NAME OF THE SCHEME/PROJECT : Deendayal Disabled Rehabilitation Scheme for Special Schools

LIST OF BENEFICIARIES

NAME OF THE ORGANISATION : The Centre for Mental Hygiene, Changangei Uchekon, Airport Road, Imphal.

NAME AND ADDRESS OF THE PROJECT : Ch. Ibohal Institute for M.R Vocational Training & Music Section (Non-residential cobombined boys & girls) Changangei Uchekon, Airport Road, Impahl.

YEAR : 2022-2023

s. No	Name of the beneficiary	Father's/Mother's/Guardian's Name	Correspondence Address of beneficiary	Date of Birth	Gender	Type of Disability	%age of severity of Disability	Residential/Non Residential	Date of entry in institution	UDID Number	Aadhar Number	Parental/Family Annual Income	Aadhar seeded bank account number	IFSC Code	Upload Disability Certificate	Upload Aadhar	Remarks
1	Alina	Islamuddin Sheik	Mantripukhri Muslim colony	12-06-2011	F	Mild	50%		20-04-2022	MN07200201100073 60							Trying respond
2	Devita Khunumayumm	Kh.Tomba	Andro Machengpat	03-01-12	F	Mild	50%		20-04-2022	MN07300201210009 763							Trying respond
3	Konsam Bombom Singh	K. Romesh	Thangmeiband	18-11-2013	M	MILD	50%		20-04-2022	MN06200201300070 13							Trying respond
4	Nongmaithem Linthoi Devi	N. Ratankumar singh	Kakching Pagi Leikai	15-07-2012	F	Mild	50%		20-04-2022	MN11100201200066 34							Trying Respond

5	Khurailatpam Dutika Devi	Kh.Devadutta sharma	Sagolband Thingom leikai	07-09-2013	F	Mild	50%		28-04-2022	MN06200201300107333							Trying respond
6	Sanabam Bidyaluxmi Devi	S. Brojen singh	Ngairangbam	20-03-2014	F	Mild	50%		28-04-2022	MN06209201400147 62							Trying respond
7	Angom Roshan	A.Premjit Singh	Moidangpok	25-01-2014	M	Moderate	70%		10-05-2022	MN06200201400091 69							Trying Respond
8	Irungbam Justrililili a	I.Rohan Singh	Awang Sekmai Koujengleima	12-09-2010	F	Moderate	60%		13-05-2022	MN06100201000061 13							Trying Respond
9	Khunmanthem Manirat an singh	Kh.Ranjitkumar singh	Kwakeithel	28-01-2014	M	Moderate	75%		13-05-2022	MN06200201400114 03							Trying Respond
10	Louremb am Malemn ganbi	L.Pritam singh	Chingmeirong	28-12-2013	F	Moderate	75%		18-05-2022	MN06109201300040 32							Trying Respond
11.	Maibam Chingkhei Meitei	M.Deepak	Chingamathak	04-07-2016	M	Moderate	75%		18-05-2022	MN06108201600052 42							Trying Respond
12	Mayenbam Manimatum	M.Premjit	Langmeidong	16-11-2010	M	Moderate	75%		18-05-2022	MN11109201000034 65							Trying Respond
13	Laishram Linova Devi	L.Ranit singh	Haobam marak	22-08-2012	F	Sever	90%		18-05-2022	MN06200202012001 4642							Trying Respond

14	Soyam Shingmandra	S.Roimio	Sega Road Khwairakpam Leikai	02-02-2014	M	Sever	90%		18-05-2022	MN06200201400075 33							Trying Respond
15	Leiphrakpam Lingjen devi	L.Sanjit Singh	Wangoi Leiphrakpam Leikai	14-06-2016	F	Mild Multiple	50%		06-04-2022	MN06201201600159 53							Trying Respond
16	Sanamani Thounaojam	Th.Tiken	Wangoi Leiphrakpam Leikai	12-11-2014	M	Sever	80%		6-04-2022	MN06209201400159 27							Trying respond
17	Shougaijam Mona Devi	S.Premjit Singh	Kakching wairi senapati leikai	22-02-2012	F	Moderate	75%		6-04-2022	MN11100201200065 50							Trying respond
18	R.K Lanthoibi	R.K Ranjitkumar	Utlou	06-03-2014	F	Sever	80%		25-05-2022	MN04115201400139 19							Trying respond
19	Heikrujam Malemnganba singh	H.Kritchandra singh	Andro khunou	24-04-2011	M	Mild	50%		25-05-2022	MN07300201100092 00							Trying respond
20	Salam Abema Devi	S.Inao Singh	Andro	11-05-2007	F	Mild	50%		25-05-2022	MN 0720020070007355							Trying respond
21	Tensubam Dustarana Singh	T.Ibomcha	Naharup	18-12-07	M	Mild	50%		25-05-2022	MN 0730020070009243							Trying respond
22	Elangbam Nicky Devi	E.Robichandra singh	Hiyanglam makha leikai	06-06-2009	F	Moderate	70%		25-05-2022	MN11100200900063 95							Trying respond
23	Farid Hussain	Md.Ayub khan	Urup kangthak	10-07-2003	M	Multiple sever	80%		25-05-2022	MN07201200300026 30							Trying respond
24	Kangujam Lanchenba singh	K.Shyam singh	Kakwa	02-01-2006	M	Moderate	70%		25-05-2022	MN07209200600073 86							Trying respond
25	Laishram Anupama Devi	L.Hemashing singh	Hiyanglam	09-03-09	F	Moderate	75%		25-05-2022	MN11100200900063 82							Trying respond
26	Elangbam Radhakanta	E.Jayenta	Hiyanglam	09-03-2009	M	Moderate	75%		25-05-2022	MN11100200900063 82							Trying respond

27	Shougaija Geetarani Devi	Sh.Suresh singh	Kakching wairi sabal leikai	03-04-08	f	moderate	75%		25-05-2022	Mn11100200800060 16							Trying respond
28	Sengangmeilu kamei	Kangungai kamei	ragailong	12-03-2014	f	moderate	75%		10-06-2022	Mn07200201400072 80							Trying respond
29	Chingsubam Yoihenba singh	Ch.dannyboy singh	Thangmeiband yumnam leikai	23-02-2009	M	Moderate	75%		10-06-2022	MN0620090010070							Trying respond
30	Geegeemoirangthem	M. Seebadatta	Khurai kongpal	01-04-2013	F	Moderate	75%		10-06-2022	Mn07200201300073 79							Trying respond
31	Yumnam Novena devi	Y.Brojen singh	Mayang langjing	31-03-2010	F	Moderate	75%		20-04-2022	MN0610920100053317							TRYING respond
32	Puthemm Jackson	P.Rabei	Andro khuman laipat leikai	03-05-2010	M	Moderate	75%		20-04-2022	MN0730020100009230							Trying respond
33	Sarangthem Sanathoi Meetei	S.Ibotombi meitei	Langthabal	25-02-05	M	Mild	50%		25-05-2022	MN0610920050002995							Trying respond
34	Nitish Ngangbam	Ng.Chittaranjan singh	Uripok bachaspati leikai	31-08-2007	M	Moderate	70%		25-05-2022	MN0620020007001 4427							Trying respond
35	Angom Rikita Devi	A.Amitabh singh	Bishnupur	23-02-04	F	Sever	80%		25-05-2022	MN0410920040004465							Trying respond
36	Heikham Opendro singh	H.Deban singh	Khurkhul	03-06-07	M	Sever	80%		25-05-2022	MN0620020070011130							Trying respond
37	Kshetrimayum Vaneesa devi	Ksh. Pyarchandra singh	Kongpal kshetri leikai	20-10-2008	F	Sever	80%		6-06-2022	MN0720120080007846							Trying respond
38	Moirangthem Silheiba singh	M.Ningthemjao singh	Mantripukhri	18-07-2005	M	sever	80%		6-06-2022	MN0720120050007994							Trying respond
39	Y Khursidashahni	Fakerddin	Khetrigao awang sabal	27-11-2013	F	Moderate	75%		6-06-2022	MN0720020130007834							Trying respond

40	Muhammad Sohen khan	Md Thoiba	Mantripukhri	03-05-2009	M	M ild	50%		6-06-2022	MN07200200900074 55							Trying respond
41	Ningombam Manithoi	N.Bimol singh	Okram chuthek bashikhong	14-10-2012	M	Mild	50%		6-06-2022	MN07300201200127 26							Trying respond
42	Heikrujam Jenita devi	H.Pobitro singh	Andro mamang leikai	03-12-2007	F	Mild	50%		4-07-2022	MN07309200700127 18							Trying respond
43	Waikhom Sushil singh	W.Somorendro	Thangmeiband Yumnam leikai	22-10-2007	M	Moderate	75%		12-07-2022	MN06209200700148 75							Trying respond
44	Fradin khan	Islam khan	Mantripukhri	23-03-2003	M	Mild	50%		12-07-2022	MN07300200300123 82							Trying respond
45	Laishram Debeshori devi	L.Deben singh	Yurembam	03-01-2002	F	Mild	50%		5-07-2022	MN06108200200027 63							Trying respond
46	Laishram Vanaanheiba Meitei	L.Puremba Meitei	Sawongbung	06-09-2005	M	Mild	65%		5-07-2022	MN07200200500081 36							Trying respond
47	Huirem Boinao meitei	H.Abera Meitei	Naharup Pangong	22-12-1999	M	Moderate	75%		20-07-2022	MN07200199900071 36							Trying respond
48	N.Nongpokngangba singh	N.Thoiba singh	Kokchai	25-04-2002	M	Moderate	75%		20-07-2022	MN06108200200029 70							Trying respond
49	Angom Nikita Devi	A.Amitabh	Bishnupur	23-02-2004	F	Moderate	80%		20-07-2022	MN04109200400045 33							Trying respond
50	Khariba m Mangilal singh	Kh.Ajit singh	Hiyangthang	21-01-2004	M	Sever	90%		4-07-2022	MN06200200400088 81							Trying respond
51	Khangembam tomba singh	Kh.Ahanjao singh	Khurkhul Awang leikai	14-02-2001	M	Mild	50%		4-07-2022	MN06200200100117 04							Trying respond
52	Tongbram Roshan singh	T.Manichandra singh	Sagolband thingom leikai	20-05-2003	M	Mild	50%		8-04-2022	MN06200200300107 21							Trying respond

