



NAME OF THE SCHEME : Half Way Home for Psycho-Social Rehabilitation of Treated and Controlled Mentally Ill Persons
LIST OF BENEFICIARIES

Centre for Development Activities (CDAC), Wangjing, Manipur.
Centre for Mental Health & Rehabilitation (Half-Way Home), Wangjing- 795148, Thoubal District, Manipur.
2023-2024

- i) Name of the Organisation
- ii) Name and Address of the Project
- iii) Year

Sl. No	Name of Beneficiaries	Father's/Mother's/Guardian's Name	Correspondence Address of Beneficiary	DoB / Age	Gender	Type of disability	% or severity of disability	Date of Entry in Instn.	No. of Completed months/ year with the Instn.	Aadhaar No.	Aadhaar seeded Bank A/c No.	IFSC Code & Bank Br.	Remarks About Outcome
1	A. Apabi Devi	A Brajamohon	Athokpam	07/05/1961	F	Schizophrenia	70%	27/01/2018	5 years	284480403288	N.A	N.A	Improved
2	N Nanao Chanu	N Manglem	Heirok	16/03/1996	F	Schizophrenia	70%	28/01/2018	5 years	983928006704	N.A	N.A	Improved
3	M Brojeshori	M Tomba Singh	Khangabok	01/08/1986	F	Schizophrenia	50%	06/02/2018	5 years	203489770779	N.A	N.A	Improved
4	T Shanti Devi	T Rajendro	Wangjing	27/06/1962	F	OCD	80%	27/02/2018	5 years	420692058558	N.A	N.A	Improved
5	H Pancharani	H Ibocha Singh	Yairipok	01/03/1975	F	Schizophrenia	82%	11/03/2018	5 years	244199374400	N.A	N.A	Improved
6	Kh Manitombi	Kh Itomcha	Heirok	05/04/1976	F	Schizophrenia	80%	27/03/2018	5 years	227664782935	N.A	N.A	Improved
7	Miss Wajida	Md Haman	Sangaiyumpham	02/05/1990	F	Schizophrenia	86%	05/04/2018	5 years	997402363681	N.A	N.A	Improved
8	L Samasakhi	L Amuba Singh	Kairembikhok	03/01/1998	F	Schizophrenia	50%	15/04/2018	5 years	643277441613	N.A	N.A	Improved
9	L Chaobi Devi	Th Mangjiao	Charangpat	12/09/1981	F	BPM	74%	28/04/2018	5 years	689176123027	N.A	N.A	Improved
10	W Premila Devi	Late W Tomchou	Thoubal	01/02/1969	F	Schizophrenia	80%	01/04/2019	4 years	956031444043	N.A	N.A	Improved
11	O Nungshitombi	Late Naran	Thoubal	01/02/1968	F	Schizophrenia	90%	01/04/2019	4 years	663014485806	N.A	N.A	Improved
12	N Sanahanbi	N Manibabu	Uyal Village	01/03/1978	F	BPAD	80%	01/04/2019	4 years	264833245863	N.A	N.A	Improved
13	Sh Premiata Devi	P Taba Devi	Langathel	12/04/1985	F	Psychosis	88%	01/04/2020	3 years	853713426907	N.A	N.A	Improved
14	Kh Ibetombi Devi	Kh Jadumani	Samaram	10/02/1954	F	BPAD	80%	01/04/2020	3 years	585654666340	N.A	N.A	Improved
15	L Sushila Devi	Kh Dasha Singh	Khangabok	02/01/1979	F	BPAD	80%	01/04/2021	2 years	519129592875	N.A	N.A	Improved
16	M Roma Chanu	M Amumacha	Waithou	01/03/1994	F	OCD	85%	01/04/2021	2 years	312233430835	N.A	N.A	Improved
17	Soe Sandar Win	U Hla Hlay Win	Mawlamyang	01/02/2001	F	Schizophrenia	85%	07/07/2021	1.9 years	NA	NA	NA	Improved
18	Kh Dewita Devi	Kh Mangiton	Yairipok	01/04/2003	F	BPM	70%	01/04/2022	1 Year	792438352453	N.A	N.A	Improved
19	Sh Riturani Devi	Sh Narahari	Khekman	01/01/1983	F	Psychosis	80%	01/04/2022	1 year	879513724685	N.A	N.A	Improved
20	Kh Ibertal Devi	Kh Mangiton	Yairipok	01/02/1979	F	BPAD	80%	01/04/2022	1 year	544240601717	N.A	N.A	Improved
21	Sh Kunjarashi	Sh Narahari	Khekman	01/03/1980	F	Schizophrenia	82%	26/04/2022	1 year	326623730270	N.A	N.A	Improved
22	Ch Melaitoi	Late Kh Ibojao	Kumbi	01/03/1951	F	Dementia	85%	05/09/2022	7 months	569277154523	N.A	N.A	Improved
23	N Subatani Devi	N Angou	Nambol	03/10/1954	F	Schizophrenia	85%	05/09/2022	7 months	359194620552	N.A	N.A	Improved
24	Kh Chaoba	Y Mangi Singh	Sawombung	09/01/1949	F	Schizophrenia	85%	05/09/2022	7 months	931719339154	N.A	N.A	Improved
25	O Bahinta Devi	O Ilobi Singh	Singjamei	01/03/1986	F	Schizophrenia	80%	05/09/2022	7 months	682569423552	N.A	N.A	Improved
26	Sh Mema Devi	L Suren Sharma	Nagamapal	01/02/1963	F	Schizophrenia	80%	05/09/2022	7 months	432742774605	N.A	N.A	Improved
27	SD Laineikim	S D Rengpu	Tamenglong	11/04/1978	F	Psychosis	85%	05/09/2022	7 months	839493826386	N.A	N.A	Improved
28	Kh. Ichan Devi	Kh. Rajen Singh	Samaram	01/01/1992	F	Schizophrenia	80%	13/10/2022	6 months	567509793530	N.A	N.A	Improved
29	N. Chaoba Devi	N Kamalia Singh	Kakching	01/11/1969	F	Schizophrenia	80%	23/11/2022	5 months	549783579479	N.A	N.A	Improved
30	N. Jenita Devi	L. Jibankumar Singh	Tentha	01/08/1995	F	Schizophrenia	85%	09/12/2022	4 months	904538603717	N.A	N.A	Improved

