



Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India
Acknowledgement / Resident Copy

Person with Disability Registration

Enrolment No: 193130000024090003506

Enrolment Date: 15/09/2024

PERSONAL DETAILS

| | | | |
|--|--------------------|---|---------------------------|
| Name of Applicant | Nityasundar Mondal | Full Name in Regional Language | নিত্যসুন্দর মন্ডল |
| Applicant Father's Name | Ranjit Mondal | Applicant Mother's Name | Sima Mondal |
| Date of Birth | 27/04/2003 | | |
| Mobile Number | 9330054489 | E-Mail Id | nityasundar2743@gmail.com |
| Gender | Male | Category | General |
| Blood Group | O+ | Relation with PwD (Person with Disability) | Father |
| Name of Guardian / Caretaker / Attendant / Related | Ranjit Mondal | Contact No. of Guardian / Caretaker / Attendant / Related | 9007663430 |



Optional Details

| | | | |
|--------------------------|------------------------------|-----------------------|------------------|
| Personal Income (Annual) | Below Rupees 10000 Per Annum | Highest Qualification | Higher Secondary |
| Employed or Unemployed | Unemployed | | |

Proof of Identity Card (See Instructions)

| | | | |
|----------------|---------------------|-------------|-----------|
| Identity Proof | Income Tax PAN Card | Aadhaar No. | *****0346 |
|----------------|---------------------|-------------|-----------|

Address of Correspondence

| | |
|---------|---|
| Address | Parbatipur, Domjur, Howrah, Parbbatipur Domjur Howrah West Bengal 711405 |
|---------|---|

| | |
|--------------------------------------|--------------|
| Nature of Document for Address Proof | Aadhaar card |
|--------------------------------------|--------------|

DISABILITY DETAILS

| | | | |
|-------------------------------------|--------------------------|---|----------------------|
| Do you have disability certificate? | Yes | Disability Type | Locomotor Disability |
| Disability certificate uploaded? | Yes | Sr. No. / Registration No. of Certificate | 333/07/43/08 |
| Date of Issuance of Certificate | 08/06/2010 | Details of Issuing Authority | Medical Authority |
| Disability Percentage | 40 | | |
| Disability Due To | Congenital | | |
| Hospital Treating State / UTs | West Bengal | Hospital Treating District | Howrah |
| Hospital Name | District Hospital-Howrah | | |

For more information please scan the QR code to visit 'PwD Login'



This is computer generated receipt and does not require any signature.