



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

## Disability Certificate

Issuing Medical Authority, East Kameng, Arunachal Pradesh



Certificate No.: AR0310019690004953

Date: 27/10/2022

This is to certify that I/we have carefully examined Shri **Tajo Tajo**, Son of Shri **Lt. Tallang Tajo**, Date of Birth **22/07/1969**, Age **53**, Male, Registration No. **1203/00000/2210/1587993**, resident of House No. **Domdila Tajo - 790102**, Sub District **Chayangtajo**, District **East Kameng**, State / UT **Arunachal Pradesh**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Ortho**

(B) The diagnosis in his case is **Ortho**

(C) He has **50%**(in figure) **Fifty** percent(in words) Permanent Disability in relation to his **LEFT HAND** 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)



Issuing Medical Authority, East Kameng, Arunachal Pradesh