M. Ranu Singh, Director



Sl. No	Name of Beneficiaries	Father's/Mother's/Guardian's Name	Correspondence Address of Beneficiary	DoB / Age		% or severity Of disability	Date of Entry in Instn.	No. of Completed months/ year with the Instn.	Aadhaar No.	Aadhaar seeded Bank A/c No.	IFSC Code & Bank Br.	Remarks About Outcome
31	W. Linthoinganbi	W. Inaobi Meitei	Ingourok	01/04/2006	F	Psychosis	22/12/2022	4 months	317964142358	N.A	N.A	Improved
32	Joylish Thumilly	Th. Titus	Liwa Khullen	29/06/1984	F	Schizophrenia	21/02/2023	2 months	655320404580	N.A	N.A	Improved
33	L. Bandana Devi	Late L. Jene Singh	Kairembikhok	10/02/2003	F	Schizophrenia	02/03/2023	1 month	500877200585	N.A	N.A	Improved
34	E. Bina Devi	Kh. Babu Singh	Lamding	01/01/1977	F	Schizophrenia	02/03/2023	1 month	495920314899	N.A	N.A	Improved
35	Ringni Jangvei Lamkang	James Jangvei Lamkang	Larong Khunou	17/04/2023	F	Mental illness	17/04/2023	0 month	791680282886	N.A	N.A	Improved

M. Renuka Devi,

(M. Renuka Devi)
Secretary

Date : 25/5/2023
Place : Wangjing

Secretary
Centre for Development Activities
Wangjing, Manipur

STATE MEDICAL BOARD FOR ISSUE OF DISABILITY CERTIFICATE

(UNDER THE MEDICAL & HEALTH SERVICES ACT, GOVT. OF MANIPUR)

CONSTITUTED VIDE GOVT. ORDERS NO. 779/2013-S(SW) DATED 17th FEBRUARY, 2014)



Certificate No. 50/M/174/bns/2017
Date : 04-09-2017

Certificate for the Persons with Disabilities

This is to certify that Shri/ Smt/ Km Athokpam Anabi Devi
Date of Birth/ aged 07-05-1961 old (Male/ Female) son/ wife/ daughter of Shri/ Smt Athokpam Brajamohon Singh
of Thoubal Athokpam Mayai Leikai, Thoubal Registration No. NORD/0502229/2012
dated 21-08-2012 is a case of Mental Illness.

He/ She is Physically disabled/ Usual disabled/ Speech & hearing disabled/ Intellectual and Developmental disabled/ Mentally III/ Multiple Disability in relation to his/ her Mental Illness with 70% Degree/ Percentage of disability.

