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 : 2024-2025

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%	10-01-2024	MN0720020110007360	Trying respond
2	Nongmaithem Linthoi Devi	N. Ratankumar singh	Kakching PagiLeikai	15-07-2012	F	Mild	50%	20-04-2022	MN1110020120006634	Trying Respond
3	Laishangbam Khambaton	L. Mangi Meetei	New Keithelmanbi	04-07-2001	M	Severe	90%	18-05-2022	MN0620020010010326	Trying Respond
4	R.K Lanthoibi	R.K Ranjitkumar	Utlou	06-03-2014	F	Severe	80%	25-05-2022	MN041152 0140013919	Trying respond
5	Elangbam Nicky Devi	E.Robichandra singh	Hiyanglam makha leikai	06-06-2009	F	Moderate	70%	25-05-2022	MN111002 0090006395	Trying respond
6	Kangujam Lanchenba singh	K.Shyam singh	Kakwa	02-01-2006	M	Moderate	70%	25-05-2022	MN072092 0060007386	Trying respond
7	Laishram Anupama Devi	L.Hemashing singh	Hiyanglam	09-03-2009	F	Moderate	75%	25-05-2022	MN111002 0090006382	Trying respond
8	Elangbam Radhakanta	E.Jayenta	Hiyanglam	09-03-2009	M	Moderate	75%	25-05-2022	MN111002 0090006382	Trying respond
9	Shougaijam Geetarani Devi	Sh.Suresh singh	Kakching wairisabal leikai	03-04-2008	F	Moderate	75%	25-05-2022	MN1110020080006016	Trying respond
10	Ningthoujam Baby Devi	N. Jadov Singh	Tairenpokpi Mayai Leikai	21-06-2004	F	Moderate	75%	10-02-2023	MN0620920040015510	Trying respond
11	Heikham Opendro singh	H.Deban singh	Khurkhul	03-06-2007	M	Severe	80%	25-05-2022	MN062002 0070011130	Trying respond
12	Kshetrimayum Vaneesa devi	Ksh. Pyarchandra singh	Kongpal kshetri leikai	20-10-2008	F	Severe	80%	06-06-2022	MN072012 0080007846	Trying respond
13	Moirangthem Silheiba singh	M.Ningthemjao singh	Mantripukhri	18-07-2005	M	Severe	80%	06-07-2022	MN072012 0050007994	Trying respond
14	Thounaojam Monika Devi	Th. Achouba Singh	Kwakeithel Lamdong	27-10-2007	M	Moderate	75%	02-02-2023	MN0620820070016032	Trying respond
15	Muhammad Sohen khan	Md Thoiba	Mantripukhri	03-05-2009	M	M ild	50%	06-06-2022	MN072002 0090007455	Trying respond
16	Kapil Akoijam	Ak. Dilip Singh	Sagolband	20-10-1999	M	Moderate	70%	12-01-2023	MN0620919990016929	Trying respond
17	Waikhom Sushil singh	W.Somorendro	ThangmeibandYumnam leikai	22-10-2007	M	Moderate	75%	12-07-2022	MN062092 0070014875	Trying respond
18	Huirem Boinao meitei	H.Abera Meitei	NaharupPangong	22-12-1999	M	Moderate	75%	20-07-2022	MN072001 9990007136	Trying respond

