



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.: AR0710419940002575

Date: 21/06/2020

This is to certify that I/We have carefully examined Shri **Opang Boko** Son of Shri **Sung Boko** Date of Birth **07/01/1994** Age **26 Year(s)** Male, Registration No. **1207/00000/2006/0679617** resident of House No. **C/o Sri Orem Moyong, Napit Village, Pasighat - 791102** Sub District **Pasighat** District **East Siang** State / UTs **Arunachal Pradesh**

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

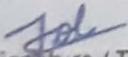
(A) He is a case of Hearing Impairment

(B) The diagnosis in his case is **Hearing impairment**

(C) He has **55%**(in figure) **Fifty Five** percent(In words) Permanent in relation to his (Ears) as per guidelines (to be specified).

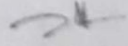
The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): Aadhaar card


Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member




Issuing Medical Authority, East Siang, Arunachal Pradesh

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