



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

Disability Certificate

Issuing Medical Authority, Upper Siang, Arunachal Pradesh



Certificate No.: AR0810619770002570

Date: 20/01/2021

This is to certify that I/we have carefully examined Shri **Onong Yomso**, Son of Shri **Tongin Yomso**, Date of Birth **01/08/1977**, Age **43**, Male, Registration No. **1208/00000/2102/0790550**, resident of House No. **Adi Pasi, Mariyang - 791002**, Sub District **Yingkiong**, District **Upper Siang**, State / UT **Arunachal Pradesh**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Locomotor Disability**

(B) The diagnosis in his case is **orthopedically disability**

(C) He has **65%**(in figure) **Sixty Five** percent(in words) Temporary Disability in relation to his 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).

This certificate recommended for **2 year(s) 3 month(s)**, and therefore this certificate shall be valid till **20/04/2023**

The applicant has 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(s)



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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.