19	Kharibam Mangilal singh	Kh.Ajitsingh	Hiyangthang	21-01-2004	M	Severe	90%	04-07-2022	MN062002 0040008881	Trying respond
20	Khangembam Tomba singh	Kh.Ahanjao singh	Khurkhul Awangleikai	14-02-2001	M	Mild	50%	04-07-2022	MN062002 0010011704	Trying respond
21	Tongbram Roshan singh	T.Manichandra singh	Sagolband thingom leikai	20-05-2003	M	Mild	50%	08-04-2022	MN062002 0030010721	Trying respond
22	Luckysun Naorem	N.Inaomeitei	Patsoi part III	09-01-2000	M	Severe	90%	18-05-2022	MN062092 0000006865	Trying respond
23	Taorem Babina devi	Taorem Pocha singh	Patsoi part3	15-07-2002	F	Mild	50%	25-04-2022	MN062092 0020015254	Trying respond
24	Thoudam Geetchandra	Th.Bihari singh	Langjing	13-12-1999	M	Severe	90%	20-04-2022	MN062081 9990010569	Trying respond
25	Moirangthem Tamila chanu	M.Ingocha meitei	Ningthemchakhul lamlong	10-10-2008	F	Severe	92%	08-04-2022	MN073042 0080012364	Trying respond
26	Maibam Punshiba Singh	M. Bhubon Singh	Uripok Bachaspati	25-09-2014	M	Moderate	75%	24-03-2023	MN0630920140020372	Trying respond
27	Asem Malemnganbi Devi	A.Indrakumar	Konchak Mamang leikai	26-08-2009	F	Mild	59%	19-03-2023	MN0630920090020393	Trying respond
28	R.K Holyson	R.K Bijoy	Mao	17-09-2010	M	Moderate	75%	28-03-2023	MN0110920100005183	Trying respond
29	Phurailatpam Aryan	Ph. Ranjit Shrma	Heirangoi thong	25-10-2007	M	Mild	50%	04-01-2023	MN0620920070013420	Trying respond
30	Vidya Arambam	Chingkheinganba Singh	Chingmeirong	06/09/2013	F	Mild	50%	18-11-2022	MN0730920130017240	Trying respond
31	Nongyaimayum Tabasum	Md.Abdul Gaffar	Kiyamgei Muslim Mayai	10/04/2015	M	Moderate	75%	20-11-2022	MN0730820150017068	Trying respond
32	Tongram Siliya Devi	Tongram Ramesh Singh	Chanam Sandrok	17-02-2015	F	Mild	50%	01-03-2002	MN0730920020017041	Trying respond
33	Khagokpam Phabishna Devi	Khagokpam Tomba Singh	Porompat	26-06-2012	F	Moderate	75%	20-10-2023	MN0740920120018872	Trying respond
34	Percy Leimapokpam	Leimapokpam Surjit Singh	Porompat	01-09-2012	F	Multiple	90%	09-11-2022	MN0740120120019094	Trying respond
35	Md. Wajir	Md. Sukur Khan	Keirao Bitra	05-02-2011	M	Moderate	75%	03-03-2023	MN0730920110018509	Trying respond
36	Leishangthem Mangalleibi	L. Ibotombi Singh	Pangei Maning Leikai	01-09-2012	F	Mild	50%	17-11-2022	MN0740920120019748	Trying respond
37	Laishram Linthoi Devi	Laishram Basanta Singh	Keirao Bitra	16-09-2011	F	Mild	50%	08-03-2023	MN0740920110021507	Trying respond
38	Pukhrambam Sonia Devi	P. Sunder	Kwakeithel	05-07-2011	F	Moderate	75%	13-04-2023	MN0630920110024219	Trying respond
39	Divyanka Maibam	Maibam Khagemba Meitei	Porompat	18-12-2015	F	Multiple Disability	87%	05-04-2023	MN0740120150018763	Trying respond
40	Khaidem Donson	Kh. Doren	Patsoi	01-11-2016	M	Moderate	75%	05-04-2023	MN0630920160023896	Trying respond
41	K Dinngampou	Kamei Sanajaoba	Uchiwa Kabui Khun	08-11-2012	M	Mild	50%	05-04-2023	MN0630920120023246	Trying respond
42	Lungaisin Palmei	Aguiba Palmei	Kakhulong	30-03-2005	M	Moderate	70%	05-04-2023	MN0630920050023309	Trying respond
43	Sunny Roy Dangmei	Tapan Roy Dangmei	Kakhulong	12-05-2007	M	Mild	50%	11-04-2023	MN0630920070023314	Trying respond
44	Mayangmayum Wasim	Mayangmayum Abdul Latif	Bengoon Maning Leikai	08-01-2009	M	Moderate	60%	11-04-2023	MN0630920090023293	Trying respond
45	Heirom Bikesh Meitei	Heirom Ranjit Singh	Chanam Sandrok	02-01-2017	M	Mild	50%	05-04-2023	MN0740920170021496	Trying respond
46	Reshmi Bhatarai	Jeet Bahadur	Sagolmang	23-01-2013	M	Moderate	80%	16-11-2022	MN0730920130017110	Trying respond
47	Md Abdur Rahim	Md Abdur Rashid	Keirao Bitra	03-02-2005	M	Schizophrenia	75%	06-04-2023	MN0730920050017731	Trying respond

