



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

Disability Certificate

Issuing Medical Authority, West Siang, Arunachal Pradesh



Certificate No.: AR0610419840004334

Date: 05/12/2017

This is to certify that I/we have carefully examined Kum. **Aroti Pari**, Daughter of Shri **Tasam Pari**, Date of Birth **17/02/1984**, Age **37**, Female, Registration No. **1206/00000/2112/1091577**, resident of House No. **Pari Building, Forest Colony, Aalo - 791001**, Sub District **Aalo**, District **West Siang**, State / UT **Arunachal Pradesh**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Hearing Impairment**

(B) The diagnosis in her case is **hearing impairment**

(C) She has **50%**(in figure) **Fifty** percent(in words) Permanent Disability in relation to her **BOTH EARS** 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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