



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

Disability Certificate

District Surveillance Officer
East Kameng, Arunachal Pradesh



Certificate No.: AR0310619920005563

Date: 11/07/2023

This is to certify that I/we have carefully examined Shri **Natung Tajo**, Son of Shri **Tangu Tajo**, Date of Birth **25/11/1992**, Age **30**, M, Registration No. **1203/00000/2307/0746508**, resident of House No. **Bosso Colony Seppa - 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 **Locomotor Disability**
(B) The diagnosis in his case is **Orthopedic**
(C) He has **30%**(in figure) **Thirty** 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)




District Surveillance Officer
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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.