48	Safina	Md. Liyakat Ali	Kwakta	23-09-2013	F	Low Vision	70%	03-11-2022	MN0410720130016401	Trying respond
49	Moirangthem Thoungama	M Shashikanta Singh	Napet Maning Leikai	29-05-2015	M	Multiple Disability	89%	20-11-2022	MN0730120150016994	Trying respond
50	Wangjam Ringkle Singh	Wangjam Dhana Singh	Keirao Bitra Makha Leikai	01-03-2002	M	ID	70%	20-10-2022	MN0730920020017041	Trying respond
51	Kimgracy Gangte	Pauneu	Khousabung Village	21-10-2014	F	Multiple Disability	86%	19-10-2022	MN0310120140012918	Trying respond
52	Kambuiliu Kahmei	Micah	Utopia Ward No.6	31-12-2014	F	Cerebral Palsy	80%	02-11-2022	MN0210320140005816	Trying respond
53	Dulcy Ningthoujam	N. Bivek Singh	Singjamei Chingamathak	13-05-2017	F	Mild	59%	05-04-2023	MN0630920170024007	Trying respond
54	Wahengbam Wares Singh	W. kunjabihari	Ghari Awang Leikai	15-11-2012	M	Mild	59%	05-04-2023	MN0630920120014148	Trying respond

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:

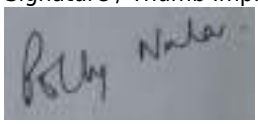
(A) She is a case of **Intellectual Disability**
(B) The diagnosis in her case is **Mild Intellectual Disability**
(C) She has **50%**(in figure) **Fifty** percent(in words) Temporary Disability in relation to her Brain as per the guidelines (Guidelines for the purpose of assessing the extent of specified 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



Signatory of notified Medical Authority Member(s)

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

Issuing Medical Authority, Kakching, Manipur

Certificate No.: MN1110020120006634 **Date: 30/06/2022**

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

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

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

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

Nature of Document(s): Aadhaar card

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)

Issuing Medical Authority, Kakching, Manipur

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

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

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

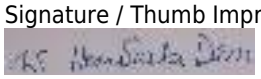
This is to certify that I/we have carefully examined Shri **Laishangbam Khambaton Meetei**, Son of Shri **Laishangbam Mangi Meetei**, Date of Birth **04/07/2001**, Age **20**, Male, Registration No. **1406/00000/1910/0895994**, resident of House No. **New Keithelmanbi - 795113**, Sub District **Patsoi**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

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

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

Nature of Document(s): Aadhaar card

Signature / Thumb Impression of the Person with Disability



Signatory of notified Medical Authority Member(s)

Issuing Medical Authority, Imphal West, Manipur

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

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

Disability Certificate

Issuing Medical Authority, 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:

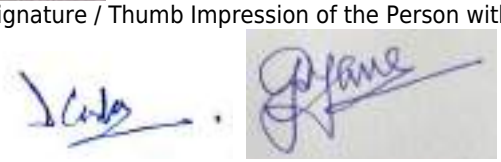
(A) She is a case of **Speech and Language Disability**
(B) The diagnosis in her case is **Down's Syndrome e Speech & language disability**
(C) She has **80%**(in figure) **Eighty** percent(in words) Temporary Disability in relation to her Throat as per the guidelines (Guidelines for the purpose of assessing 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

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 Office Kakching District, Kakching, Manipur

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

This is to certify that I/We have carefully examined Miss **Elangbam Nicky Devi** Daughter of Shri **E Robichandra Singh**, Date of Birth **06/06/2009**, Age **14**, Female, Registration No. **1411/00000/2203/1066940**, resident of **Hiyanglam Makha Leikai** - **795103**, Sub District **Kakching**, District **Kakching**, State / UT **Manipur**
Whose photograph is affixed above, and I/We satisfied that:
(A) She is a case of **Intellectual Disability**
(B) The diagnosis in her case is
(C) She has **75%** (in figure) **Seventy Five** percent(in words) Temporary Disability in relation to her as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).
This certificate recommended for **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

