
AND IS PERMANENTLY INCAPACITATED TO EARN A LIVING
5. The assesment has been made as per instruction issued by the Govt. of India vide No. 4-2/83 III dt. 06-08-86.
6. He/She can/can not travel without assistance of escort.
7. He/She may be provided with of the prosthetic aid) which will increase his/her mobility and functional independence.

Sup. Assistant
Tufanganj S. D. Hospital
Cooch Behar.

Dr. Arun K. Ghosal
Eye Surgeon

Tufanganj S. D. Hospital
Cooch Behar.

Signature / LTI of the Candidate

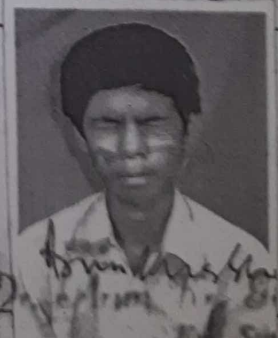
Regn. No. 38692 of W.B.M.C.

Dr. Arun K. Ghosal

Signature of the Chairman & members of the Board :

1. Dr. Arun K. Ghosal Chairman
2. Dr. Swapna Sarkar Member
3. Dr. Ananta Kumar Member

Medical Officer
Tufanganj S. D. Hospital
Cooch Behar



Tufanganj S. D. Hospital
Cooch Behar.

Regn. No. 38691 of W.B.M.C.

CZPP69-10060



GOVERNMENT OF WEST BENGAL
DISTRICT HOSPITAL, JALPAIGURI
P.O. & DIST - JALPAIGURI

DISABILITY CERTIFICATE

Certificate issued as per order No. HF/O-178/282 HAD/SM-57-2002 (Pt. I) dt 08.05.03

No. 1052

Dated, Jalpaiguri the 12-12-15

On our Examination of ✓

Bimala Roy

aged about 18

✓ Son Daughter Wife Husband

Banga Roy

Fakis Para

Karmatpara

Dist. - JALPAIGURI

It Is Certified That :-

1. He/She is a Physically (Orthopaedically, Visionary, Speech and hearing) Disabled / Mentally Challenged person with ✓

Rt. Side weakness

(Nature of disability)

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

3. His / Her percentage of permanent / Partial disability is calculated as 60 %

(high percent) & having chances of variation the case requires review after 5 (five) years.

4. He / She being a 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 Government of India vide no - 16-18/97- NI.Dt.18-02-2002.

6. ✓ He/She can / Can not travel without assistance and escort.

for
Superintendent
District Hospital, Jalpaiguri

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)

DR. SANJAY DHALI

DR. SANJAY DHALI

Physician

1. District Hospital, Jalpaiguri

DR. KAMALESH BISWAS

Ortho Surgeon

2. District Hospital, Jalpaiguri

Bimala Roy
Signature / LTI of candidate



Dr. M. N. Nussur

CHIRMAN

Medical Board

12.12.2015



for 03 (Three) years
Dated... 3/12/2021.
Chairman Handicap Board
District Hospital, Jalpaiguri

GOVERNMENT OF WEST BENGAL
DISTRICT HOSPITAL, JALPAIGURI
P.O. & DIST - JALPAIGURI

DISABILITY CERTIFICATE

Certificate issued as per order No. 161/AY/1969/292/HA/D/PM-57-2002 (PL-1), dt 08.05.03

No. 411

Dated, Jalpaiguri the 23/4/16

On our Examination of Sri/Smt. Debasita Chaudhuri
aged about 21 yrs, Son/Daughter/Wife/Husband of Debasis Chaudhuri
Address - Vill - Panch Kolguni

P.O. Sakundaganj Dist - JALPAIGURI
It is Certified That :-

1. He/She is a Physically (Orthopaedically/Visionary, Speech and hearing) Disabled / Mentally Challenged person with 6/24 (D) - 70%
2. Nature of disability
3. The Disability reportedly is congenital / caused by injury / diseases not likely to respond any sort of treatment.
4. His / Her percentage of permanent / Partial disability is calculated as 75% %
(Seventy five percent) & having chances of variation the case requires review after 5 (five) years.
5. He / She being a Mentally challenged person with a IQ of, hence falls under the category of Mild / Moderate / Severe / Profound.
6. The assessment has been made as per instruction issued by the Government of India vide no - 16-18/97-NI.Dt.18-02-2002.
7. He/She can / Can not travel without assistance and escort.
8. He/She may be provide with (Name of the prosthetic Aids and appliances) which will increase his / her mobility and functional independence.
9. Special remarks, if any

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

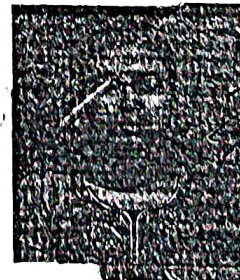
Dr. Sushanta Roy
Eye Surgeon

Dr. Tapan Kumar Maity
E. N. T. Surgeon

District Hospital, Jalpaiguri

District Hospital, Jalpaiguri

Debasita Chaudhuri
Signature / LIT of candidate



m Naska
MAN
ed Board
al, Jalpaiguri



Nila Mitra
9/12/2021
Teacher-in-Charge
Siliguri B.Ed. College

Government of West Bengal
Office of the Chairman, Handicapped Medical Board &
Medical Superintendent, Siliguri District Hospital, Siliguri

