

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 (Both Residential & Non Residential)
Changangei Uchekon, Airport Road, Imphal.**

YEAR : 2023-2024

Sl. 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	Date of entry in Institute	UDID Number	Remarks
1	Alina	Islamuddin Sheik	Mantripukhri Muslim colony	12-06-2011	F	Mild	50%	20-04-2022	MN0720020110007360	Trying respond
2	Devita Khunumayumm	Kh.Tomba	Andro Machengpat	03-01-2012	F	Mild	50%	20-04-2022	MN0730020120009763	Trying respond
3	Nongmaithem Linthoi Devi	N. Ratankumar singh	Kakching PagiLeikai	15-07-2012	F	Mild	50%	20-04-2022	MN1110020120006634	Trying Respond
4	Phurailatpam Dutika Devi	Ph.Devadutta sharma	Sagolband Thingom leikai	07-09-2013	F	Mild	50%	28-04-2022	MN0620020130010733	Trying respond
5	AngomRoshan	A.Premjit Singh	Moidangpok	25-01-2014	M	Moderate	70%	10-05-2022	MN062002 0140009169	Trying Respond
6	Khunmanthem Maniratan singh	Kh.Ranjitkumar singh	Kwakeithel	28-01-2014	M	Moderate	75%	13-05-2022	MN062002 0140011403	Trying Respond
7	Lourembam Malemnganbi	L.Pritam singh	Chingmeirong	28-12-2013	F	Moderate	75%	18-05-2022	MN061092 0130004032	Trying Respond
8	Laishram Linova Devi	L.Ranjit singh	Haobam marak	22-08-2012	F	Severe	90%	18-05-2022	MN062002 0120014642	Trying Respond
9	Soyam Shingmandra	S.Roimio	Sega Road Khwairakpam Leikai	02-02-2014	M	Severe	90%	18-05-2022	MN062002 0140007533	Trying Respond
10	Leiphrakpam Lingjen devi	L.Sanjit Singh	WangoiLeiphrakpamLeikai	14-06-2016	F	Mild	50%	06-04-2022	MN062012 0160015953	Trying Respond
11	R.K Lanthoibi	R.K Ranjitkumar	Utlou	06-03-2014	F	Severe	80%	25-05-2022	MN041152 0140013919	Trying respond
12	Salam Abema Devi	S.InaoSingh	Andro	11-05-2007	F	Mild	50%	25-05-2022	MN 0720020070007355	Trying respond
13	Elangbam Nicky Devi	E.Robichandra singh	Hiyanglam makha leikai	06-06-2009	F	Moderate	70%	25-05-2022	MN111002 0090006395	Trying respond
14	Kangujam Lanchenba singh	K.Shyam singh	Kakwa	02-01-2006	M	Moderate	70%	25-05-2022	MN072092 0060007386	Trying respond
15	Laishram Anupama Devi	L.Hemashing singh	Hiyanglam	09-03-2009	F	Moderate	75%	25-05-2022	MN111002 0090006382	Trying respond
16	Elangbam Radhakanta	E.Jayenta	Hiyanglam	09-03-2009	M	Moderate	75%	25-05-2022	MN111002 0090006382	Trying respond
17	Shougaijam Geetarani Devi	Sh.Suresh singh	Kakching wairisabal leikai	03-04-2008	F	Moderate	75%	25-05-2022	MN1110020080006016	Trying respond
18	Sengangmeilu kamei	Kangungakamei	Ragailong	12-03-2014	F	Moderate	75%	10-06-2022	MN0720020140007280	Trying respond
19	Chingsubam Yoihenba singh	Ch.dannyboy singh	Thangmeibandymnam leikai	23-02-2009	M	Moderate	75%	10-06-2022	MN0620020090010070	Trying respond