53	Laishram Binata Devi	L.Biren singh	Lamshang	07-10-2001	F	Moderate	75%		8-04-2022	MN06109200100030 97							Trying respond
54	Laishram Nanao singh	L.Shivratri singh	Taothong khunou	04-07-2001	M	Moderate	75%		8-04-2022	MN06109200100052 97							Trying respond
55	Mercy Tinghoithem	Lunkhothang	Langol housing complex	18-10-2003	F	Moderate	70%		4-05-2022	MN06200200300080 90							Trying respond
56	Oinam Yaikhoimbisana devi	O.Ibopishak singh	Heirangoithong	28-02-2000	F	Moderate	75%		4-5-2022	MN06109200000030 63							Trying respond
57	Leishangbam khambaton meetei	L.Mangi meetei	New keithelmanbi	04-07-2001	M	sever	90%		18-05-2022	MN06200200100103 26							Trying respond
58	Luckysun Naorem	N.Inao meitei	Patsoi partiii	09-01-2000	M	Sever	90%		18-05-2022	MN06209200000068 65							Trying respond
59	Taorem Babina devi	Taorem Pocha singh	Patsoi part3	15-07-2002	F	Mild	50%		25-05-2022	MN06209200200152 54							Trying respond
60	Maibam Telheiba	M.Taton singh	Tera Lukram leirak	27-04-2014	M	Moderate	80%		08-06-2022	MN06209201400148 86							Trying respond
61	Thangjam Chandbi	Th. Ratan singh	Mantripukhri	24-08-2001	F	Moderate	75%		20-04-2022	MN07200200100070 12							Trying respond
62	Thoudam Geetchandra	Th.Bihari singh	Langjing	13-121999	M	Severe	90%		20-04-2022	MN06208199900105 69							Trying respond
63	Khundrakpam Naobicha	Kh.Angouba singh	Moidangpok	5-07-1999	M	Moderate	75%		20-04-2022	MN06200199900109 50							Trying respond
64	Amom Panthoi devi	A.Chingkhei meitei	Wangoo tera mayai leikai	3-05-2017	F	Moderate	75%		20-04-2022	MN11101201700063 62							Trying respond
65	Thoudam April	Th Santosh	Haobam marak	23-07-2009	F	Moderate	70%		6-06-2022	MN06209200900128 85							Trying respond
66	Abujit Ahanthem	A.Mohon	Langjing achouba	7-09-2012	M	Moderate	70%		6-06-2022	MN06209201200152 66							Trying respond

67	Elam Varun singh	E.Tiken singh	Lamlai mayai leikai	20-04-2014	M	moderate	85%		25-05-2022	MN07303201400104 52							Trying respond
68	Khangembam Ariayan singh	Kh.Shellesh singh	Wangkhei ningthem pukhri mapan	22-03-2011	M	moderate	60%		25-05-2022	MN07303201100112 76							Trying respond
69	As Azariah	As Phungreiyo	Lungyar Village ukhrul centre	4-11-1999	F	severe	90%		25-05-2022	MN08109199900035 22							Trying respond
70	Rk Banner	Rk Vareiyo	Poi village ukhrul north	08-08-1999	M	Severe	90%		6-06-2022	MN08109199900034 08							Trying respond
71	Chichi Seipainao Awungshi	Phungshin Seipainao	Tushen tushar village ukhrul central	12-12-2009	F	Severe	95%		6-06-2022	MN08108200900046 75							Trying respond
72	Worngayung sayai	Samatai sayai	Ramva village ukhrul	03-08-2010	M	moderate	70%		8-04-2022	MN08103201000049 66							Trying respond
73	Moirangthem Tamila chanu	M.Ingocha meitei	Ningthemcha khul lamlong	10-10-2008	F	Severe	92%		8-04-2022	MN07304200800123 64							Trying respond

Ch. Pishakmacha Devi
Secretary
Centre for Mental Hygiene

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

Disability Certificate

Issuing Medical Authority, Imphal East, Manipur

Certificate No.: MN0720020110007360 **Date: 14/02/2022**

This is to certify that I/we have carefully examined Kum. **Alina**, Daughter of Shri **Islamuddin Sheik**, Date of Birth 12/06/2011, Age **10**, Female, Registration No. **1407/00000/2201/061672**, resident of House No. **Mantripukhri Muslim Colony - 795002**, Sub District **Porompat**, District **Imphal East**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

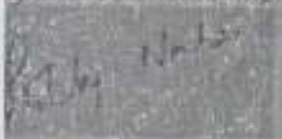
A) She is a case of **Mental Retardation**
B) The diagnosis in her case is **Mild Intellectual Disability**
C) She has **50%**(in figure) **Fifty** percent(in words) Temporary Disability in relation to her Brain as per the Guidelines Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

This certificate recommended for **5 year(s)**, and therefore this certificate shall be valid till **14/02/2027**

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, Imphal East, Manipur

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

Disability Certificate

Issuing Medical Authority, Imphal East, Manipur

Certificate No.: MN0730020120009763 **Date: 10/06/2022**

This is to certify that I/we have carefully examined Kum. **Devita Khunumayum**, Daughter of Shri **Khunumayum Tomba Singh**, Date of Birth **03/01/2012**, Age **10**, Female, Registration No. **1407/00000/2201/1264434**, resident of House No. **Andro Machengpat Leikai - 795149**, Sub District **Keirao Bitra**, District **Imphal East**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

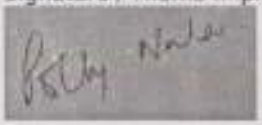
(A) She is a case of **Mental Retardation**
(B) The diagnosis in her case is **Intellectual Disability**
(C) She has **50%**(in figure) **Fifty** percent(in words) Temporary Disability in relation to her Brain as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

This certificate recommended for **5 year(s)**, and therefore this certificate shall be valid till **10/06/2027**

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, Imphal East, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0620020130007013 **Date: 28/02/2018**

This is to certify that I/we have carefully examined Shri **Konsam Bombom Singh**, Son of Shri **Konsam Romesh Singh**, Date of Birth **18/11/2013**, Age **7**, Male, Registration No. **1406/00000/2109/1307524**, resident of House No. **Thangmeiband, Lourung Purel Leikai, Imphal West - 795004**, Sub District **Lamphelpat**, District **Imphal West**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Mental Retardation**
(B) The diagnosis in his case is **Downs' syndrom with mild MR**
(C) He has **50%**(in figure) **Fifty** percent(in words) Temporary 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).

This certificate recommended for **8 year(s)**, and therefore this certificate shall be valid till **28/02/2026**

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, Imphal West, Manipur

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

Disability Certificate

Issuing Medical Authority, Kakching, Manipur

Certificate No.: MN1110020120006634

Date: 30/06/2022

This is to certify that I/we have carefully examined Kum. **Nongmaithem Linthoi Devi**, Daughter of Shri **N. Ratankumar Singh**, Date of Birth **15/07/2012**, Age **9**, Female, Registration No. **1411/00000/2206/1917349**, resident of House No. **Kakching Paji Leikai - 795103**, Sub District **Kakching**, District **Kakching**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Mental Retardation**
(B) The diagnosis in her case is **MILD MENTAL RETARDATION**
(C) She has **50%**(in figure) **Fifty** percent(in words) Temporary Disability in relation to her Brain 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).

This certificate recommended for **1 year(s) 8 month(s)**, and therefore this certificate shall be valid till **01/03/2024**

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, Kakching, Manipur

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Date: 18/02/2022

Certificate No.: MN0620020130010733

This is to certify that I/we have carefully examined Kum. **Phurailatpam Dutika Devi**, Daughter of Shri **Phurailatpam Devadutta Sharma**, Date of Birth **07/09/2013**, Age **8**, **Female**, Registration No. **1406/00000/2202/0157904**, resident of House No **Sagolband Thingom Leikai 795001**, Sub District **Lamphelpat**, District **Imphal West**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Mental Retardation**

(B) The diagnosis in her case is **Mild intellectual disability.**

(C) She has **50%** (in figure) **Fifty** percent (in words) Permanent Disability in relation to her MENTAL ILLNESS (IQ) 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, Imphal West, M

This card/certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0620920140014762

Date: 28/06/2022

This is to certify that I/we have carefully examined Kum. **Sanabam Bidyaluxmi Devi**, Daughter of Shri **Sanabam Brojen Singh**, Date of Birth **20/03/2014**, Age **8**, Female, Registration No. **1406/00000/2206/1564862**, resident of House No. **Ngairangbam Awang Leikai - 795113**, Sub District **Lamphelpat**, District **Imphal West**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Intellectual Disability**
(B) The diagnosis in her case is **Mild Intellectual disability resulting 50% disability**
(C) She has **50%**(in figure) **Fifty** percent(in words) Temporary Disability in relation to her Brain 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).

This certificate recommended for **9 year(s) 11 month(s)**, and therefore this certificate shall be valid till **28/05/2032**

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, Imphal West, Manipu

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0620020140009169 **Date: 28/12/2018**

This is to certify that I/we have carefully examined Shri **Angom Roshan Singh**, Son of Shri **Angom Premjit Singh** Date of Birth **25/01/2014**, Age **7**, Male, Registration No. **1406/00000/2201/0386968**, resident of House No **Moidangpok Maning Leikai - 795113**, Sub District **Patsoi** , District **Imphal West**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Mental Retardation**
(B) The diagnosis in his case is **Down"s Syndrome with Moderate Intellectual Disability.**
(C) He has **70%**(in figure) **Seventy** percent(in words) Temporary Disability in relation to his Mental Retardation 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).

This certificate recommended for **9 year(s) 11 month(s)**, and therefore this certificate shall be valid till **28/11/2028**

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, Imphal West, Manipu

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0610020100006113 **Date: 13/01/2018**

This is to certify that I/we have carefully examined Kum. **Irungbam Justrillitia Devi**, Daughter of Shri **Irungbam Rohan Singh**, Date of Birth **12/09/2010**, Age **10**, Female, Registration No. **1406/00000/2103/1178218**, resident of House No. **Awang Sekmai Koujengleima - 795136**, Sub District **Lamsang**, District **Imphal West**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Mental Retardation**
(B) The diagnosis in her case is **Moderate intellectual disability**
(C) She has **60%**(in figure) **Sixty** percent(in words) Temporary Disability in relation to her MIND MENTAL 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).

