



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



Date: 10/05/2022

Certificate No.: AR0710719830004806

This is to certify that I/we have carefully examined Shri **Martin Taki**, Son of Shri **Takyam Taki**, Date of Birth **04/10/1983**, Age **38**, Male, Registration No. **1207/00000/2205/0564285**, resident of House No. **C/o Takyam Taki, Yagrung Village, Po/ps 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 **Low Vision**

(B) The diagnosis in his case is **low vision**

(C) He has **40%**(in figure) **Forty** 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): Aadhaar card

M. Taki
Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



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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.