



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

Disability Certificate

Issuing Medical Authority, East Siang, Arunachal Pradesh



Certificate No.: AR0710019800004733

Date: 10/02/2005

This is to certify that I/we have carefully examined Shri **Boki Borang**, Son of Shri **Ennam Borang**, Date of Birth **20/07/1980**, Age **41**, Male, Registration No. **1207/00000/2205/0175345**, resident of House No. **C/o Amen Pangu**, **O/o Dmo Office Pasighat - 791102**, Sub District **Pasighat**, District **East Siang**, State / UT **Arunachal Pradesh**, whose photograph is affixed above, and I am/we are satisfied that:

- (A) He is a case of **Visual Impairment**
- (B) The diagnosis in his case is **visual disabled**
- (C) He has **80%**(in figure) **Eighty** percent(in words) Permanent Disability in relation to his **BOTH EYE** 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. 76(E) dated 04/01/2018).

The applicant has submitted the following document(s) as proof of residence:

Nature of Document(s): Certificate of address having
Photo issued by MP/MLA/Group-A Gazetted

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



*Dr. BB
SR. eye Specialist (S.G.)*

Issuing Medical Authority, East Siang, Arunachal Pradesh