Signature of notified Medical Authority Member

Chief Medical Office Kakching District
Kakching, Manipur

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

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

Disability Certificate

Issuing Medical Authority, Imphal East, Manipur

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

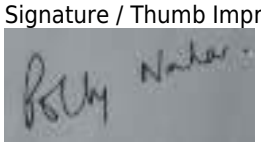
This is to certify that I/we have carefully examined Shri **Kangujam Lanchenba Singh**, Son of Shri **Kangujam Shyam Singh**, Date of Birth **02/10/2006**, Age **15**, Male, Registration No. **1407/00000/1911/0790753**, resident of House No. **Kakwa Lamdaibung** - **795008**, Sub District **Porompat**,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

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

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

Nature of Document(s): Aadhaar card

Signature / Thumb Impression of the Person with Disability



Signatory of notified Medical Authority Member(s)

Issuing Medical Authority, Imphal East, Manipur

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

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

Disability Certificate

Issuing Medical Authority, Kakching, Manipur

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

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

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

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

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

Nature of Document(s): Aadhaar card

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)

Issuing Medical Authority, Kakching, Manipur

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

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

Disability Certificate

Issuing Medical Authority, Kakching, Manipur

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

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

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

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

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

Nature of Document(s): Aadhaar card

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)

Issuing Medical Authority, Kakching, Manipur

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

Disability Certificate

Issuing Medical Authority, Kakching, Manipur

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

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

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

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

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

Nature of Document(s): Aadhaar card

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)

Issuing Medical Authority, Kakching, Manipur

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

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

Disability Certificate

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

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.: MN0620020070011130 **Date: 30/01/2018**

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

(A) He is a case of **Mental Retardation**
(B) The diagnosis in his case is **Severe mental retardation.**
(C) He has **80%**(in figure) **Eighty** percent(in words) Permanent Disability in relation to his Brain as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

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

Nature of Document(s): Aadhaar card

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)

Issuing Medical Authority, Imphal West, Manipur

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

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

Disability Certificate

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

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

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

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

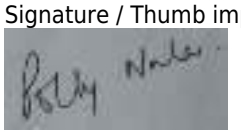
SNO.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Intellectual Disability	Brain	Intellectual disability	80%
2	Mental Retardation	Brain	Moderate	80%

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

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

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

Signature / Thumb impression of the Person With Disability



Signature of notified Medical Authority Member

Issuing Medical Authority, Imphal East, Manipur

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

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

Disability Certificate

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

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

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

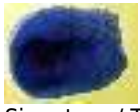
(A) He is a case of **Multiple Disability**. His extent of physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability table below.

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

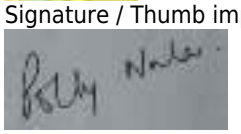
(B) In the light of the above his overall physical impairment as per guidelines (to be specified) is as follows.
In figures **88%**
In words **Eighty Eight** percent

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

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



Signature / Thumb impression of the Person With Disability



Signature of notified Medical Authority Member

Issuing Medical Authority, Imphal East, Manipur

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

Signatory of notified Medical Authority Member(s)

Chief Medical Officer
Imphal West, Manipur

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

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

Disability Certificate

Issuing Medical Authority, Imphal East, Manipur

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

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

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

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

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

Nature of Document(s): Aadhaar card

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)

Issuing Medical Authority, Imphal East, Manipur

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

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

Disability Certificate

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

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

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

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

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

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

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

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

Nature of Document(s): Aadhaar card

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)

Issuing Medical Authority, Imphal West, Manipur

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

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

Disability Certificate

Chief Medical Officer, Imphal East, Manipur

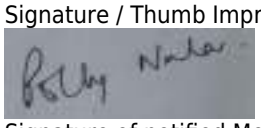
Certificate No.: MN0720019990007136 **Date: 05/02/2022**

This is to certify that I/We have carefully examined Miss **Huirem Boinao Meitei** Daughter of Shri **Huirem Abera Meitei**, Date of Birth **22/12/1999**, Female, Registration No. **1407/00000/2112/1120337**, resident of **Naharup Pangong** - **795005**, Sub District **Porompat**, District **Imphal East**, State / UT **Manipur**
Whose photograph is affixed above, and I/We satisfied that:
(A) She is a case of **Intellectual Disability**
(B) The diagnosis in her case is
(C) She has **75%** (in figure) **Seventy Five** 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



Signature of notified Medical Authority Member

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

Issuing Medical Authority, Imphal West, Manipur

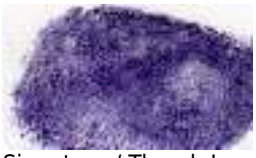
Certificate No.: MN0620020040008881 **Date: 05/01/2022**