This certificate recommended for **7 year(s)**, and therefore this certificate shall be valid till **13/01/2025**

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, Imphal West, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0620020140011403

Date: 07/03/2022

This is to certify that I/we have carefully examined Shri **Khumanthem Maniratan Singh**, Son of Shri **Khumanthem Ranjitkumar Singh**, Date of Birth **25/01/2014**, Age **8**, Male, Registration No. **1406/00000/2202/0252229**, resident of House No. **Kwakeithei Thiyam Leikai - 795001**, Sub District **Lamphelpat**, District **Imphal West**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) *He is a case of* ***Mental Retardation***
(B) The diagnosis in his case is **Moderate intellectual disability.**
(C) He has **75%**(in figure) **Seventy Five** percent(in words) Permanent Disability in relation to his MENTAL ILLNESS (IQ) 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, Imphal West, Manipur

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0610920130004032 **Date: 30/01/2021**

This is to certify that I/we have carefully examined Kum. **Lourembam Matemnganbi**, Daughter of Shri **Lourembam Pritam Singh**, Date of Birth **28/12/2013**, Age **7**, Female, Registration No. **1406/00000/2011/0283311**, resident of House No. **Chingmeirong - 795005**, Sub District **Lamphelpat**, District **Imphal West**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Intellectual Disability**
(B) The diagnosis in her case is **Mental Retardation**
(C) She has **75%**(in figure) **Seventy Five** percent(in words) Permanent Disability in relation to her Brain,Mouth 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, Imphal West, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

10

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0610820160005242 **Date: 11/03/2021**

This is to certify that I/we have carefully examined Shri **Maibam Chingkhei Meitei**, Son of Shri **Maibam Deepak Singh**, Date of Birth **04/07/2016**, Age **4**, Male, Registration No. **1406/00000/2103/0004334**, resident of House No **Chingamathak Pishum Leirak - 795001**, Sub District **Lamphelpat**, District **Imphal West**, State / UT **Manipur** whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Mental Illness**
(B) The diagnosis in his case is **Moderate intellectual disability with seizure**
(C) He has **75%**(in figure) **Seventy Five** percent(in words) Temporary Disability in relation to his Foot,BODY HEIGHT,MENTAL ILLNESS (LEARNING),Left Arm Right Arm,RIGHT 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).

This certificate recommended for **9 year(s) 11 month(s)**, and therefore this certificate shall be valid till **11/02/2031**

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

M. Hemlata Devi

Signatory of notified Medical Authority Member(s)

Issuing Medical Authority, Imphal West, Manipur

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

Disability Certificate

Issuing Medical Authority, Kakching, Manipur

Certificate No.: MN1110920100003465 **Date: 03/03/202**

This is to certify that I/We have carefully examined Shri **Mayengbam Manimatum Meitei** Son of Shri **Mayengba** **Premjit Singh** Date of Birth **16/11/2010** Age **9 Year(s)** Male, Registration No. **1411/00000/2001/1229083** reside of House No. **Langmeidong Mamang Leikai - 795103** Sub District **Kakching** District **Kakching** State / U **Manipur**
Whose photograph is affixed above, and I/We satisfied that:

(A) He is a case of Intellectual Disability
(B) The diagnosis in his case is **VSMS SCORE INDICATES MODERATE MENTAL RETARDATION 75% MENTAL DISABILITY**

(C) He has **75%**(in figure) **Seventy Five** percent(in words) Temporary in relation to his (part of body) as per guidelines (to be specified).
This certificate recommended for **9 year(s) 11 month(s)**, and therefore this certificate shall be valid till **03/02/2030**

The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): Aadhaar card

Signature / Thumb impression of the Person With Disability

M. Anand Singh

Signatory of notified Medical Authority Member

Issuing Medical Authority, Kakching, Manip

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0620020120014642

Date: 22/06/2022

This is to certify that I/we have carefully examined Kum. **Laishram Lenova Devi**, Daughter of Shri **L Ranit Singh**, Date of Birth **22/08/2012**, Age **9**, Female, Registration No. **1406/00000/2201/1003183**, resident of House No. **Haobam Marak Lourembam Leikal - 795001**, Sub District **Lamphelpat**, District **Imphal West**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Mental Retardation**
(B) The diagnosis in her case is **severe ID with 90% disability**
(C) She has **90%**(in figure) **Ninety** percent(in words) Permanent Disability in relation to her 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, Imphal West, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

ertificate No.: MN0620020140007533 **Date: 04/11/2021**

his is to certify that I/we have carefully examined Shri **Soyam Shingmandra**, Son of Shri **Soyam Romio**, Date o
rth **02/02/2014**, Age **7**, Male, Registration No. **1406/00000/2110/1195573**, resident of House No. **Sega Roac
hwairakpam Leikai - 795001**, Sub District **Lamphelpat**, District **Imphal West**, State / UT **Manipur**, whos
notograph is affixed above, and I am/we are satisfied that:

A) He is a case of **Mental Retardation**
B) The diagnosis in his case is **Severe Intellectual Disability with Severe ASD**
C) He has **90%**(in figure) **Ninety** 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
otified by Government of India vide S.O. 76(E) dated 04/01/2018).

he applicant has submitted the following document(s) as proof of residence:

ature of Document(s): Aadhaar card

gnature / Thumb Impression of the Person with Disability

[redacted]

ignatory of notified Medical Authority Member(s)

Issuing Medical Authority, Imphal West, Manipu

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

Disability Certificate

(In case of multiple disability)
Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN06201201600159S3 **Date: 10/08**

This is to certify that I/We have carefully examined Kum. **Leiphrakpam Lingjen Devi** Daughter of Shri **Leiphra Sanjit Singh** Date of Birth **14/06/2016** Age **6 Year(s)** Female, Registration No. **1406/00000/2207/022** resident of the **Leiphrakpam Mayai Leikai - 795009** Sub District **Wangoi** District **Imphal West** State **Manipur**

Whose photograph is affixed above, and I/We satisfied that:

(A) She is a case of **Multiple Disability**. Her extent of physical impairment/disability has been evaluated a guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability table below.

SNO.	Disability	Affected Part of Body	Diagnosis	Permanent physical Impairment/mental disability %)
1	Hearing Impairment	Ear	Bilateral Profound Sensori Neural Hearing Loss	90%
2	Mental Retardation	Brain	Mild Intellectual Disability	50%

(B) In the light of the above her overall physical impairment as per guidelines (to be specified) is as follows.
In figures **90%**
In words **Ninety** percent

2. This condition is likely to improve.
3. Re-assessment of disability is:
(i) recommended **Or**
(ii) is recommended/ for **9 year(s) 11 month(s)**, and therefore this certificate shall be valid till **10/07/2032**

4. The applicant has submitted the following document(s) as proof of residence:-
Nature of Document(s): Aadhaar card.

[redacted]

Signature / Thumb impression of the Person With Disability

M.S. Hemlata Devi

Signature of notified Medical Authority Member

Issuing Medical Authority, Imphal West, Mar

This Card/Certificate is meant to certify [illegible]

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0620920140015927

Date: 10/08/2

This is to certify that I/we have carefully examined Shri **Sanamani Thounaojam**, Son of Shri **Thounaojam T Singh**, Date of Birth **12/11/2014**, Age **7**, Male, Registration No. **1406/00000/2206/1495922**, resident of Hous **Leiphrakpam Mayai Leikai - 795009**, Sub District **Wangoi**, District **Imphal West**, State / UT **Manipur**, w photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Intellectual Disability**
(B) The diagnosis in his case is **Severe Intellectual Disability**
(C) He has **80%**(in figure) **Eighty** percent(In words) Temporary Disability in relation to his Brain as per the guide (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 201 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

This certificate recommended for **9 year(s) 11 month(s)**, and therefore this certificate shall be valid till **10/07/2032**

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, Imphal West, Man

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

Disability Certificate

Issuing Medical Authority, Kakching, Manipur

Certificate No.: MN1110020120006550

Date: 17/06/2022

This is to certify that I/we have carefully examined Kum. **Shougaijam Mona Devi**, Daughter of Shri **Shougaijam Premjit Singh**, Date of Birth **22/02/2012**, Age **10**, Female, Registration No. **1411/00000/2206/1082561**, resident of House No. **Kakching Wairi Senapati Leikai - 795103**, Sub District **Kakching**, District **Kakching**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Mental Retardation**
(B) The diagnosis in her case is **MODERATE MENTAL RETARDATION**
(C) She has **75%**(in figure) **Seventy Five** percent(in words) Temporary Disability in relation to her 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).

This certificate recommended for **8 year(s) 11 month(s)**, and therefore this certificate shall be valid till **17/05/2031**

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

M. Anand Singh

Signatory of notified Medical Authority Member(s)

Issuing Medical Authority, Kakching, Manipur

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0620020120014898 **Date: 13/07/2022**

This is to certify that I/we have carefully examined Shri **Mutum Manimatum Singh**, Son of Shri **Mutum Nabakuma Singh**, Date of Birth **02/05/2012**, Age **10**, Male, Registration No. **1406/00000/2112/1058166**, resident of House No **Ghari Awang Leikai - 795140**, Sub District **Patsoi** , District **Imphal West**, State / UT **Manipur**, whose photograph i affixed above, and I am/we are satisfied that:

(A) He is a case of **Mental Retardation**
(B) The diagnosis in his case is **Moderate ID with 75% disability**
(C) He has **75%**(in figure) **Seventy Five** percent(in words) Temporary Disability in relation to his Brain 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).

This certificate recommended for **9 year(s)**, and therefore this certificate shall be valid till **13/07/2031**

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, Imphal West, Manipu

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

Disability Certificate

Issuing Medical Authority, Imphal East, Manipur

Certificate No.: MN0730020110009200 **Date: 07/06/2022**

This is to certify that I/we have carefully examined Shri **Heikrujam Malemnganba Singh**, Son of Shri **Heikruam Kritchandra Singh**, Date of Birth **24/04/2011**, Age **11**, Male, Registration No. **1407/00000/2201/0999550**, resident of House No. **Andro Khunou Leikai - 795149**, Sub District **Keirao Bitra**, District **Imphal East**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Mental Retardation**
(B) The diagnosis in his case is **Intellectual Disability**
(C) He has **50%**(in figure) **Fifty** percent(in words) Temporary Disability in relation to his Brain 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).