DISABILITY CERTIFICATE

(Certificate issued as per Order No. HF/O/PHP/322/SW/O/01/03 dated 22.03.2003)

193/SDH

Date: 22.04.2016

Our Examination of Sri/Smt. Vivek Tiwari, Age about 24 years, Son/Daughter/Husband/Wife of S/o. Harin Narayan Tamsari,
Address 66/166 Rani Shati Chandra's Road, Near Harin Bhandal and
Ganganagar, Siliguri.

certify that :

✓
e/She is a Physically, Orthopaedically, Visionary, Speech and Hearing Disabled/Mentally challenged person with
Celeboma iris and choroid & microcornea
Nystagmus & Myopia (Nature of Disability)

e disability reportedly is congenital / caused by injury disease not likely to respond to any sorts of treatment.

s / Her percentage of permanent / partial disability / disability having changes of variation is calculated as

72% and the case requires / does not require review after years.
(Sunder's I.)

/ She being a Mentally Retarded person with an I. Q. of, Falls-under the category of Mild /
Moderate / Severe / Profound.

e assessment has been made as per instruction issued by the Govt. of India vide No. 4-2/83 III dt. 06.08.1986

/ She can / can not travel without assistance of escort.

/ She may be provided with

me of the prosthetic aid) which will increase his / her mobility and functional independence.

Vivek Tiwari

Signature / L.T.I. of the Candidate

Signature of the Chairman & Members of the Board with seal :

Members
27/4/16
Medical Officer Ophthalmology / Eye Surgeon
Siliguri District Hospital

Members
27/4/16
Medical Officer (Physician)
Siliguri District Hospital

Members
27/4/16
Medical Officer (Physician)
Siliguri District Hospital

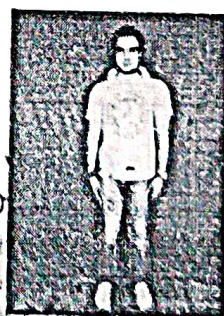
Self Attested

21/9/21

Chairman
Superintendent cum Chairman
MEDICAL BOARD
Siliguri District Hospital



Nila Mishra
9/12/2021
Teacher-in-Charge
Siliguri B. Ed. College





GOVERNMENT OF WEST BENGAL
DISTRICT HOSPITAL, JALPAIGURI
P.O. & DIST - JALPAIGURI
DISABILITY CERTIFICATE

Certificate issued as per order No. JTF/O/PJP/292/JC/D/9M-57-2002 (Pl.1), dt 08.05.03

No. 104

Dated, Jalpaiguri the 14.02.15

On our Examination of Srt/Smt. Kamila Kujur
aged about 17 yrs, Son/Daughter/Wife/Husband of Prakash Kujur
Address-VII- Jogesh Chandra J.E.
P.O. Matnah Dist- JALPAIGURI

It Is Certified That:-

- He / She is a Physically (Orthopaedically/ Visionary, Speech and hearing) Disabled / Mentally Challenged person with.....
(Nature of disability BPL Genu Varus)
- The Disability reportedly is congenital / caused by injury / diseases not likely to respond any sort of treatment.
- His / Her percentage of permanent / Partial disability is calculated as 60% percent) & having chances of variation the case requires review after 5 (five) years.
- He / She being a 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 Government of India vide no -16-18/ 97-NI.Dt. 18-02-2002.
- He / She can / Can not travel without assistance and 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)



Dr. Gouri Shankar Banerjee

Ortho Surgeon

District Hospital, Jalpaiguri

1.

2.

Principal
Siliguri B.ED. College

Dr. UTPAL ROY

Physician

District Hospital, Jalpaiguri

Kamila Kujur.
Signature / LTI of candidate



Chairman
Handicapped Board
District Hospital, Jalpaiguri

GOVERNMENT OF JHARKHAND OFFICE OF THE
CIVIL SURGEON SADAR HOSPITAL, GODDA

Memo No 1622

Date 31/1/11

HANDICAPPED CERTIFICATE

1 Name Akshay Kumar
2 Age 11
3 Sex Male
4 Father's Name Amarendra Kumar
5 Address Akshay Kumar, Vill. La Ladih,
P.O. Barsoorchook, Via Mirra Chukki
P.S. - Thakur Changan, Dist. Godda
6 M



7 Cause of Disability cerebral palsy
8 Present of Disability on the date of examination by Medical board on 70% (severe)
9 Nature of Disability permanent
10 Weather operation advised - Yes / No
11 Weather operation done - Yes / No
12 Any scope further surgery or appliance

Speciman Signature RTI/CT
Akshay Kumar

He/ She is permanently Physically / Deaf Mute / Mentally handicapped person

Member



Eye Surgeon

Orthopedic Surgeon

Principal
13-07-2023
Siliguri B.E.D. College

CHAIRMAN
CIVIL SURGEON CUM CMO
GODDA