20	Puthem Jackson	P.Rabei	Andro khumanlaipat leikai	03-05-2010	M	Moderate	75%	20-04-2022	MN073002 0100009230	Trying respond
21	Nitish Ngangbam	Ng.Chittaranjan singh	Uripok bachaspati leikai	31-08-2007	M	Moderate	70%	25-05-2022	MN062002 0070014427	Trying respond
22	Heikham Opendro singh	H.Deban singh	Khurkhul	03-06-2007	M	Severe	80%	25-05-2022	MN062002 0070011130	Trying respond
23	Kshetrimayum Vaneesa devi	Ksh. Pyarchandra singh	Kongpal kshetri leikai	20-10-2008	F	Severe	80%	06-06-2022	MN072012 0080007846	Trying respond
24	Moirangthem Silheiba singh	M.Ningthemjao singh	Mantripukhri	18-07-2005	M	Severe	80%	06-06-2022	MN072012 0050007994	Trying respond
25	Y Khursidashahni	Fakerddin	Khetrigao awangsabal	27-11-2013	F	Moderate	75%	06-06-2022	MN072002 0130007834	Trying respond
26	Muhammad Sohen khan	Md Thoiba	Mantripukhri	03-05-2009	M	Mild	50%	06-06-2022	MN072002 0090007455	Trying respond
27	Ningombam Manithoi	N.Bimol singh	Okram chuthek bashikhong	14-10-2012	M	Mild	50%	06-06-2022	MN073002 0120012726	Trying respond
28	Waikhom Sushil singh	W.Somorendro	ThangmeibandYumnam leikai	22-10-2007	M	Moderate	75%	12-07-2022	MN062092 0070014875	Trying respond
29	Huirem Boinao meitei	H.Abera Meitei	NaharupPangong	22-12-1999	M	Moderate	75%	20-07-2022	MN072001 9990007136	Trying respond
30	Kharibam Mangilal singh	Kh.Ajitsingh	Hiyangthang	21-01-2004	M	Severe	90%	04-07-2022	MN062002 0040008881	Trying respond
31	Khangembam Tomba singh	Kh.Ahanjao singh	Khurkhul Awangleikai	14-02-2001	M	Mild	50%	04-07-2022	MN062002 0010011704	Trying respond
32	Tongbram Roshan singh	T.Manichandra singh	Sagolband thingom leikai	20-05-2003	M	Mild	50%	08-04-2022	MN062002 0030010721	Trying respond
33	Luckysun Naorem	N.Inaomeitei	Patsoi part III	09-01-2000	M	Severe	90%	18-05-2022	MN062092 0000006865	Trying respond
34	Taorem Babina devi	Taorem Pocha singh	Patsoi part3	15-07-2002	F	Mild	50%	25-05-2022	MN062092 0020015254	Trying respond
35	Thoudam Geetchandra	Th.Bihari singh	Langjing	13-12-1999	M	Severe	90%	20-04-2022	MN062081 9990010569	Trying respond
36	Moirangthem Tamila chanu	M.Ingocha meitei	Ningthemchakhul lamlong	10-10-2008	F	Severe	92%	08-04-2022	MN073042 0080012364	Trying respond
37	Maibam Punshiba Singh	M. Bhubon Singh	Uripok Bachaspati	25-09-2014	M	Moderate	75%	24-03-2023	MN0630920140020372	Trying respond
38	Asem Malemnganbi Devi	A.Indrakumar	Konchak Mamang leikai	26-08-2009	F	Mild	59%	27-03-2023	MN0630920090020393	Trying respond
39	R.K Holyson	R.K Bijoy	Mao	17-09-2010	M	Moderate	75%	28-03-2023	MN0110920100005183	Trying respond
40	Avyan MC	Sarangthem Arbind	Waikhong Awang Leikai	07-01-2017	M	Moderate	75%	18-04-2023	MN1110020150006743	Trying respond
41	Vidya Arambam	Chingkheinganba Singh	Chingmeirong	06/09/2013	F	Mild	50%	18-11-2022	MN0730920130017240	Trying respond
42	Nongyaimayum Tabasum	Md.Abdul Gaffar	Kiyangei Muslim Mayai	10/04/2015	M	Moderate	75%	20-11-2022	MN0730820150017068	Trying respond
43	Tongram Siliya Devi	Tongram Ramesh Singh	Chanam Sandrook	17-02-2015	F	Mild	50%	01-03-2002	MN0730920020017041	Trying respond
44	Khagokpam Phabishna Devi	Khagokpam Tomba Singh	Porompat	26-06-2012	F	Moderate	75%	20-10-2023	MN0740920120018872	Trying respond
45	Percy Leimapokpam	Leimapokpam Surjit Singh	Porompat	01-09-2012	F	Multiple	90%	09-11-2022	MN0740120120019094	Trying respond
46	Md. Wajir	Md. Sukur Khan	Keirao Bitra	05-02-2011	M	Moderate	75%	03-03-2023	MN0730920110018509	Trying respond
47	Leishangthem Mangalleibi	L. Ibotombi Singh	Pangei Maning Leikai	01-09-2012	F	Mild	50%	17-11-2022	MN0740920120019748	Trying respond
48	Laishram Linthoi Devi	Laishram Basanta Singh	Keirao Bitra	16-09-2011	F	Mild	50%	08-03-2023	MN0740920110021507	Trying respond
49	Gangamlung Pamei	Abui Pamei	Porompat	01-12-2016	M	Moderate	70%	19-11-2022	MN0730920160017485	Trying respond

50	Divyanka Maibam	Maibam Khagemba Meitei	Porompat	18-12-2015	F	Multiple Disability	87%	05-04-2023	MN0740120150018763	Trying respond
51	Khaidem Donson	Kh. Doren	Patsoi	01-11-2016	M	Moderate	75%	05-04-2023	MN0630920160023896	Trying respond
52	K Dinngampou	Kamei Sanajaoba	Uchiwa Kabui Khun	08-11-2012	M	Mild	50%	05-04-2023	MN0630920120023246	Trying respond
53	Lungaisin Palmei	Aguiba Palmei	Kakhulong	30-03-2005	M	Moderate	70%	05-04-2023	MN0630920050023309	Trying respond
54	Sunny Roy Dangmei	Tapan Roy Dangmei	Kakhulong	12-05-2007	M	Mild	50%	11-04-2023	MN0630920070023314	Trying respond
55	Mayangmayum Wasim	Mayangmayum Abdul Latif	Bengoon Maning Leikai	08-01-2009	M	Moderate	60%	11-04-2023	MN0630920090023293	Trying respond
56	Heirom Bikesh Meitei	Heirom Ranjit Singh	Chanam Sandrok	02-01-2017	M	Mild	50%	05-04-2023	MN0740920170021496	Trying respond
57	Reshmi Bhatarai	Jeet Bahadur	Sagolmang	23-01-2013	M	Moderate	80%	16-11-2022	MN0730920130017110	Trying respond
58	Md Abdur Rahim	Md Abdur Rashid	Keirao Bitra	03-02-2005	M	Schizophrenia	75%	06-04-2023	MN0730920050017731	Trying respond
59	Safina	Md. Liyakat Ali	Kwakta	23-09-2013	F	Low Vision	70%	03-11-2022	MN0410720130016401	Trying respond
60	Moirangthem Thoungama	M Shashikanta Singh	Napet Maning Leikai	29-05-2015	M	Multiple Disability	89%	20-11-2022	MN0730120150016994	Trying respond
61	Wangjam Rinkle Singh	Wangjam Dhana Singh	Keirao Bitra Makha Leikai	01-03-2002	M	Intellectual Disability	70%	20-10-2022	MN0730920020017041	Trying respond
62	Kimgracy Gangte	Pauneu	Khousabung Village	21-10-2014	F	Multiple Disability	86%	19-10-2022	MN0310120140012918	Trying respond
63	Kambuiliu Kahmei	Micah	Utopia Ward No.6	31-12-2014	F	Cerebral Palsy	80%	02-11-2022	MN0210320140005816	Trying respond
64	Dulcy Ningthoujam	N. Bivek Singh	Singjamei Chingamathak	13-05-2017	F	Mild	59%	05-04-2023	MN0630920170024007	Trying respond
65	Wahengbam Wares Singh	W. kunjabihari	Ghari Awang Leikai	15-11-2012	M	Mild	59%	05-04-2023	MN0630920120014148	Trying respond
66	Pukhrambam Sonia Devi	P. Sunder	Kwakeithel	05-07-2011	F	Moderate	75%	13-04-2023	MN0630920110024219	Trying respond
67	Phurailatpam Aryan	Ph. Ranjit Shirma	Heirangoi thong	25-10-2007	M	Mild	50%	04-01-2023	MN0620920070013420	Trying respond
68	Kapil Akoijam	Ak. Dilip Singh	Sagolband	20-10-1999	M	Moderate	70%	12-01-2023	MN0620919990016929	Trying respond
69	Thounaojam Monika Devi	Th. Achouba Singh	Kwakeithel Lamdong	27-10-2007	M	Moderate	75%	02-02-2023	MN0620820070016032	Trying respond
70	Ningthoujam Baby Devi	N. Jadov Singh	Tairenpokpi Mayai Leikai	21-06-2004	F	Moderate	75%	10-02-2023	MN0620920040015510	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