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

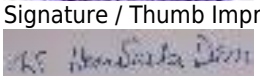
(A) He is a case of **Mental Retardation**
(B) The diagnosis in his case is **Severe Intellectual Disability with Seizure Disorder.**
(C) He has **90%**(in figure) **Ninety** percent(in words) Permanent Disability in relation to his Brain as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

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

Nature of Document(s): Aadhaar card



Signature / Thumb Impression of the Person with Disability



Signatory of notified Medical Authority Member(s)

Issuing Medical Authority, Imphal West, Manipur

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

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

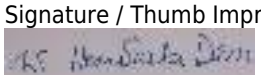
This is to certify that I/we have carefully examined Shri **Khangembam Tomba Singh**, Son of Shri **Khangembam Ahanjao Singh**, Date of Birth **14/02/2001**, Age **21**, Male, Registration No. **1406/00000/2202/0360262**, resident of House No. **Khurkhul Awang Leikai** - **795002**, Sub District **Lamsang**,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

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

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

Nature of Document(s): Aadhaar card

Signature / Thumb Impression of the Person with Disability



Signatory of notified Medical Authority Member(s)

Issuing Medical Authority, Imphal West, Manipur

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

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

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

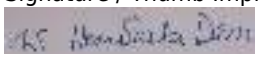
This is to certify that I/we have carefully examined Shri **Tongbram Roshan Singh**, Son of Shri **Tongbram Manichandra Singh**, Date of Birth **20/05/2003**, Age **18**, Male, Registration No. **1406/00000/2202/0251869**, resident of House No. **Sagolband Thingom Leikai** - **795001**, Sub District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

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

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

Nature of Document(s): Aadhaar card

Signature / Thumb Impression of the Person with Disability



Signatory of notified Medical Authority Member(s)

Issuing Medical Authority, Imphal West, Manipur

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

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

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

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

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

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

Nature of Document(s): Aadhaar card

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)

Issuing Medical Authority, Imphal West, Manipur

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

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

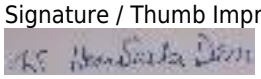
Certificate No.: MN0620920020015254 **Date: 28/07/2022**

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

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

The applicant has submitted the following document(s) as proof of residence:
Nature of Document(s): Certificate of address issued
by Village Panchayat head or its equival

Signature / Thumb Impression of the Person with Disability



Signatory of notified Medical Authority Member(s)

Issuing Medical Authority, Imphal West, Manipur

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

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

Disability Certificate

Issuing Medical Authority, Imphal West, Manipur

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

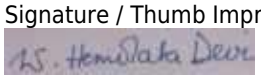
This is to certify that I/we have carefully examined Shri **Thoudam Gitchandra**, Son of Shri **Thoudam Bihari Singh**, Date of Birth **13/12/1999**, Age **22**, Male, Registration No. **1406/00000/2201/0597750**, resident of House No. **Langjing** - **795113**, Sub District **Patsoi** , District **Imphal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

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

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

Nature of Document(s): Aadhaar card

Signature / Thumb Impression of the Person with Disability



Signatory of notified Medical Authority Member(s)

Issuing Medical Authority, Imphal West, Manipur

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

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

Disability Certificate

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)

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.: 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:

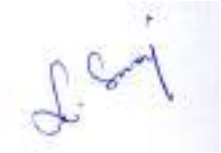
(A) She is a case of **Intellectual Disability**
(B) The diagnosis in her case is **Mild Intellectual Disability**
(C) She has **59%**(in figure) **Fifty Nine** percent(in words) Temporary Disability in relation to her brain as per the guidelines (Guidelines for the purpose of assessing the extent of 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

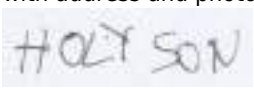
Certificate No.: MN0110920100005183 **Date: 23/01/2023**

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



Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)

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
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

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.: 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:

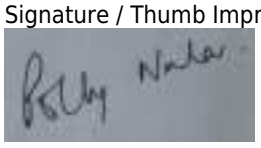
(A) She is a case of **Intellectual Disability**
(B) The diagnosis in her case is **Mild Mental Retardation with ADHD**
(C) She has **50%**(in figure) **Fifty** percent(in words) Temporary Disability in relation to her Brain as per the guidelines (Guidelines for the purpose of assessing the extent of 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