This certificate recommended for **5 year(s)**, and therefore this certificate shall be valid till **07/06/2027**

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, Imphal East, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose

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

Disability Certificate

Issuing Medical Authority, Imphal East, Manipur

Certificate No.: MN0720020070007355 **Date: 14/02/2022**

This is to certify that I/we have carefully examined Kum. **Salam Abema Devi**, Daughter of Shri **Salam Inao Singh**, Date of Birth **11/05/2007**, Age **14**, Female, Registration No. **1407/00000/2201/0604773**, resident of House No. **Andro Nagar Panchayat Keirao Bitra - 795149**, Sub District **Keirao Bitra**, District **Imphal East**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Mental Retardation**
(B) The diagnosis in her case is **Mild Intellectual Disability**
(C) She has **50%**(in figure) **Fifty** percent(in words) Temporary Disability in relation to her Brain 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).

This certificate recommended for **5 year(s)**, and therefore this certificate shall be valid till **14/02/2027**

The applicant has submitted the following document(s) as proof of residence:

Nature of Document(s): Aadhaar card

[redacted]
re/Thumb Impres
Signature / Thumb Impression of the Person with Disability

[redacted]
Signatory of notified Medical Authority Member(s)

Issuing Medical Authority, Imphal East, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal East, Manipur

Certificate No.: MN0730020070009243 **Date: 07/06/2022**

This is to certify that I/we have carefully examined Shri **Tensubam Dustarana Singh**, Son of Shri **Tensubam Ibomcha Singh**, Date of Birth **18/12/2007**, Age **14**, Male, Registration No. **1407/00000/2201/1389040**, resident of House No. **Naharup Makhapat Awang - 795005**, Sub District **Porompat**, District **Imphal East**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Mental Retardation**
(B) The diagnosis in his case is **Intellectual Disability**
(C) He has **50%**(in figure) **Fifty** percent(in words) Temporary Disability in relation to his Brain 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).

This certificate recommended for **5 year(s)**, and therefore this certificate shall be valid till **07/06/2027**

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, Imphal East, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any

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

Disability Certificate

Issuing Medical Authority, Kakching, Manipur

Certificate No.: MN1110020090006395 **Date: 25/04/2022**

This is to certify that I/we have carefully examined Kum. **Elangbam Nicky Devi**, Daughter of Shri **E Robichandra Singh**, Date of Birth **06/06/2009**, Age **12**, Female, Registration No. **1411/00000/2203/1066940**, resident of House No. **Hiyanglam Makha Leikai - 795103**, Sub District **Kakching**, District **Kakching**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Mental Retardation**
(B) The diagnosis in her case is **MODERATE MENTAL RETARDATION**
(C) She has **75%**(in figure) **Seventy Five** percent(in words) Temporary Disability in relation to her Brain 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).

This certificate recommended for **6 year(s) 5 month(s)**, and therefore this certificate shall be valid till **25/09/2028**

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, Kakching, Manipur

(2)

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

Disability Certificate

(In case of multiple disability)

Issuing Medical Authority, Imphal East, Manipur

Certificate No.: MN0720120030002630 **Date: 24/09/2019**

This is to certify that I/We have carefully examined Shri **Farid Hussain** Son of Shri **Muhammad Ayub Khan** Date of Birth: **10/07/2003** Age: **16 Year(s)** Male, Registration No. **1407/00000/1908/1179881** resident of Dte Drop, **Kangthak, Imphal East - 795130** Sub District **Keirao Bitra** District **Imphal East** State / UTs **Manipur** Whose photograph is affixed above, and I/We satisfied that

(A) He is a case of **Multiple Disability**. His extent of physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability table below.

S.NO.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Cerebral Palsy	Brain	Cerebral Palsy	70%
2	Mental Illness	Brain	Mental Retardation	80%

(B) In the light of the above his overall physical impairment as per guidelines (to be specified) is as follows:
In figures **88%**
In words **Eighty Eight** percent

2. This condition is not likely to improve.
3. Re-assessment of disability is:
(i) recommended **Or**
(ii) is recommended for **5 year(s)**, and therefore this certificate shall be valid till **24/09/2024**

4. 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

Ch. Pishakmacha Devi
Secretary
Centre for Mental Hygiene

Signature of notified Medical Authority Member

Issuing Medical Authority, Imphal East, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

23

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

Disability Certificate

Issuing Medical Authority, Imphal East, Manipur

Certificate No.: MN0720920060007386 **Date: 14/02/2022**

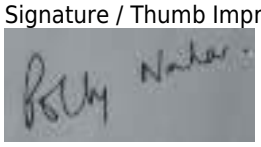
This is to certify that I/we have carefully examined Shri **Kangujam Lanchenba Singh**, Son of Shri **Kangujam Shyam Singh**, Date of Birth **02/10/2006**, Age **15**, Male, Registration No. **1407/00000/1911/0790753**, resident of House No. **Kakwa Lamdaibung** - **795008**, Sub District **Porompat**, District **Imphal East**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Intellectual Disability**
(B) The diagnosis in his case is **Moderate Intellectual Disability**
(C) He has **70%**(in figure) **Seventy** percent(in words) Permanent Disability in relation to his Brain 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, Imphal East, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Kakching, Manipur

Certificate No.: MN1110020090006376 **Date: 25/04/2022**

This is to certify that I/we have carefully examined Kum. **Laishram Anupama Devi**, Daughter of Shri **L Hemashing Singh**, Date of Birth **09/03/2009**, Age **13**, Female, Registration No. **1411/00000/2203/1071349**, resident of House No. **Hiyanglam Hiranmei** - **795103**, Sub District **Kakching**, District **Kakching**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Mental Retardation**
(B) The diagnosis in her case is **MODERATE MENTAL RETARDATION**
(C) She has **75%**(in figure) **Seventy Five** percent(in words) Temporary Disability in relation to her Brain 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).

This certificate recommended for **5 year(s) 5 month(s)**, and therefore this certificate shall be valid till **25/09/2027**

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, Kakching, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Kakching, Manipur

Certificate No.: MN1110020090006382 **Date: 25/04/2022**

This is to certify that I/we have carefully examined Shri **Radhakanta Elangbam**, Son of Shri **Elangbam Jayenta Singh**, Date of Birth **18/08/2009**, Age **12**, Male, Registration No. **1411/00000/2204/0877496**, resident of House No. **Hiyanglam Makha Leikai** - **795103**, Sub District **Kakching**, District **Kakching**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Mental Retardation**
(B) The diagnosis in his case is **MODERATE MENTAL RETARDATION**
(C) He has **75%**(in figure) **Seventy Five** percent(in words) Temporary 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).

This certificate recommended for **6 year(s) 5 month(s)**, and therefore this certificate shall be valid till **25/09/2028**

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, Kakching, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Kakching, Manipur

Certificate No.: MN1110020080006016 **Date: 17/01/2022**

This is to certify that I/we have carefully examined Kum. **Shougaijam Geetarani Devi**, Daughter of Shri **Sh Suresh Singh**, Date of Birth **03/04/2008**, Age **13**, Female, Registration No. **1411/00000/2112/1140377**, resident of House No. **Kakching Wairi Sabal Leikai** - **795103**, Sub District **Kakching**, District **Kakching**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Mental Retardation**
(B) The diagnosis in her case is **MODERATE MENTAL RETARDATION WITH 75% MENTAL DISABILITY**
(C) She has **75%**(in figure) **Seventy Five** percent(in words) Temporary Disability in relation to her Brain 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).

This certificate recommended for **5 year(s) 6 month(s)**, and therefore this certificate shall be valid till **17/07/2027**

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, Kakching, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal East, Manipur

Certificate No.: MN0720020140007280 **Date: 28/04/2018**

This is to certify that I/we have carefully examined Kum. **Sengangmeilu Kamei**, Daughter of Shri **Kangungai Kamei**, Date of Birth **12/03/2014**, Age **7**, Female, Registration No. **1407/00000/2201/0602916**, resident of House No. **Ragailong** - **795005**, Sub District **Porompat**, District **Imphal East**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Mental Retardation**
(B) The diagnosis in her case is **Moderate Intellectual Disability with ADHD**
(C) She has **75%**(in figure) **Seventy Five** percent(in words) Permanent Disability in relation to her Brain 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, Imphal East, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0620020090010070 **Date: 27/01/2018**

This is to certify that I/we have carefully examined Shri **Chingsubam Yoihenba Singh**, Son of Shri **Chingsubam Dannyboy Singh**, Date of Birth **23/02/2009**, Age **12**, Male, Registration No. **1406/00000/2109/0761399**, resident of House No. **Thangmeiband Yumnam Leikai** - **795004**, Sub District **Lamphelpat**, District **Imphal West**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Mental Retardation**
(B) The diagnosis in his case is **Moderate mental retardation.**
(C) He has **70%**(in figure) **Seventy** percent(in words) Permanent Disability in relation to his MENTAL ILLNESS (IQ) 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, Imphal West, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal East, Manipur

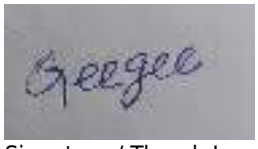
Certificate No.: MN0720020130007379 **Date: 14/02/2022**

This is to certify that I/we have carefully examined Kum. **Geegee Moiranthem**, Daughter of Shri **Shibadatta Moirangthem**, Date of Birth **01/04/2013**, Age **8**, Female, Registration No. **1407/00000/2003/12587176**, resident of House No. **Khurai Kongpal Sajor Leikai** - **795005**, Sub District **Porompat**, District **Imphal East**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

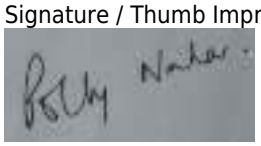
(A) She is a case of **Mental Retardation**
(B) The diagnosis in her case is **Moderate Intellectual Disability**
(C) She has **70%**(in figure) **Seventy** percent(in words) Permanent Disability in relation to her Brain as per the guidelines (Guidelines for the purpose of assessing the extent of specified 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, Imphal East, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0610920100005317 **Date: 11/03/2021**

This is to certify that I/we have carefully examined Kum. **Yumnam Novena Devi**, Daughter of Shri **Yumnam Brojen Singh**, Date of Birth **31/03/2010**, Age **10**, Female, Registration No. **1406/00000/2002/3631880**, resident of House No. **Mayang Langjing Tamang** - **795146**, Sub District **Lamshang**, District **Imphal West**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Intellectual Disability**
(B) The diagnosis in her case is **Moderate intellectual disability**
(C) She has **75%**(in figure) **Seventy Five** percent(in words) Temporary Disability in relation to her Brain 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).