Chief Medical Officer
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 **12**, F, Registration No. **1407/00000/2201/0612672**, 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 **Intellectual Disability**

(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

Polly Nalar

Signatory of notified Medical Authority Member(s)



Dr. K. Lakshmi Devi
Chief Medical Officer
Imphal East, Manipur



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

Disability Certificate

Chief Medical Officer
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 **11**, F, 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 **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 **10/06/2027**

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

Nature of Document(s): Aadhaar card



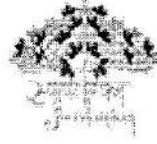
Signature / Thumb Impression of the Person with Disability

Dr. A. Indira Devi

Signatory of notified Medical Authority Member(s)



Dr. A. Indira Devi
Chief Medical Officer
Imphal East, 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

M. Anand Singh *[Signature]*

Signatory of notified Medical Authority Member(s)



[Signature]

Issuing Medical Authority, Kakching, Manipur



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

Disability Certificate

Chief Medical Officer
Imphal West, Manipur



Certificate No.: MN0620020130010733

Date: 18/02/2022

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 **9**, F, 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 **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): Aadhaar card



Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



Chief Medical Officer
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.: 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 **Meidangpok 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, Manipur



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

Disability Certificate

Chief Medical Officer
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 Ranjithkumar Singh**, Date of Birth **25/01/2014**, Age **9**, M, Registration No. **1406/00000/2202/0252229**, resident of House No. **Kwakeithel 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 **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)



Chief Medical Officer
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 Malemnganbi**, 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

LS. Hemanta 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, 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 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 **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

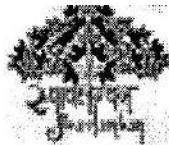
LS. Hemdaka Devi

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.: MN0620020140007533

Date: 04/11/2021

This is to certify that I/we have carefully examined Shri **Soyam Shingmandra**, Son of Shri **Soyam Romio**, Date of Birth **02/02/2014**, Age **7**, Male, Registration No. **1406/00000/2110/1195573**, resident of House No. **Sega Road, Chhwaikpam 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 **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 of the 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:

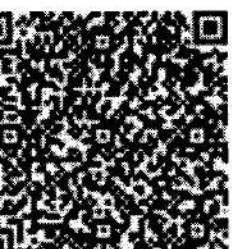
Nature of Document(s): Aadhaar card



Signature / Thumb Impression of the Person with Disability

Soyam Shingmandra

Signature of notified Medical Authority Member(s)



Issuing Medical Authority, Imphal West, Manipur

Disability Certificate

(In case of multiple disability)

Issuing Medical Authority, Imphal West, Manipur

Certificate No.: MN0620120160015953

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 Mayal Leikai - 795009** Sub District **Wangol** 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 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 (%)
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**

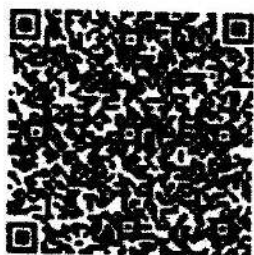
4. The applicant has submitted the following document(s) as proof of residence:-

Nature of Document(s): Aadhaar card.

Signature / Thumb impression of the Person With Disability

AS. Hemshata Devi

Signature of notified Medical Authority Member



Issuing Medical Authority, Imphal West, Mar



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.: MN0411520140013919

Date: 08/07/2022

This is to certify that I/we have carefully examined Kum. **Rajkumari Lanthoibi**, Daughter of Shri **Somendro Rajkumar**, Date of Birth **06/03/2014**, Age **8**, Female, Registration No. **1404/00000/2206/1566812**, resident of House No. **Utlou Makha Leikai - 795134**, Sub District **Nambol**, District **Bishnupur**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Speech and Language Disability**

(B) The diagnosis in her case is **Down's Syndrome e Speech & language disability**

(C) She has **80%**(in figure) **Eighty** percent(in words) Temporary Disability in relation to her Throat 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 **08/06/2032**

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, Bishnupur, 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.: 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

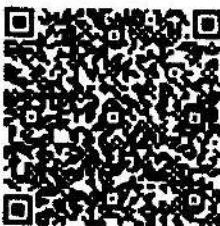


Signature / Thumb Impres

Signature / Thumb Impression of the Person with Disability



Signatory of notified Medical Authority Member(s)



Dr. K. Zindra Devi
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, 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 Leikal - 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:

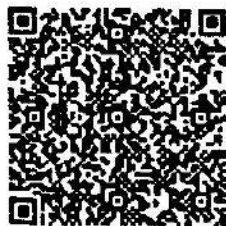
Nature of Document(s): Aadhaar card



Signature / Thumb Impression of the Person with Disability

M. Anand Singh *[Signature]*

Signatory of notified Medical Authority Member(s)



[Signature]

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 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**

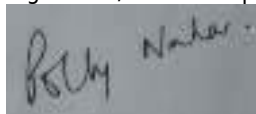
(C) He has **70%**(in figure) **Seventy** percent(in words) Permanent Disability in relation to his Brain as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

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



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

M. Anand Singh

Signatory of notified Medical Authority Member(s)



[Signature]

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, 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

M. Anand Singh

Signatory of notified Medical Authority Member(s)



[Signature]

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, 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

M. Anand Singh

Signatory of notified Medical Authority Member(s)



[Signature]

Issuing Medical Authority, Kakching, Manipur



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

Disability Certificate

Chief Medical Officer
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 **9**, F, 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 **Intellectual Disability**

(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)



Dr. K. Bala Devi
Chief Medical Officer
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 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



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).

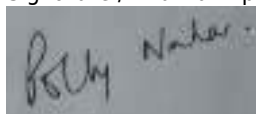
This certificate recommended for **5 year(s)**, and therefore this certificate shall be valid till **07/06/2027**

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



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

[Handwritten Signature]

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.: 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



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

Polly Naler

Signature of notified Medical Authority Member



Issuing Medical Authority, Imphal East, Manipur



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



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**

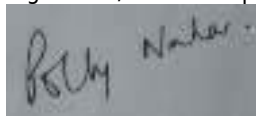
(C) She has **75%**(in figure) **Seventy Five** percent(in words) Permanent Disability in relation to her Brain as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPWD Act, 2016 notified by Government of India vide S.O. 76(E) dated 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



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



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).

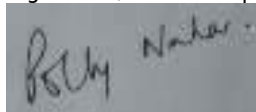
This certificate recommended for **5 year(s)**, and therefore this certificate shall be valid till **21/07/2027**

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



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



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**

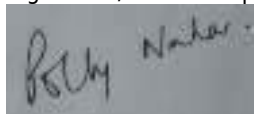
(C) She has **75%**(in figure) **Seventy Five** percent(in words) Permanent Disability in relation to her Brain as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 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



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**.

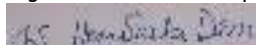
(C) He has **90%**(in figure) **Ninety** percent(in words) Permanent Disability in relation to his Brain as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPWD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

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

[Handwritten Signature]

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.: 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

[Handwritten Signature]

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.: 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**

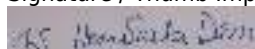
(C) He has **90%**(in figure) **Ninety** percent(in words) Permanent Disability in relation to his Brain as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPWD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

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



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: 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 equivalent



Signature / Thumb Impression of the Person with Disability

45. How Santa Dies

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.: 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

AS. Hemanta 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

Chief Medical Officer
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 **14**, F, 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)



Dr. K. Babina Devi
Chief Medical Officer
Imphal East, Manipur



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

Disability Certificate

Chief Medical Officer
Imphal West, Manipur



Certificate No.: MN0630920140020372

Date: 25/04/2023

This is to certify that I/we have carefully examined Shri **Maibam Punshiba Singh**, Son of Shri **Maibam Bhubon Singh**, Date of Birth **25/09/2014**, Age **8**, M, Registration No. **1406/00000/2207/2843724**, 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 **Intellectual Disability**

(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 **25/04/2028**

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)



Chief Medical Officer
Imphal West, Manipur



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

Disability Certificate

Chief Medical Officer
Imphal West, Manipur



Certificate No.: MN0630920090020393

Date: 26/04/2023

This is to certify that I/we have carefully examined Kum. **Asem Malemnganbi Chanu**, Daughter of Shri **Asem Indrakumar Singh**, Date of Birth **26/08/2009**, Age **14**, F, Registration No. **1406/00000/2210/0523637**, resident of House No. **Konchak Mamang Leikai - 795132**, Sub District **Wangoi**, 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**

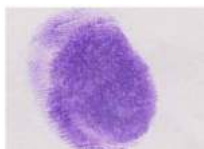
(B) The diagnosis in her case is **Mild Intellectual Disability**

(C) She has **59%**(in figure) **Fifty Nine** 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 **26/04/2028**

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)



Chief Medical Officer
Imphal West, Manipur



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

Disability Certificate

Chief Medical Officer
Senapati, Manipur



Certificate No.: MN0110920100005183

Date: 23/01/2023

This is to certify that I/we have carefully examined Shri **R K Holyson**, Son of Shri **R K Bijoy**, Date of Birth **17/09/2010**, Age **12**, M, Registration No. **1401/00000/2301/0946274**, resident of House No. **Katomei Makeng - 795106**, Sub District **Mao-maram**, District **Senapati**, 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 Mental Retardation**

(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 **23/01/2028**

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

Nature of Document(s): Cast and Domicile Certificate
with address and photo issued by State G

HOLY SON

Signature / Thumb Impression of the Person with Disability

Pauline

Signatory of notified Medical Authority Member(s)



Chief Medical Officer
Senapati, Manipur

Chief Medical Officer
Senapati, Manipur



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

Disability Certificate

Chief Medical Officer
Kakching, Manipur



Certificate No.: MN1110020150006743

Date: 16/07/2022

This is to certify that I/we have carefully examined Shri **Avyan Mc**, Son of Shri **Arbind Singh Sarangthem**, Date of Birth **25/07/2015**, Age **8**, M, Registration No. **1411/00000/2206/0577610**, resident of House No. **Waikhong Awang 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 **Intellectual Disability**

(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 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 **4 year(s) 6 month(s)**, and therefore this certificate shall be valid till **16/01/2027**

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)



