



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.: AR0810619950002664

Date: 26/04/2022

This is to certify that we have carefully examined **Kom. Osinery Tasin**, Daughter of **Stoi Jonai Tasin**, Date of Birth **08/04/1995**, Age **27**, Female, Registration No. **1208/00000/2205/0467025**, resident of House No. **Gette Village - 791002**, Sub District **Yingkiong**, District **Upper Siang**, State / UT **Arunachal Pradesh**, whose photograph is affixed above, and I am/we are satisfied that:

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

(B) The diagnosis in her case is **not likely to improve**

(C) She has **45%**(in figure) **Forty Five** percent(in words) Permanent Disability in relation to her **Knee Right Leg** 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): Cast and Domicile Certificate with address and photo issued by State G

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



Issuing Medical Authority, Upper Siang, Arunachal Pradesh