This certificate recommended for **9 year(s)**, and therefore this certificate shall be valid till **11/03/2030**

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, Imphal West, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal East, Manipur

Certificate No.: MN0730020100009230 **Date: 07/06/2022**

This is to certify that I/we have carefully examined Shri **Puthem Jackson Singh**, Son of Shri **Puthem Rabei Singh**, Date of Birth **03/05/2010**, Age **12**, Male, Registration No. **1407/00000/2201/1388549**, resident of House No. **Andro Khuman Laipat Leikai - 795149**, Sub District **Keirao Bitra**, District **Imphal East**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

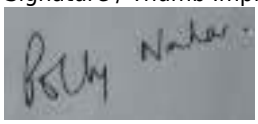
(A) He is a case of **Mental Retardation**
(B) The diagnosis in his case is **Intellectual Disability**
(C) He has **75%**(in figure) **Seventy Five** percent(in words) Temporary Disability in relation to his Brain as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

This certificate recommended for **5 year(s)**, and therefore this certificate shall be valid till **07/06/2027**

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, Imphal East, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0610920050002995 **Date: 08/03/2020**

This is to certify that I/We have carefully examined Shri **Sarangthem Sanathoi Meetei** Son of Shri **Sarangthem Ibotombi Meetei** Date of Birth **25/02/2005** Age **14 Year(s)** Male, Registration No. **1406/00000/1912/1482272** resident of House No. **Langthabal Lep Makha Leikai** - **795003** Sub District **Wangoi** District **Imphal West** State / UTs **Manipur**
Whose photograph is affixed above, and I/We satisfied that:

(A) He is a case of Intellectual Disability
(B) The diagnosis in his case is **Mild Intellectual Disability**

(C) He has **50%**(in figure) **Fifty** percent(in words) Temporary in relation to his (part of body) as per guidelines (to be specified).
This certificate recommended for **4 year(s)**, and therefore this certificate shall be valid till **08/03/2024**

The applicant have been 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

Issuing Medical Authority, Imphal West, Manipur

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0620020070014427 **Date: 10/06/2022**

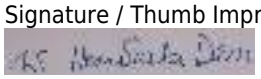
This is to certify that I/we have carefully examined Shri **Nitish Ngangbam**, Son of Shri **Ngangbam Chittaranjan Singh**, Date of Birth **31/08/2007**, Age **14**, Male, Registration No. **1406/00000/2110/1357535**, resident of House No. **Uripok Bachaspati Leikai** - **795001**, Sub District **Lamphelpat**, District **Imphal West**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Mental Retardation**
(B) The diagnosis in his case is **Moderate intellectual disability**
(C) He has **70%**(in figure) **Seventy** percent(in words) Permanent Disability in relation to his Brain 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, Imphal West, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Bishnupur, Manipur

Certificate No.: MN0410920040004465 **Date: 16/07/2020**

This is to certify that I/We have carefully examined Kum. **Angom Rikita Devi** Daughter of Shri **Late A. Amitabh Singh** Date of Birth **23/02/2004** Age **16 Year(s)** Female, Registration No. **1404/00000/2007/0176166** resident of House No. **Bishnupur Ward No. - 4, P.o. Bishnupur, P.s. Bishnupur** - **795126** Sub District **Bishnupur** District **Bishnupur** State / UTs **Manipur**
Whose photograph is affixed above, and I/We satisfied that:

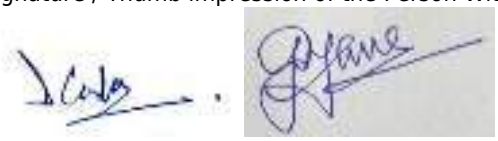
(A) She is a case of Intellectual Disability
(B) The diagnosis in her case is **Mental Retardation cum Cerebral Palsy cum Diplegia**

(C) She has **80%**(in figure) **Eighty** percent(in words) Permanent in relation to her (Brain) as per guidelines (to be specified).

The applicant have been 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

Issuing Medical Authority, Bishnupur, Manipur

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0620020070011130 **Date: 30/01/2018**

This is to certify that I/we have carefully examined Shri **Heikham Opendro Singh**, Son of Shri **Heikham Deban Singh**, Date of Birth **03/06/2007**, Age **14**, Male, Registration No. **1406/00000/2202/0278571**, resident of House No. **Khurkul Makha Leikai** - **795002**, Sub District **Lamshang**, District **Imphal West**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Mental Retardation**
(B) The diagnosis in his case is **Severe mental retardation.**
(C) He has **80%**(in figure) **Eighty** percent(in words) Permanent Disability in relation to his Brain 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, Imphal West, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

(In case of multiple disability)
Issuing Medical Authority, Imphal East, Manipur

Certificate No.: MN0720120080007846 **Date: 23/02/2022**

This is to certify that I/We have carefully examined Kum. **Kshetrimayum Vaneesa Devi** Daughter of Shri **Kshetrimayum Pyarchandra Singh** Date of Birth **20/10/2008** Age **12 Year(s)** Female, Registration No. **1407/00000/2109/0700911** resident of the **Kongpal Kshetri Leikai, Porompat** - **795005** Sub District **Porompat** District **Imphal East** State / UTs **Manipur**
Whose photograph is affixed above, and I/We satisfied that:

(A) She is a case of **Multiple Disability**. Her extent of physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability table below.

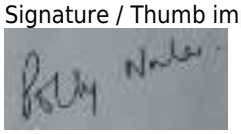
SNO.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Intellectual Disability	Brain	Intellectual disability	80%
2	Mental Retardation	Brain	Moderate	80%

(B) In the light of the above her overall physical impairment as per guidelines (to be specified) is as follows.
In figures **89%**
In words **Eighty Nine** percent

2. This condition is not likely to improve.
3. Re-assessment of disability is:
(i) not recommended,

4. 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



Signature of notified Medical Authority Member

Issuing Medical Authority, Imphal East, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

(In case of multiple disability)
Issuing Medical Authority, Imphal East, Manipur

Certificate No.: MN0720120050007994 **Date: 01/03/2022**

This is to certify that I/We have carefully examined Shri **Moirangthem Silheiba Singh** Son of Shri **Moirangthem Ningthemjao Singh** Date of Birth **18/07/2005** Age **16 Year(s)** Male, Registration No. **1404/00000/2112/1135494** resident of the **Mantripukhri Lamlongei** - **795002** Sub District **Porompat** District **Imphal East** State / UTs **Manipur** Whose photograph is affixed above, and I/We satisfied that:

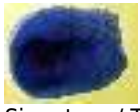
(A) He is a case of **Multiple Disability**. His extent of physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability table below.

SNO.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor Disability	Whole Body	Cerebral Palsy	60%
2	Mental Retardation	Brain	Moderate Intellectual Disability	70%
3	Speech and Language Disability	Both Ears & Mouth	Hearing loss, Speech & Language disability	60%

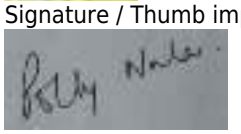
(B) In the light of the above his overall physical impairment as per guidelines (to be specified) is as follows.
In figures **88%**
In words **Eighty Eight** percent

2. This condition is not likely to improve.
3. Re-assessment of disability is:
(i) not recommended,

4. 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



Signature of notified Medical Authority Member

Issuing Medical Authority, Imphal East, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal East, Manipur

Certificate No.: MN0720020130007834 **Date: 23/02/2022**

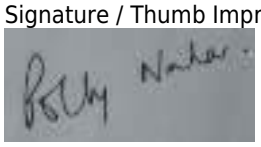
This is to certify that I/we have carefully examined Kum. **Y Khursida Shahni**, Daughter of Shri **Fakerddin**, Date of Birth **27/11/2013**, Age **8**, Female, Registration No. **1407/00000/2112/1141101**, resident of House No. **Khetrigao Awang Sabal** - **795008**, Sub District **Keirao Bitra**, District **Imphal East**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Mental Retardation**
(B) The diagnosis in her case is **Severe Mental Retardation**
(C) She has **75%**(in figure) **Seventy Five** percent(in words) Permanent Disability in relation to her Brain 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, Imphal East, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal East, Manipur

Certificate No.: MN0720020090007455 **Date: 08/06/2018**

This is to certify that I/we have carefully examined Shri **Muhammad Sohen Khan**, Son of Shri **Md Thoiba**, Date of Birth **03/05/2009**, Age **12**, Male, Registration No. **1407/00000/2201/0611764**, resident of House No. **Mantripukhri Muslim Colony - 795002**, Sub District **Porompat**, District **Imphal East**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Mental Retardation**
(B) The diagnosis in his case is **Mild Intellectual Disability**
(C) He has **50%**(in figure) **Fifty** percent(in words) Temporary Disability in relation to his Brain 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).

This certificate recommended for **9 year(s)**, and therefore this certificate shall be valid till **08/06/2027**

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, Imphal East, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal East, Manipur

Certificate No.: MN0730020120012726 **Date: 21/07/2022**

This is to certify that I/we have carefully examined Shri **Ningombam Manithoi**, Son of Shri **N Bimol Singh**, Date of Birth **14/10/2012**, Age **9**, Male, Registration No. **1407/00000/2201/1004253**, resident of House No. **Okram Chuthek Basikhong - 795008**, Sub District **Porompat**, District **Imphal East**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

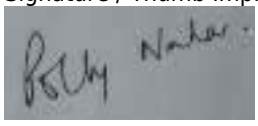
(A) He is a case of **Mental Retardation**
(B) The diagnosis in his case is **Intellectual Disability with ADHD**
(C) He has **50%**(in figure) **Fifty** percent(in words) Temporary Disability in relation to his MENTAL ILLNESS (IQ) as per the guidelines (Guidelines for the purpose of assessing the extent 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).