Chief Medical Officer
Kakching, Manipur



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

Disability Certificate

Chief Medical Officer
Imphal East, Manipur



Certificate No.: MN0730920130017240

Date: 13/02/2023

This is to certify that I/we have carefully examined Kum. **Vidya Arambam**, Daughter of Shri **Arambam Chingkheinganba Singh**, Date of Birth **06/09/2013**, Age **10**, F, Registration No. **1407/00000/2301/1677863**, resident of House No. **Chingmeirong Makha 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 **Intellectual Disability**

(B) The diagnosis in her case is **Mild Mental Retardation with ADHD**

(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 **13/02/2028**

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

Polly Natar

Dr. A. Indira Devi

Signatory of notified Medical Authority Member(s)



Dr. A. Indira Devi
Chief Medical Officer
Imphal East, Manipur



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

Disability Certificate

Chief Medical Officer
Imphal East, Manipur



Certificate No.: MN0730820150017068

Date: 09/02/2023

This is to certify that I/we have carefully examined Kum. **Nongyaimayum Tabasum**, Daughter of Shri **Md Abdul Gaffar**, Date of Birth **10/04/2015**, Age **8**, F, Registration No. **1407/00000/2211/1937672**, resident of House No. **Kiyamgei Muslim Mayai - 795003**, 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 Illness**

(B) The diagnosis in her case is **Moderate Intellectual Disability**

(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

RTI

Dr. A. Indira Devi

Signatory of notified Medical Authority Member(s)



Dr. A. Indira Devi
Chief Medical Officer
Imphal East, Manipur



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

Disability Certificate

Chief Medical Officer
Imphal East, Manipur



Certificate No.: MN0740920150021510

Date: 25/10/2023

This is to certify that I/we have carefully examined Kum. **Thongram Siliya Devi**, Daughter of Shri **Thongram Ramesh Singh**, Date of Birth **17/02/2015**, Age **8**, F, Registration No. **1407/00000/2309/0134451**, resident of House No. **Chanam Sandrok Mayai Leikai - 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 **Intellectual Disability**

(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 **25/10/2028**

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

Kalyani S.

Dr. A. Indira Devi

Signatory of notified Medical Authority Member(s)



Dr. A. Indira Devi
Chief Medical Officer
Imphal East, Manipur



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

Disability Certificate

Chief Medical Officer
Imphal East, Manipur



Certificate No.: MN0740920120018872

Date: 19/04/2023

This is to certify that I/we have carefully examined Kum. **Khagokpam Phabishana Devi**, Daughter of Shri **Khagokpam Tomba**, Date of Birth **26/06/2012**, Age **11**, F, Registration No. **1407/00000/2006/0044047**, resident of House No. **Khurai Thangjam 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 **Intellectual Disability**

(B) The diagnosis in her case is **Moderate Intellectual Disability 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

Polly Nalar

Dr. A. Indira Devi

Signatory of notified Medical Authority Member(s)



Dr. A. Indira Devi
Chief Medical Officer
Imphal East, Manipur



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

Disability Certificate

(In case of multiple disability)

Chief Medical Officer

Imphal East, Manipur



Certificate No.: MN0740120120019094

Date: 27/04/2023

This is to certify that I/We have carefully examined Kum. **Percy Leimapokpam** Daughter of Shri **Leimapokpam Surjit Singh** Date of Birth **01/09/2012** Age **10 Year(s)** F, Registration No. **1407/00000/2304/0651711** resident of the **Laiphom Khunou Mayai Leikai - 795010** 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	Moderate Intellectual Disability	70%
2	Low Vision	Both Eye	Esotropia with Nystagmus	90%

(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 non-progressive.

3. Re-assessment of disability is:

(i) recommended **Or**

(ii) is recommended/ for **5 year(s)**, and therefore this certificate shall be valid till **27/04/2028**

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

Nature of Document(s): Aadhaar card.

Percy L

Signature / Thumb impression of the Person With Disability

Percy Natar.

Dr. A. Indira Devi

Signature of notified Medical Authority Member



Dr. A. Indira Devi
Chief Medical Officer
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

Chief Medical Officer
Imphal East, Manipur



Certificate No.: MN0730920110018509

Date: 27/03/2023

This is to certify that I/we have carefully examined Shri **Md Wajir**, Son of Shri **Md Sukur Khan**, Date of Birth **05/02/2011**, Age **12**, M, Registration No. **1407/00000/2003/0624228**, resident of House No. **Yairipok Malom - 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 **Intellectual Disability**

(B) The diagnosis in his case is **Moderate 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).

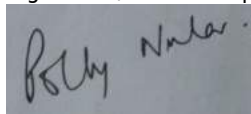
This certificate recommended for **6 year(s)**, and therefore this certificate shall be valid till **27/03/2029**

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



Dr. A. Indira Devi

Signatory of notified Medical Authority Member(s)



Dr. A. Indira Devi
Chief Medical Officer
Imphal East, Manipur



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

Disability Certificate

Chief Medical Officer
Imphal East, Manipur



Certificate No.: MN0740920120019748

Date: 17/08/2023

This is to certify that I/we have carefully examined Kum. **Leishangthem Mangalleibi**, Daughter of Shri **Leishangthem Ibotombisingh**, Date of Birth **01/09/2012**, Age **11**, F, Registration No. **1407/00000/2308/0589157**, resident of House No. **Pangei Maning Leikai - 795114**, 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 **Intellectual Disability**

(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 **17/08/2028**

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

Kalyani S.

