



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

## Disability Certificate

Issuing Medical Authority, Siang, Arunachal Pradesh



**Certificate No.:** AR1810619930002557

**Date:** 09/05/2022

This is to certify that I/we have carefully examined Shri **Tatu Tamut**, Son of Shri **Lt. Tapun Tamut**, Date of Birth **16/02/1993**, Age **29**, Male, Registration No. **1218/00000/2205/0441060**, resident of House No. **Vill Jomlo Mongku Po/ps Pessing/rumgong Siang - 791102**, Sub District **Boleng**, District **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 **OA-One leg affected**  
(C) He has **5%**(in figure) **Five** percent(in words) Permanent 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).

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.