This certificate recommended for **5 year(s)**, and therefore this certificate shall be valid till **21/07/2027**

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, Imphal East, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal East, Manipur

Certificate No.: MN0730920070012718 **Date: 21/07/2022**

This is to certify that I/we have carefully examined Kum. **Heikrujam Jenita Devi**, Daughter of Shri **Heikrujam Pobitro Singh**, Date of Birth **03/12/2007**, Age **14**, Female, Registration No. **1407/00000/1910/0818196**, resident of House No. **Andro Mamang Leikai - 795149**, Sub District **Keirao Bitra**, District **Imphal East**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

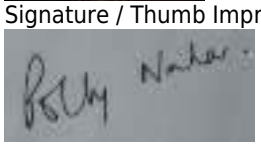
(A) She is a case of **Intellectual Disability**
(B) The diagnosis in her case is **Intellectual Disability**
(C) She has **50%**(in figure) **Fifty** percent(in words) Temporary Disability in relation to her Brain as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

This certificate recommended for **5 year(s)**, and therefore this certificate shall be valid till **21/07/2027**

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, Imphal East, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0620920070014875 **Date: 13/07/2022**

This is to certify that I/we have carefully examined Shri **Waikhom Sushil Singh**, Son of Shri **Waikhom Somorendro Singh**, Date of Birth **22/10/2007**, Age **14**, Male, Registration No. **1406/00000/2109/0699116**, resident of House No. **Thangmeiband Yumnam Leikai** - **795004**, Sub District **Lamphelpat**, District **Imphal West**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Intellectual Disability**
(B) The diagnosis in his case is **Down's syndrome with moderate Intellectual disability with 75% disability**
(C) He has **75%**(in figure) **Seventy Five** percent(in words) Temporary Disability in relation to his Brain 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).

This certificate recommended for **5 year(s)**, and therefore this certificate shall be valid till **13/07/2027**

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, Imphal West, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal East, Manipur

Certificate No.: MN0730020030012382 **Date: 18/07/2022**

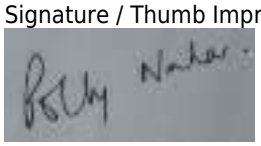
This is to certify that I/we have carefully examined Shri **Fardin Khan**, Son of Shri **Islam Khan**, Date of Birth **23/03/2003**, Age **19**, Male, Registration No. **1407/00000/2201/0613413**, resident of House No. **Mantripukhri Muslim Colony - 795002**, Sub District **Porompat**, District **Imphal East**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Mental Retardation**
(B) The diagnosis in his case is **Intellectual Disability**
(C) He has **50%**(in figure) **Fifty** percent(in words) Permanent Disability in relation to his Brain 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, Imphal East, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0610820020002763 **Date: 24/02/2020**

This is to certify that I/We have carefully examined Kum. **Laishram Debeshori Devi** Daughter of Shri **Laishram Deben Singh** Date of Birth **03/01/2002** Age **17 Year(s)** Female, Registration No. **1406/00000/1909/2028408** resident of House No. **Yurembam, Makha, Leikai** - **795113** Sub District **Patsoi** District **Imphal West** State / UTs **Manipur**
Whose photograph is affixed above, and I/We satisfied that:

(A) She is a case of Mental Illness
(B) The diagnosis in her case is **Mild Intellectual Disability with Downs'Syndrom.**

(C) She has **50%**(in figure) **Fifty** percent(in words) Permanent in relation to her (part of body) as per guidelines (to be specified).

The applicant have been 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

Issuing Medical Authority, Imphal West, Manipur

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

Disability Certificate

Issuing Medical Authority, Imphal East, Manipur

Certificate No.: MN0720020050008136 **Date: 04/03/2022**

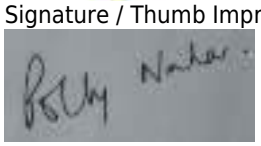
This is to certify that I/we have carefully examined Shri **Laishangbam Vanaanheiba Meitei**, Son of Shri **Laishangbam Puremba**, Date of Birth **06/09/2005**, Age **16**, Male, Registration No. **1407/00000/2109/0702364**, resident of House No. **Luwangsangbam Makha Leikai, Mantripukhri** - **795002**, Sub District **Sawombung** , District **Imphal East**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Mental Retardation**
(B) The diagnosis in his case is **Mental Retardation**
(C) He has **65%**(in figure) **Sixty 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)

Issuing Medical Authority, Imphal East, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal East, Manipur

Certificate No.: MN0720019990007136 **Date: 05/02/2022**

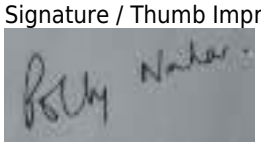
This is to certify that I/we have carefully examined Kum. **Huirem Boinao Meitei**, Daughter of Shri **Huirem Abera Meitei**, Date of Birth **22/12/1999**, Age **22**, Female, Registration No. **1407/00000/2112/1120337**, resident of House No. **Naharup Pangong** - **795005**, Sub District **Porompat**, District **Imphal East**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Mental Retardation**
(B) The diagnosis in her case is **Mental Retardation with down's syndrome**
(C) She has **75%**(in figure) **Seventy Five** percent(in words) Permanent Disability in relation to her Brain 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, Imphal East, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0610820020002970 **Date: 08/03/2020**

This is to certify that I/We have carefully examined Shri **N Nongpokngangba Singh** Son of Shri **N Thoiba Singh** Date of Birth **25/04/2002** Age **17 Year(s)** Male, Registration No. **1406/00000/1912/1436092** resident of House No. **Kokchai Awang Leikai, Mayang Imphal** - **795132** Sub District **Wangoi** District **Imphal West** State / UTs **Manipur** Whose photograph is affixed above, and I/We satisfied that:

(A) He is a case of Mental Illness
(B) The diagnosis in his case is **Mental Illness with 75% Disability.**

(C) He has **75%**(in figure) **Seventy Five** percent(in words) Permanent in relation to his (part of body) as per guidelines (to be specified).

The applicant have been 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

Issuing Medical Authority, Imphal West, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Bishnupur, Manipur

Certificate No.: MN0410920040004533 **Date: 16/07/2020**

This is to certify that I/We have carefully examined Kum. **Angom Nikita Devi** Daughter of Shri **Late A. Amitabh Singh** Date of Birth **23/02/2004** Age **16 Year(s)** Female, Registration No. **1404/00000/2007/0177104** resident of House No. **Bishnupur Ward No. - 4, P.o. Bishnupur, P.s. Bishnupur** - **795126** Sub District **Bishnupur** District **Bishnupur** State / UTs **Manipur**
Whose photograph is affixed above, and I/We satisfied that:

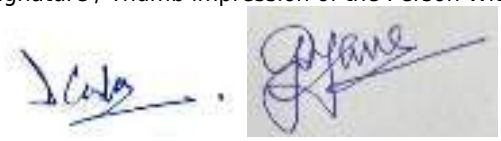
(A) She is a case of Intellectual Disability
(B) The diagnosis in her case is **Mental Retardation**

(C) She has **80%**(in figure) **Eighty** percent(in words) Permanent in relation to her (Brain) as per guidelines (to be specified).

The applicant have been 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

Issuing Medical Authority, Bishnupur, Manipur

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

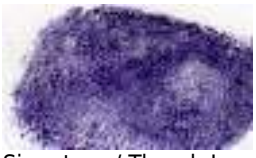
Certificate No.: MN0620020040008881 **Date: 05/01/2022**

This is to certify that I/we have carefully examined Shri **Kharibam Mangilal Singh**, Son of Shri **Kharibam Ajit Singh**, Date of Birth **21/01/2004**, Age **17**, Male, Registration No. **1406/00000/2112/1611247**, resident of House No. **Hiyangthang, Mayai, Leikai** - **795009**, Sub District **Wangoi**, District **Imphal West**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

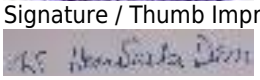
(A) He is a case of **Mental Retardation**
(B) The diagnosis in his case is **Severe Intellectual Disability with Seizure Disorder.**
(C) He has **90%**(in figure) **Ninety** percent(in words) Permanent Disability in relation to his Brain as per the guidelines (Guidelines for the purpose of assessing 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, Imphal West, Manipur

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0620020010011704 **Date: 16/03/2022**

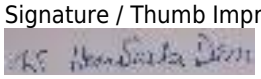
This is to certify that I/we have carefully examined Shri **Khangembam Tomba Singh**, Son of Shri **Khangembam Ahanjao Singh**, Date of Birth **14/02/2001**, Age **21**, Male, Registration No. **1406/00000/2202/0360262**, resident of House No. **Khurkhul Awang Leikai** - **795002**, Sub District **Lamsang**, District **Imphal West**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Mental Retardation**
(B) The diagnosis in his case is **Mild intellectual disability.**
(C) He has **50%**(in figure) **Fifty** percent(in words) Permanent Disability in relation to his Brain 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, Imphal West, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0620020030010721 **Date: 18/02/2022**

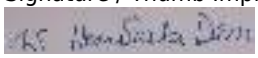
This is to certify that I/we have carefully examined Shri **Tongbram Roshan Singh**, Son of Shri **Tongbram Manichandra Singh**, Date of Birth **20/05/2003**, Age **18**, Male, Registration No. **1406/00000/2202/0251869**, resident of House No. **Sagolband Thingom Leikai** - **795001**, Sub District **Lamphelpat**, District **Imphal West**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Mental Retardation**
(B) The diagnosis in his case is **Mild intellectual disability.**
(C) He has **50%**(in figure) **Fifty** percent(in words) Permanent Disability in relation to his MENTAL ILLNESS (IQ) 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, Imphal West, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0610920010003097 **Date: 08/03/2020**

This is to certify that I/We have carefully examined Kum. **Laishram Binata Devi** Daughter of Shri **Laishram Biren Singh** Date of Birth **07/10/2001** Age **18 Year(s)** Female, Registration No. **1406/00000/2001/0623032** resident of House No. **Lamshang Laingamkhul, P.o.lamshang, P.o.lamshang** - **795146** Sub District **Lamshang** District **Imphal West** State / UTs **Manipur**
Whose photograph is affixed above, and I/We satisfied that:

(A) She is a case of Intellectual Disability
(B) The diagnosis in her case is **Moderate Intellectual Disability**

(C) She has **75%**(in figure) **Seventy Five** percent(in words) Permanent in relation to her (part of body) as per guidelines (to be specified).