Dr. A. Indira Devi

Signatory of notified Medical Authority Member(s)



Dr. A. Indira Devi
Chief Medical Officer
Imphal East, Manipur



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

Disability Certificate

Chief Medical Officer
Imphal East, Manipur



Certificate No.: MN0740920110021507

Date: 25/10/2023

This is to certify that I/we have carefully examined Kum. **Laishram Linthoi Devi**, Daughter of Shri **Laishram Basanta Singh**, Date of Birth **16/09/2011**, Age **12**, F, Registration No. **1407/00000/2309/0140093**, resident of House No. **Chanam Sandrok Makha Leikai - 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 **Intellectual Disability**

(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 **6 year(s)**, and therefore this certificate shall be valid till **25/10/2029**

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

Kalyani S.
Dr. A. Indira Devi

Signatory of notified Medical Authority Member(s)



Dr. A. Indira Devi
Chief Medical Officer
Imphal East, Manipur



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

Disability Certificate

Chief Medical Officer
Imphal East, Manipur



Certificate No.: MN0730920160017485

Date: 21/02/2023

This is to certify that I/we have carefully examined Shri **Gangamlung Pamei**, Son of Shri **Abui Pamei**, Date of Birth **01/12/2016**, Age **6**, M, Registration No. **1407/00000/2302/0125534**, resident of House No. **Keikhu Kabui, Kongba Road - 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 Autism with Intellectual Disability**

(C) He has **70%**(in figure) **Seventy** 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).

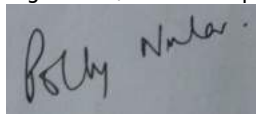
This certificate recommended for **5 year(s)**, and therefore this certificate shall be valid till **21/02/2028**

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



Dr. A. Indira Devi

Signatory of notified Medical Authority Member(s)



Dr. A. Indira Devi
Chief Medical Officer
Imphal East, Manipur



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

Disability Certificate

(In case of multiple disability)

Chief Medical Officer

Imphal East, Manipur



Certificate No.: MN0740120150018763

Date: 12/04/2023

This is to certify that I/We have carefully examined Kum. **Divyanka Maibam** Daughter of Shri **Maibam Khagemba Meitei** Date of Birth **18/12/2015** Age **7 Year(s)** F, Registration No. **1407/00000/2301/0587261** resident of the **Ningomthong Kitna Panung - 795008** 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	Moderate Intellectual Disability	75%
2	Locomotor Disability	Locomotor/OH	Quadriplegia	70%

(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

Dr. A. Indira Devi

Signature of notified Medical Authority Member



Dr. A. Indira Devi
Chief Medical Officer
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

Chief Medical Officer
Imphal West, Manipur



Certificate No.: MN0630920160023896

Date: 07/11/2023

This is to certify that I/we have carefully examined Shri **Khaidem Donson Singh**, Son of Shri **Kh Doren Singh**, Date of Birth **01/11/2016**, Age **7**, M, Registration No. **1406/00000/2308/0566904**, resident of House No. **Patsoi Part Iv - 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 **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

H. Roma Devi.

Signatory of notified Medical Authority Member(s)



Chief Medical Officer
Imphal West, Manipur



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

Disability Certificate

Chief Medical Officer
Imphal West, Manipur



Certificate No.: MN0630920120023246

Date: 26/10/2023

This is to certify that I/we have carefully examined Shri **K Dinngampou**, Son of Shri **Kamei Sanajaoba**, Date of Birth **08/11/2012**, Age **11**, M, Registration No. **1406/00000/2209/1223168**, resident of House No. **Uchiwa Kabui Khun, P.o./p.s. Mayang Imphal - 795132**, 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 **Intellectual Disability**

(B) The diagnosis in his case is **Mild intellectual disability with seizure disorder**

(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

H. Roma Devi.

Signatory of notified Medical Authority Member(s)



Chief Medical Officer
Imphal West, Manipur



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

Disability Certificate

Chief Medical Officer
Imphal West, Manipur



Certificate No.: MN0630920050023309

Date: 26/10/2023

This is to certify that I/we have carefully examined Shri **Lungaisin Palmei**, Son of Shri **Aguiba Palmei**, Date of Birth **30/03/2005**, Age **18**, M, Registration No. **1406/00000/2208/1089115**, resident of House No. **Kakhulong Paona Bazar - 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**

(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

H. Roma Devi.

Signatory of notified Medical Authority Member(s)



Chief Medical Officer
Imphal West, Manipur



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

Disability Certificate

Chief Medical Officer
Imphal West, Manipur



Certificate No.: MN0630920070023314

Date: 26/10/2023

This is to certify that I/we have carefully examined Shri **Sunny Roy Dangmei**, Son of Shri **Tapan Roy Dangmei**, Date of Birth **12/05/2007**, Age **16**, M, Registration No. **1406/00000/2208/1083671**, resident of House No. **Kakhulong - 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 **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

Sunny Dangmei

Signature / Thumb Impression of the Person with Disability

H. Roma Devi.

Signatory of notified Medical Authority Member(s)



[Signature]

Chief Medical Officer
Imphal West, Manipur



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

Disability Certificate

Chief Medical Officer
Imphal West, Manipur



Certificate No.: MN0630920090023293

Date: 26/10/2023

This is to certify that I/we have carefully examined Shri **Mayangmayum Wasim**, Son of Shri **Mayangmayum Abdul Latif**, Date of Birth **08/01/2009**, Age **14**, M, Registration No. **1406/00000/2209/1220973**, resident of House No. **Bengoon Maning Leikai, P.O./p.s. Mayang Imphal - 795132**, 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 **Intellectual Disability**

(B) The diagnosis in his case is **Moderate intellectual disability with seizure disorder**

(C) He has **60%**(in figure) **Sixty** 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

M. Wasim

Signature / Thumb Impression of the Person with Disability

H. Roma Devi.

Signatory of notified Medical Authority Member(s)



[Signature]

Chief Medical Officer
Imphal West, Manipur



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

Disability Certificate

Chief Medical Officer
Imphal East, Manipur



Certificate No.: MN0740920170021496

Date: 25/10/2023

This is to certify that I/we have carefully examined Shri **Heirom Bikesh Meitei**, Son of Shri **Heirom Ranjit Singh**, Date of Birth **02/01/2017**, Age **6**, M, Registration No. **1407/00000/2309/0137086**, resident of House No. **Chanam Sandrok Awang Leikai - 795008**, Sub District **Keirao Bitra**, District **Imphal East**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

