



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

## Disability Certificate

Issuing Medical Authority, Papum Pare, Arunachal Pradesh



Certificate No.: AR0430619660005436

Date: 13/04/2002

This is to certify that I/We have carefully examined Shri **Shiv Shankar Giri** Son of Shri **Binda Giri** Date of Birth **25/02/1966** Age **54 Year(s)** Male, Registration No. **1204/00000/2007/0132758** resident of House No. **Qt-6 Type -1, Govt Hr Sec School Arunodaya,, H-sector - 791113** Sub District **Itanagar** District **Papum Pare** State / UTs **Arunachal Pradesh**

Whose photograph is affixed above, and I/We satisfied that:

- (A) He is a case of Locomotor Disability  
(B) The diagnosis in his case is **orthographically disabled**

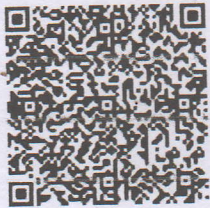
(C) He has **50%**(in figure) **Fifty** percent(in words) Permanent in relation to his (Left Leg,Left Arm) as per guidelines (to be specified).

The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): Aadhaar card

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



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