The applicant have been 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

Issuing Medical Authority, Imphal West, Manipur

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0610920010005297 **Date: 11/03/2021**

This is to certify that I/we have carefully examined Shri **Laishram Nanao Singh**, Son of Shri **Laishram Shivratri Singh**, Date of Birth **04/07/2001**, Age **19**, Male, Registration No. **1406/00000/2001/0621719**, resident of House No. **Taothong Khunou, P.o.lamsang, P.s.lamsang** - **795146**, Sub District **Lamsang**, District **Imphal West**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Intellectual Disability**
(B) The diagnosis in his case is **Moderate intellectual disability**
(C) He has **75%**(in figure) **Seventy Five** percent(in words) Permanent Disability in relation to his Brain 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, Imphal West, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0620020030008090 **Date: 26/11/2021**

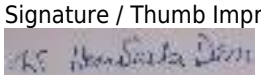
This is to certify that I/we have carefully examined Kum. **Mercy Tinghoithem**, Daughter of Shri **Lunkhothang**, Date of Birth **18/10/2003**, Age **18**, Female, Registration No. **1406/00000/2110/0798395**, resident of House No. **Langol Housing Complex** - **795004**, Sub District **Lamphelpat**, District **Imphal West**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Mental Retardation**
(B) The diagnosis in her case is **Mental retardation**
(C) She has **70%**(in figure) **Seventy** percent(in words) Permanent Disability in relation to her Brain 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, Imphal West, Manipur

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0610920000003063 **Date: 08/03/2020**

This is to certify that I/We have carefully examined Kum. **Oinam Yaikhoimbisana Devi** Daughter of Shri **Oinam Ibopishak Singh** Date of Birth **28/02/2000** Age **19 Year(s)** Female, Registration No. **1406/00000/2001/0467658** resident of House No. **Heirangoithong Ahongsangbam Leikai** - **795008** Sub District **Wangoi** District **Imphal West** State / UTs **Manipur**
Whose photograph is affixed above, and I/We satisfied that:

(A) She is a case of Intellectual Disability
(B) The diagnosis in her case is **Moderate Intellectual Disability**

(C) She has **75%**(in figure) **Seventy Five** percent(in words) Permanent in relation to her (part of body) as per guidelines (to be specified).

The applicant have been 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

Issuing Medical Authority, Imphal West, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0620020010010326 **Date: 08/02/2022**

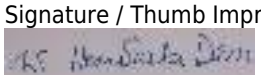
This is to certify that I/we have carefully examined Shri **Laishangbam Khambaton Meetei**, Son of Shri **Laishangbam Mangi Meetei**, Date of Birth **04/07/2001**, Age **20**, Male, Registration No. **1406/00000/1910/0895994**, resident of House No. **New Keithelmanbi - 795113**, Sub District **Patsoi** , District **Imphal West**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Mental Retardation**
(B) The diagnosis in his case is **Severe intellectual disability.**
(C) He has **90%**(in figure) **Ninety** percent(in words) Permanent Disability in relation to his Mental Retardation 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, Imphal West, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0620920000006865 **Date: 10/09/2021**

This is to certify that I/we have carefully examined Shri **Lucky Sun Naorem**, Son of Shri **Naorem Inao Meitei**, Date of Birth **09/01/2000**, Age **21**, Male, Registration No. **1406/00000/2109/0085040**, resident of House No. **Patsoi Part Iii - 795113**, Sub District **Patsoi** , District **Imphal West**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Intellectual Disability**
(B) The diagnosis in his case is **Severe Intellectual Disability**
(C) He has **90%**(in figure) **Ninety** percent(in words) Permanent Disability in relation to his Brain 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, Imphal West, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

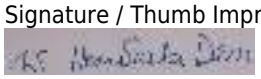
Certificate No.: MN0620920020015254 **Date: 28/07/2022**

This is to certify that I/we have carefully examined Kum. **Taorem Babina Devi**, Daughter of Shri **Taorem Pocha Singh**, Date of Birth **15/07/2002**, Age **20**, Female, Registration No. **1406/00000/2206/1708736**, resident of House No. **Patsoi Part 3** - **795113**, Sub District **Patsoi** , District **Imphal West**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Intellectual Disability**
(B) The diagnosis in her case is **Mild intellectual disability**
(C) She has **50%**(in figure) **Fifty** percent(in words) Permanent Disability in relation to her Brain 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): Certificate of address issued
by Village Panchayat head or its equival

Signature / Thumb Impression of the Person with Disability



Signatory of notified Medical Authority Member(s)

Issuing Medical Authority, Imphal West, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0620920140014886 **Date: 13/07/2022**

This is to certify that I/we have carefully examined Shri **Maibam Telheiba**, Son of Shri **Maibam Taton Singh**, Date of Birth **27/04/2014**, Age **8**, Male, Registration No. **1406/00000/2206/1341179**, resident of House No. **Tera Lukram Leirak** - **795001**, Sub District **Lamphelpat**, District **Imphal West**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Intellectual Disability**
(B) The diagnosis in his case is **Moderate Intellectual disability with speech impairment with 80% disability**
(C) He has **80%**(in figure) **Eighty** percent(in words) Temporary Disability in relation to his Brain 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).

This certificate recommended for **9 year(s) 11 month(s)**, and therefore this certificate shall be valid till **13/06/2032**

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, Imphal West, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal East, Manipur

Certificate No.: MN0720020010007012 **Date: 31/01/2022**

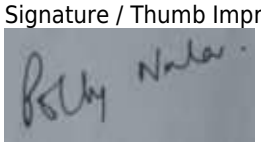
This is to certify that I/we have carefully examined Shri **Thangjam Chanbi Devi**, Son of Shri **Thangjam Ratan Singh**, Date of Birth **24/08/2001**, Age **20**, Male, Registration No. **1407/00000/2112/1139909**, resident of House No. **Lamlongei Mantripukhri Lamlongei** - **795002**, Sub District **Keirao Bitra**, District **Imphal East**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Mental Retardation**
(B) The diagnosis in his case is **Moderate Intellectual Disability**
(C) He has **75%**(in figure) **Seventy Five** percent(in words) Permanent Disability in relation to his Brain 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, Imphal East, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0620819990010569 **Date: 11/02/2022**

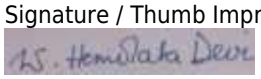
This is to certify that I/we have carefully examined Shri **Thoudam Gitchandra**, Son of Shri **Thoudam Bihari Singh**, Date of Birth **13/12/1999**, Age **22**, Male, Registration No. **1406/00000/2201/0597750**, resident of House No. **Langjing** - **795113**, Sub District **Patsoi** , District **Imphal West**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Mental Illness**
(B) The diagnosis in his case is **Severe intellectual disability.**
(C) He has **90%**(in figure) **Ninety** 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)

Issuing Medical Authority, Imphal West, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0620019990010950 **Date: 01/03/2022**

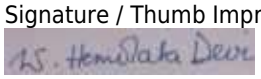
This is to certify that I/we have carefully examined Shri **Khundrakpam Naobicha Singh**, Son of Shri **Khundrakpam Angouba Singh**, Date of Birth **05/07/1999**, Age **22**, Male, Registration No. **1406/00000/2201/0792337**, resident of House No. **Moidangpok Maning Leikai** - **795113**, Sub District **Patsoi** , District **Imphal West**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Mental Retardation**
(B) The diagnosis in his case is **Moderate intellectual disability.**
(C) He has **75%**(in figure) **Seventy Five** percent(in words) Permanent Disability in relation to his Mental Retardation 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, Imphal West, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

(In case of multiple disability)
Issuing Medical Authority, Kakching, Manipur

Certificate No.: MN1110120170006362 **Date: 25/04/2022**

This is to certify that I/We have carefully examined Kum. **Amom Panthoi Chanu** Daughter of Shri **Amom Chingkhei Meitei** Date of Birth **03/05/2017** Age **4 Year(s)** Female, Registration No. **1411/00000/2112/1062064** resident of the **Wangoo Tera Mayai Leikai** - **795103** Sub District **Waikhong** District **Kakching** State / UTs **Manipur**
Whose photograph is affixed above, and I/We satisfied that:

(A) She is a case of **Multiple Disability**. Her extent of physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability table below.

SNO.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Hearing Impairment	BOTH EAR AND SPEECH	INABILITY TO HEAR & SPEAK SINCE BIRTH	73%
2	Mental Retardation	BRAIN	MODERATE MENTAL RETARDATION	75%

(B) In the light of the above her overall physical impairment as per guidelines (to be specified) is as follows.
In figures **87%**
In words **Eighty Seven** percent

2. This condition is not likely to improve.
3. Re-assessment of disability is:
(i) not recommended,

4. 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

Signature of notified Medical Authority Member

Issuing Medical Authority, Kakching, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0620920090012885 **Date: 06/05/2022**

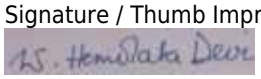
This is to certify that I/we have carefully examined Kum. **Thaodem April**, Daughter of Shri **Th Santosh Singh**, Date of Birth **23/07/2009**, Age **12**, Female, Registration No. **1406/00000/2112/1245248**, resident of House No. **Haobam Marak Keisham Leikai - 795001**, Sub District **Lamphelpat**, District **Imphal West**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Intellectual Disability**
(B) The diagnosis in her case is **Moderate intellectual disability.**
(C) She has **70%**(in figure) **Seventy** percent(in words) Permanent Disability in relation to her 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, Imphal West, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0620920120015266 **Date: 28/07/2022**

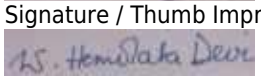
This is to certify that I/we have carefully examined Shri **Abujit Ahanthem**, Son of Shri **Ahanthem Mohon Singh**, Date of Birth **07/09/2012**, Age **9**, Male, Registration No. **1406/00000/2206/1270783**, resident of House No. **Langjing Achouba Makha Leikai** - **795113**, Sub District **Lamphelpat**, District **Imphal West**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Intellectual Disability**
(B) The diagnosis in his case is **Moderate intellectual disability.**
(C) He has **70%**(in figure) **Seventy** percent(in words) Permanent Disability in relation to his Brain 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, Imphal West, Manipur

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

Disability Certificate

Issuing Medical Authority, Imphal East, Manipur

Certificate No.: MN0730320140010452

Date: 15/06/2022

This is to certify that I/we have carefully examined Shri **Elam Varun Singh**, Son of Shri **Elam Tiken Singh**, Date of Birth **20/04/2014**, Age **8**, Male, Registration No. **1407/00000/2205/0272502**, resident of House No. **Lamlai Mayai Leikai, Lamlai Mayai Leikai, Lamlai Mayai Leikai - 795010**, Sub District **Sawombung**, District **Imphal East**, State **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Cerebral Palsy**
(B) The diagnosis in his case is **Cerebral Palsy Quadriparesis**
(C) He has **85%** (in figure) **Eighty Five** percent(in words) Permanent Disability in relation to his as per the guidelines laid down 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