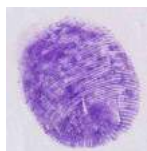
(A) He is a case of **Intellectual Disability**

(B) The diagnosis in his case is **Mild Intellectual Disability with Down's Syndrome**

(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

Kalyani S.
Dr. A. Indira Devi

Signatory of notified Medical Authority Member(s)



Dr. A. Indira Devi
Chief Medical Officer
Imphal East, Manipur



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

Disability Certificate

Chief Medical Officer
Imphal East, Manipur



Certificate No.: MN0730920130017110

Date: 10/02/2023

This is to certify that I/we have carefully examined Kum. **Reshmi Bhatarai**, Daughter of Shri **Jeet Bahadur**, Date of Birth **23/01/2013**, Age **10**, F, Registration No. **1407/00000/1909/1185336**, resident of House No. **Tiger Camp, Purum Shadugram, Sagolmang - 795114**, 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 **Intellectual Disability**

(B) The diagnosis in her case is **Moderate Intellectual Disability with Autism**

(C) She has **80%**(in figure) **Eighty** 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

Reshmi Bhatarai

Dr. A. Indira Devi

Signatory of notified Medical Authority Member(s)



Dr. A. Indira Devi
Chief Medical Officer
Imphal East, Manipur



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

Disability Certificate

Chief Medical Officer
Imphal East, Manipur



Certificate No.: MN0730920050017731

Date: 02/03/2023

This is to certify that I/we have carefully examined Shri **Md Abdur Rahim**, Son of Shri **Md Abdur Rashid**, Date of Birth **03/02/2005**, Age **18**, M, Registration No. **1407/00000/2302/1334617**, resident of House No. **Yairipok Changamdabi Mathak - 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 **Intellectual Disability**

(B) The diagnosis in his case is **Chronic mental Illness (Schizophrenia)**

(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 **02/03/2028**

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

Nature of Document(s): Aadhaar card

Md. Abdur Rahim.

Signature / Thumb Impression of the Person with Disability

Bolby Nalar.

Dr. A. Indira Devi

Signatory of notified Medical Authority Member(s)



Dr. A. Indira Devi
Chief Medical Officer
Imphal East, Manipur



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

Disability Certificate

Chief Medical Officer
Bishnupur, Manipur



Certificate No.: MN0410720130016401

Date: 16/03/2023

This is to certify that I/we have carefully examined Kum. **Safina**, Daughter of Shri **Md. Liyakat Ali**, Date of Birth **03/09/2013**, Age **10**, F, Registration No. **1404/00000/2303/0790299**, resident of House No. **Kwakta Khunou, Ward No. 3 - 795133**, Sub District **Moirang**, District **Bishnupur**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Low Vision**

(B) The diagnosis in her case is **Refractive error c Amblyopia (LE)**

(C) She has **70%**(in figure) **Seventy** percent(in words) Temporary Disability in relation to her Left eye as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

This certificate recommended for **9 year(s) 11 month(s)**, and therefore this certificate shall be valid till **16/02/2033**

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)





Chief Medical Officer
Bishnupur, Manipur



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

Disability Certificate

(In case of multiple disability)

Chief Medical Officer

Imphal East, Manipur



Certificate No.: MN0730120150016994

Date: 06/02/2023

This is to certify that I/We have carefully examined Shri **Moirangthem Thoungama Singh** Son of Shri **Moirangthem Shashikanta Singh** Date of Birth **29/05/2015** Age **7 Year(s)** M, Registration No. **1407/00000/2208/0879388** resident of the **Napet Maning Leikai, Lamrai Nagar Panchayat, Napet - 795010** Sub District **Sawombung** 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	Cerebral Palsy	Whole Body	Cerebral Palsy with Intellectual Disability	80%
2	Intellectual Disability	Brain	Severe Disability	80%

(B) In the light of the above his 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

Bohy Natar.

Dr. A. Indira Devi

Signature of notified Medical Authority Member



Dr. A. Indira Devi
Chief Medical Officer
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

Chief Medical Officer
Imphal East, Manipur



Certificate No.: MN0730920020017041

Date: 09/02/2023

This is to certify that I/we have carefully examined Shri **Wangjam Rinkle Singh**, Son of Shri **Wangjam Dhana Singh**, Date of Birth **01/03/2002**, Age **21**, M, Registration No. **1407/00000/2211/0391710**, resident of House No. **Keirao Bitra Makha Leikai - 795008**, 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 **Intellectual Disability**

(B) The diagnosis in his case is **Intellectual Disability with developmental problems**

(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

Dr. A. Indira Devi

Signatory of notified Medical Authority Member(s)



Dr. A. Indira Devi
Chief Medical Officer
Imphal East, Manipur



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

Disability Certificate

(In case of multiple disability)

Chief Medical Officer
Churachandpur, Manipur



Certificate No.: MN0310120140012918

Date: 08/10/2022

This is to certify that I/We have carefully examined Kum. **Kimgracy Gangte** Daughter of Shri **Pauneu** Date of Birth **21/10/2014** Age **7 Year(s)** F, Registration No. **1403/00000/2210/0079878** resident of the **Khousabung Village - 795133** Sub District **Kangvai** District **Churachandpur** 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	Locomotor Disability	Brain	Hemiparesis, Down Syndrome	50%
2	Speech and Language Disability	Mouth	Speech and language disability	80%

(B) In the light of the above her overall physical impairment as per guidelines (to be specified) is as follows.

In figures **86%**

In words **Eighty Six** percent

2. This condition is not likely to improve.

3. Re-assessment of disability is:

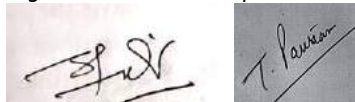
(i) not recommended,

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

Nature of Document(s): Other (Domicile Certificate).



