



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.: AR0310219880004576

Date: 14/06/2022

This is to certify that I/we have carefully examined Shri **All Jera**, Son of Shri **Lt. Mama Jera**, Date of Birth **04/03/1988**, Age **34**, Male, Registration No. **1203/00000/2206/1539860**, resident of House No. **Narangawa Village - 790102**, Sub District **Seppa**, 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 **Blindness**
- (B) The diagnosis in his case is **Blind**
- (C) He has **40%**(in figure) **Forty** percent(in words) Permanent Disability in relation to his **Left 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**

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



Issuing Medical Authority, East Kameng, 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.