Signatory of notified Medical Authority Member(s)

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.: MN0730820150017068 **Date: 09/02/2023**

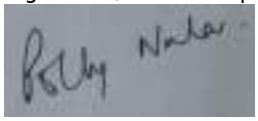
This is to certify that I/we have carefully examined Kum. **Nongyaimayum Tabasum**, Daughter of Shri **Md Abdul Gaffar**, Date of Birth **10/04/2015**, Age **8**, F, Registration No. **1407/00000/2211/1937672**, resident of House No. **Kiyamgei Muslim Mayai** - **795003**, Sub District **Keirao Bitra**,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



Signatory of notified Medical Authority Member(s)

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.: 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

Signatory of notified Medical Authority Member(s)

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.: MN0740920120018872 **Date: 19/04/2023**

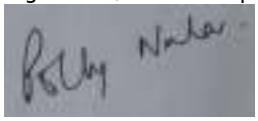
This is to certify that I/we have carefully examined Kum. **Khagokpam Phabishana Devi**, Daughter of Shri **Khagokpam Tomba**, Date of Birth **26/06/2012**, Age **11**, F, Registration No. **1407/00000/2006/0044047**, resident of House No. **Khurai Thangjam Leikai** - **795005**, Sub District **Porompat**, 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



Signatory of notified Medical Authority Member(s)

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

(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 **Laipham Khunou Mayai Leikai** - **795010** Sub District **Porompat** District **Imphal East** State / UTs **Manipur** Whose photograph is affixed above, and I/We satisfied that:

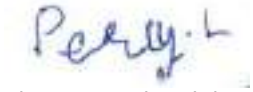
(A) She is a case of **Multiple Disability**. Her extent of physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability table below.

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%

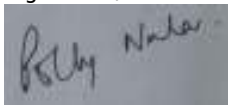
(B) In the light of the above her overall physical impairment as per guidelines (to be specified) is as follows.
In figures **90%**
In words **Ninety** percent

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.



Signature / Thumb impression of the Person With Disability



Signature of notified Medical Authority Member

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:

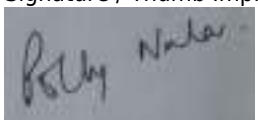
(A) He is a case of **Intellectual Disability**
(B) The diagnosis in his case is **Moderate Intellectual Disability**
(C) He has **75%**(in figure) **Seventy Five** percent(in words) Temporary Disability in relation to his Brain as per the guidelines (Guidelines for the purpose of assessing the extent 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



Signatory of notified Medical Authority Member(s)

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

Signatory of notified Medical Authority Member(s)

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

Issuing Medical Authority, Kakching, Manipur

Certificate No.: MN1110020120006634 **Date: 30/06/2022**

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

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

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

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

Nature of Document(s): Aadhaar card

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)

Issuing Medical Authority, Kakching, Manipur

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.: 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

M. Roma Devi.

Signatory of notified Medical Authority Member(s)

Chief Medical Officer
Imphal West, Manipur

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

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

Disability Certificate

(In case of multiple disability)
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.

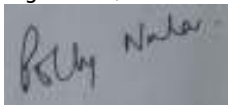
SNO.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Intellectual Disability	Brain	Moderate Intellectual Disability	75%
2	Locomotor Disability	Locomotor/OH	Quadriplegia	70%

(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

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**

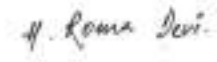
This is to certify that I/we have carefully examined Shri **Khaidem Donson Singh**, Son of Shri **Kh Doren Singh**, Date of Birth **01/11/2016**, Age **7**, M, Registration No. **1406/00000/2308/0566904**, resident of House No. **Patsoi Part Iv - 795113**, Sub District **Patsoi** , District **Imphal 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



Signatory of notified Medical Authority Member(s)

Chief Medical Officer
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

Chief Medical Officer
Imphal West, Manipur

Certificate No.: MN0630920120023246 **Date: 26/10/2023**

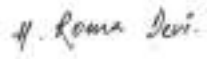
This is to certify that I/we have carefully examined Shri **K Dinngampou**, Son of Shri **Kamei Sanajaoba**, Date of Birth **08/11/2012**, Age **11**, M, Registration No. **1406/00000/2209/1223168**, resident of House No. **Uchiwa Kabui Khun, P.o./p.s. Mayang Imphal** - **795132**, Sub District **Wangoi**,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