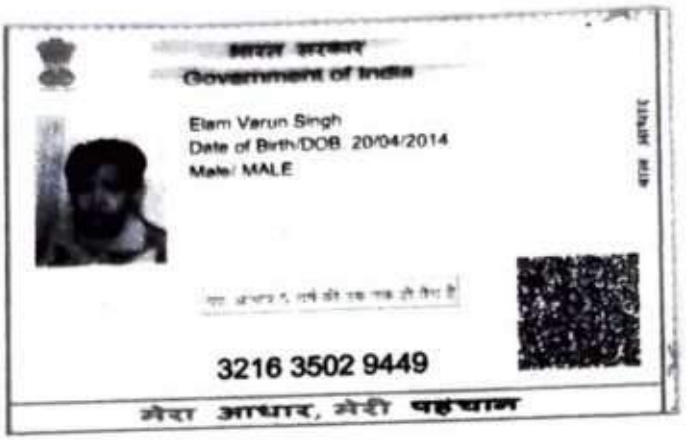
[redacted]

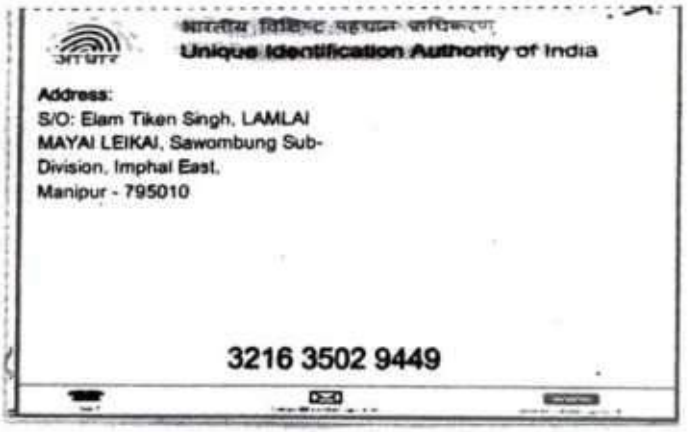
Signature/Thumb Impression of the Person with Disability

Signature(s) of notified Medical Authority Member(s)

Issuing Medical Authority, Imphal East, Manipur

This Disability Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.


Government of India
Elam Varun Singh
Date of Birth/DOB: 20/04/2014
Male/ MALE
3216 3502 9449
मेरा आधार, मेरी पहचान


Unique Identification Authority of India
Address:
S/O: Elam Tiken Singh, LAMLAI
MAYAI LEIKAI, Sawombung Sub-
Division, Imphal East,
Manipur - 795010
3216 3502 9449

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

Disability Certificate

Issuing Medical Authority, Imphal East, Manipur

Certificate No.: MN0730320110011276 **Date: 21/06/2022**

This is to certify that I/we have carefully examined Shri **Khangembam Ariyan Singh**, Son of Shri **Khangembam Sheilesh Singh**, Date of Birth **22/03/2011**, Age **11**, Male, Registration No. **1407/00000/2201/1475843**, resident of House No. **Wangkhei Ningthem Pukhri Mapal - 795005**, Sub District **Porompat**, District **Imphal East**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Cerebral Palsy**
(B) The diagnosis in his case is **Spastic Quadriplegia**
(C) He has **60%**(in figure) **Sixty** percent(in words) Permanent Disability in relation to his WHOLE BODY 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, Imphal East, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Ukhrul, Manipur

Certificate No.: MN0810919990003522 **Date: 04/06/2021**

This is to certify that I/we have carefully examined Kum. **As Azariah**, Daughter of Shri **As Phungreiyo**, Date of Birth **04/11/1999**, Age **21**, Female, Registration No. **1408/00000/2104/0254932**, resident of House No. **Lunghar Village - 795142**, Sub District **Ukhurl Central**, District **Ukhrul**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Intellectual Disability**
(B) The diagnosis in her case is **Intellectual Disability**
(C) She has **90%**(in figure) **Ninety** percent(in words) Permanent Disability in relation to her 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, Ukhrul, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Ukhrul, Manipur

Certificate No.: MN0810919990003408 **Date: 03/06/2021**

This is to certify that I/we have carefully examined Shri **Rk Banner**, Son of Shri **Rk Vareiyo**, Date of Birth **08/08/1999**, Age **21**, Male, Registration No. **1408/00000/2104/0259226**, resident of House No. **Poi Village - 795142**, Sub District **Ukhrul North** , District **Ukhrul**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Intellectual Disability**
(B) The diagnosis in his case is **Intellectual Disability**
(C) He has **90%**(in figure) **Ninety** 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

e/Thumb Print

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)

Issuing Medical Authority, Ukhrul, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

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

Disability Certificate

Issuing Medical Authority, Ukhrul, Manipur

Certificate No.: MN0810919990003408 **Date: 03/06/2021**

This is to certify that I/we have carefully examined Shri **Rk Banner**, Son of Shri **Rk Vareiyo**, Date of Birth **08/08/1999**, Age **21**, Male, Registration No. **1408/00000/2104/0259226**, resident of House No. **Poi Village - 795142**, Sub District **Ukhrul North** , District **Ukhrul**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Intellectual Disability**
(B) The diagnosis in his case is **Intellectual Disability**
(C) He has **90%**(in figure) **Ninety** 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

e/Thumb Print

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)

Issuing Medical Authority, Ukhrul, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

UNIQUE DISABILITY ID

Government of India

STATE ID:
N/A

Aadhaar No:
**********8937**

Address of the Card Issuing Authority State/District level:
Cmo Office, Kamphasom, Ukhrul, Manipur - 795142

UNIQUE DISABILITY ID

Government of India

Name / Name:
Chichi Seipainao Awungshi
Chichi Seipainao Awungshi

UD ID:
MN0810820090004675

Disability Type:
Mental Illness

Year of Birth:
2009

% of Disability:
95% (Ninety Five Percent)

Date of Issue:
22/11/2021

Valid upto:
22/03/2030

Issuing Authority Sign

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

Disability Certificate

Issuing Medical Authority, Ukhrul, Manipur

Certificate No.: MN0810320100004966 **Date: 11/01/2022**

This is to certify that I/we have carefully examined Shri **Worngayung Sayai**, Son of Shri **Samatai Sayai**, Date of Birth **03/08/2010**, Age **11**, Male, Registration No. **1408/00000/2201/0327941**, resident of House No. **Ramva Village - 795145**, Sub District **Ukhurl Central**, District **Ukhrul**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Cerebral Palsy**
(B) The diagnosis in his case is **CP Spastic Hemiplegia with Dyslexia**
(C) He has **70%**(in figure) **Seventy** percent(in words) Permanent Disability in relation to his MENTAL ILLNESS (IQ),Knee Right Leg,Mental Illness 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, Ukhrul, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

UNIQUE DISABILITY ID

Government of India

STATE ID:
N/A

Aadhaar No.
**********3418**

Address of the Card Issuing Authority State District level
Cmo Office, Kamphasom, Ukhrul, Manipur - 795142

UNIQUE DISABILITY ID

Government of India

Name / Name
Worngayung Sayai
Worngayung Sayai

UD ID
MN0810320100004966

Disability Type
Cerebral Palsy

Year of Birth
2010

% of Disability
70% (Seventy Percent)

Date of Issue
11/01/2022

Valid upto
Permanent

Issuing Authority Sign

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

Disability Certificate

Issuing Medical Authority, Imphal East, Manipur

Certificate No.: MN0730420080012364 **Date: 14/07/2022**

This is to certify that I/we have carefully examined Kum. **Moirangthem Tamila Chanu**, Daughter of Shri **Moirangthem Ingocha Meitei**, Date of Birth **10/10/2008**, Age **13**, Female, Registration No. **1407/00000/2207/1247511**, resident of House No. **Oksu Ningthemchakhul, Lamlong - 795010**, Sub District **Sawombung** , District **Imphal East**, State / UT **Manipur**, 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 **Congenital Profound Hearing Loss**
(C) She has **92%**(in figure) **Ninety Two** 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

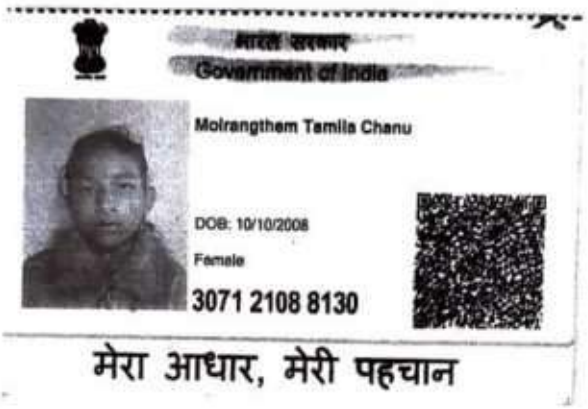
Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)

Issuing Medical Authority, Imphal East, Manipur

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose

H-1



भारत सरकार
Government of India

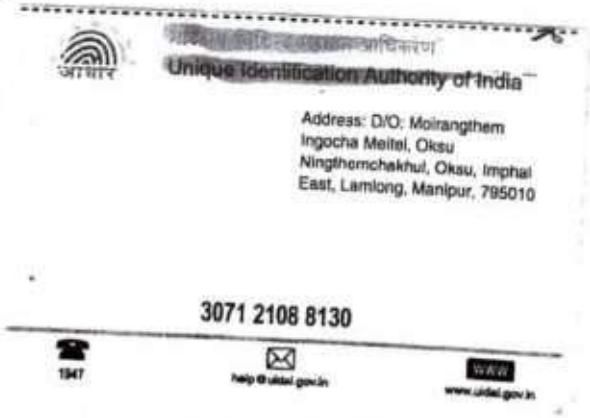
Moirangthem Tamila Chanu

DOB: 10/10/2008

Female

3071 2108 8130

मेरा आधार, मेरी पहचान



आधार

Unique Identification Authority of India

Address: D/O: Moirangthem
Ingocha Meitei, Oksu
Ningthemchakhul, Oksu, Imphal
East, Lamlong, Manipur, 795010

3071 2108 8130

1947

help@uidai.gov.in

www.uidai.gov.in