Signature / Thumb impression of the Person With Disability



Signature of notified Medical Authority Member



Chief Medical Officer
Churachandpur, 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

Chief Medical Officer
Tamenglong, Manipur



Certificate No.: MN0210320140005816

Date: 05/04/2018

This is to certify that I/we have carefully examined Kum. **Kambuiliu Kahmei**, Daughter of Shri **Micah**, Date of Birth **31/12/2014**, Age **8**, F, Registration No. **1402/00000/2303/1422835**, resident of House No. **Utopia, Ward No 6 - 795141**, Sub District **Tamenglong**, District **Tamenglong**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Cerebral Palsy**

(B) The diagnosis in her case is **CEREBRAL PALSY**

(C) She has **80%**(in figure) **Eighty** percent(in words) Permanent Disability in relation to her HEAD 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): Other (Domicile Certificate)



Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)




Chief Medical Officer
Tamenglong, Manipur



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

Disability Certificate

Chief Medical Officer
Imphal West, Manipur



Certificate No.: MN0630920170024007

Date: 07/11/2023

This is to certify that I/we have carefully examined Kum. **Dulcy Ningthoujam**, Daughter of Shri **Ningthoujam Bivek Singh**, Date of Birth **13/05/2017**, Age **6**, F, Registration No. **1406/00000/2310/1462752**, resident of House No. **Singjamei Chinga Mathak - 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 **Mild intellectual disability**

(C) She has **59%**(in figure) **Fifty Nine** 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

H. Roma Devi.

Signatory of notified Medical Authority Member(s)



Chief Medical Officer
Imphal West, Manipur



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

Disability Certificate

Chief Medical Officer
Imphal West, Manipur



Certificate No.: MN0630920120024148

Date: 09/11/2023

This is to certify that I/we have carefully examined Shri **Wahengbam Wares Singh**, Son of Shri **Wahengbam Kunjabihari**, Date of Birth **15/11/2012**, Age **11**, M, Registration No. **1406/00000/2310/1495963**, resident of House No. **Ghari Awang Leikai - 795140**, 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 **Mild intellectual disability**.

(C) He has **59%**(in figure) **Fifty Nine** 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

H. Roma Devi.

Signatory of notified Medical Authority Member(s)



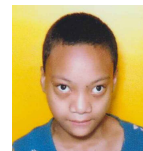
Chief Medical Officer
Imphal West, Manipur



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

Disability Certificate

Chief Medical Officer
Imphal West, Manipur



Certificate No.: MN0630920110024219

Date: 27/11/2023

This is to certify that I/we have carefully examined Kum. **Pukhrambam Sonia Devi**, Daughter of Shri **P Sundar Singh**, Date of Birth **05/07/2011**, Age **12**, F, Registration No. **1406/00000/2309/0619000**, resident of House No. **Kwakeithel Akham Leikai - 795001**, Sub District **Lamphelpat**, District **Imphal West**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

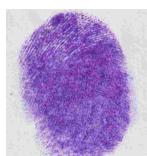
(A) She is a case of **Intellectual Disability**

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

(C) She has **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

H. Roma Devi.

Signatory of notified Medical Authority Member(s)



Chief Medical Officer
Imphal West, Manipur



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

Disability Certificate

Chief Medical Officer
Imphal West, Manipur



Certificate No.: MN0620920070013420

Date: 19/05/2022

This is to certify that I/we have carefully examined Shri **Phurailatpam Aryansharma**, Son of Shri **Phurailatpam Ranjit Sharma**, Date of Birth **25/10/2007**, Age **16**, M, Registration No. **1406/00000/2202/0972828**, resident of House No. **Heirangoithong Maibam Leikai - 795008**, 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 **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)



Chief Medical Officer
Imphal West, Manipur



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

Disability Certificate

Chief Medical Officer
Imphal West, Manipur



Certificate No.: MN0620919990016929

Date: 22/09/2022

This is to certify that I/we have carefully examined Shri **Kapil Akoijam**, Son of Shri **Akoijam Dilip Singh**, Date of Birth **20/10/1999**, Age **24**, M, Registration No. **1406/00000/2209/0478860**, resident of House No. **Sagolband Ingudam Leirak - 795001**, Sub District **Lamphelpat**, District **Imphal West**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

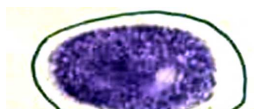
(A) He is a case of **Intellectual Disability**

(B) The diagnosis in his case is **Moderate Intellectual Disability**

(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)



Chief Medical Officer
Imphal West, Manipur



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

Disability Certificate

Chief Medical Officer
Imphal West, Manipur



Certificate No.: MN0620820070016032

Date: 10/08/2022

This is to certify that I/we have carefully examined Shri **Thounaojam Monika Devi**, Son of Shri **Thounaojam Achou Singh**, Date of Birth **27/10/2007**, Age **16**, M, Registration No. **1406/00000/2204/1771676**, resident of House No. **Kwakeithel, Lamdong Leikai - 795001**, 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 Illness**

(B) The diagnosis in his case is **Moderate 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 **4 year(s)**, and therefore this certificate shall be valid till **10/08/2026**

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

Thounaojam

Signatory of notified Medical Authority Member(s)



Dr. J. Kumar

Chief Medical Officer
Imphal West, Manipur



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

Disability Certificate

Chief Medical Officer
Imphal West, Manipur



Certificate No.: MN0620920040015510

Date: 28/07/2022

This is to certify that I/we have carefully examined Kum. **Ningthoujam Baby Devi**, Daughter of Shri **Ningthoujam Jadov Singh**, Date of Birth **21/06/2004**, Age **19**, F, Registration No. **1406/00000/2205/0606373**, resident of House No. **Tairenpokpi Mayai Leikai - 795113**, 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 **Intellectual Disability**

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

(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)



Chief Medical Officer
Imphal West, Manipur