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**

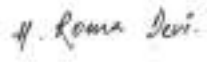
This is to certify that I/we have carefully examined Shri **Lungaisin Palmei**, Son of Shri **Aguiba Palmei**, Date of Birth **30/03/2005**, Age **18**, M, Registration No. **1406/00000/2208/1089115**, resident of House No. **Kakhulong Paona Bazar** - **795001**, Sub District **Lamphelpat**, District **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



Signatory of notified Medical Authority Member(s)

Chief Medical Officer
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

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

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)

Chief Medical Officer
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

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

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)

Chief Medical Officer
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

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

Signatory of notified Medical Authority Member(s)

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.: MN0730920130017110 **Date: 10/02/2023**

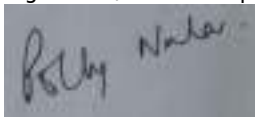
This is to certify that I/we have carefully examined Kum. **Reshmi Bhatarai**, Daughter of Shri **Jeet Bahadur**, Date of Birth **23/01/2013**, Age **10**, F, Registration No. **1407/00000/1909/1185336**, resident of House No. **Tiger Camp, Purum Shadugram, Sagolmang** - **795114**, Sub District **Sawombung**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



Signatory of notified Medical Authority Member(s)

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.: MN0730920050017731 **Date: 02/03/2023**

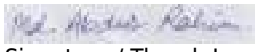
This is to certify that I/we have carefully examined Shri **Md Abdur Rahim**, Son of Shri **Md Abdur Rashid**, Date of Birth **03/02/2005**, Age **18**, M, Registration No. **1407/00000/2302/1334617**, resident of House No. **Yairipok Changamdabi Mathak - 795149**, Sub District **Keirao Bitra**, District **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 metal 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).

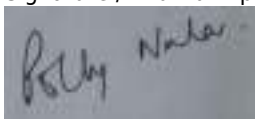
This certificate recommended for **5 year(s)**, and therefore this certificate shall be valid till **02/03/2028**

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

Nature of Document(s): Aadhaar card



Signature / Thumb Impression of the Person with Disability



Signatory of notified Medical Authority Member(s)

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
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:

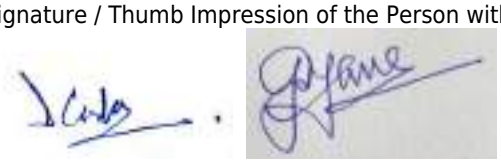
(A) She is a case of **Low Vision**
(B) The diagnosis in her case is **Refractive error c Amblyopia (LE)**
(C) She has **70%**(in figure) **Seventy** percent(in words) Temporary Disability in relation to her Left eye as per the guidelines (Guidelines for the purpose of assessing the extent of specified 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, Lamlai 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.

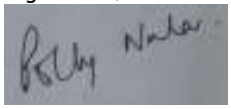
SNO.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Cerebral Palsy	Whole Body	Cerebral Palsy with Intellectual Disability	80%
2	Intellectual Disability	Brain	Severe Disability	80%

(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



Signature of notified Medical Authority Member

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**

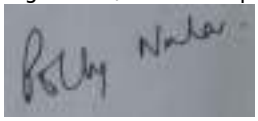
This is to certify that I/we have carefully examined Shri **Wangjam Ringkle Singh**, Son of Shri **Wangjam Dhana Singh**, Date of Birth **01/03/2002**, Age **21**, M, Registration No. **1407/00000/2211/0391710**, resident of House No. **Keirao Bitra Makha Leikai** - **795008**, Sub District **Keirao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



Signatory of notified Medical Authority Member(s)

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

(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**

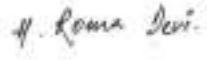
This is to certify that I/we have carefully examined Kum. **Dulcy Ningthoujam**, Daughter of Shri **Ningthoujam Bivek Singh**, Date of Birth **13/05/2017**, Age **6**, F, Registration No. **1406/00000/2310/1462752**, resident of House No. **Singjamei Chinga Mathak** - **795001**, Sub District **Lamphelpat**, 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



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

Signatory of notified Medical Authority Member(s)

Chief Medical Officer
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.