Note :

1. His/Her condition is progressive/non-progressive/Likely to improve/not likely to improve.
2. Re-assessment is not recommended/is recommended after a period of months/years.

* Strike out which is not applicable.

Keshorish

bx



(Doctor/Member)

Dr. N. Linthangambi
Orthopaedic Surgeon
District Hospital, Thoubal

(Doctor/Member)

Dr. A. N. A. B. B. B.
Specialist (Psychiatry)
Manipur Health Service

Signature/Thumb impression of the patient

Chairman
District Level - State Medical Board

(Doctor/Specialist concerned)

Dr. A. N. A. B. B. B.
Specialist (Psychiatry)
Manipur Health Service

Countersigned by the Chairman,
State Medical Board.

Director of Medical & Health Services, Manipur

STATE MEDICAL BOARD FOR ISSUE OF DISABILITY CERTIFICATE

(UNDER THE MEDICAL & HEALTH SERVICES, GOVT OF MANIPUR)

(CONSTITUTED VIDE GOVT. ORDERS NO. 779/2013-S(SW) DATED 17th FEBRUARY, 2014)



Certificate No. 58/MI/TB4/DHS/2017

Date: 08-11-2017

Certificate for the Persons with Disabilities

This is to certify that Shri/ Smt/ Km Ningthoujam Nanao Chanu
Date of Birth/ aged 16-03-1998 (Male/ Female) son/ wife/ daughter of Shri/ Smt M. Mangi Meitei
of Moronthel Heirok Part - III Registration No. DHOPD/0023165/2017
dated 04-11-2017 is a case of Mental Illness

He/ She is Physically disabled/ Usual disabled/ Speech & hearing disabled/ Intellectual and Developmental disabled/ Mentally Ill/ Multiple
Disability in relation to his/ her Mental Illness with 70% Degree/ Percentage of disability.

Note :

1. His/Her condition is progressive/non-progressive/Likely to improve/not likely to improve.
2. Re-assessment is not recommended/is recommended after a period of 02(two) months/years.
* Strike out which is not applicable.

Lamphe Linn Kh

(Doctor/Member)

Dr. Thambhalimbi, N
Sub-ward (PUSK)
District Hospital, Thoubal
Manipur

N. Lintingual

(Doctor/Member)

Dr. N. Lintingambhi
Specialist (Ophthalmology)
District Hospital, Thoubal, Manipur

N. Lal

(Doctor/Specialist concerned)

Dr. Kh. Robin Singh
(Psychiatrist)
District Hospital, Thoubal

Signature/Thumb impression of
the patient

Chairman
District Level - State Medical Board

Chief Medical Officer
Thoubal District, Manipur

Countersigned by the Chairman,
State Medical Board
Sector of Medical & Health
Services, Manipur



STATE MEDICAL BOARD FOR ISSUE OF DISABILITY CERTIFICATE

(UNDER THE MEDICAL & HEALTH SERVICES, GOVT. OF MANIPUR)

REGULATED VIDE GOVT. ORDERS NO. 779/2013-S(SW) DATED 17th FEBRUARY, 2014)



Certificate No. .../M/H/TB/HHS/2017
Date : ...26.12.2017

Certificate for the Persons with Disabilities

This is to certify that Shri/ Smt/ Km Moirangthem Brojeshwori Devi
Date of Birth/ aged 01-08-1986 old (Male/ Female) son/ wife/ daughter of Shri/ Smt Moirangthem Jomba Singh
of Khangabot Part-1 Swang Leikai, Thoubal Registration No. DHOPD/0073236/2017
dated 06-11-2017 is a case of Mental Illness.

He/ She is Physically disabled/ Usual disabled/ Speech & hearing disabled/ Intellectual and Developmental disabled/ Mentally III/ Multiple
Disability in relation to his/ her Mental Illness with 50% Degree/ Percentage of disability.

Note :

1. His/Her condition is progressive/non-progressive/Likely to improve/not likely to improve
 2. Re-assessment is not recommended/is recommended after a period of 06 (Six) months/years.
- * Strike out which is not applicable.

Kemajit
(Doctor/Member)

Lumpaka Lina Kl
(Doctor/Member)

Dr. Tamphohalm, Kh
Specialist (PWS)
District Hospital Thoubal
Manipur

(Doctor/Specialist concerned)

Dr. Th. Keshu Singh
Orthopaedic Surgeon
District Hospital, Thoubal

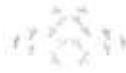
Dr. A. Ranita Devi
MD Psychiatry
Manipur Health Service.



Signature/Thumb impression of
the patient

[Signature]
Chairman
District Level - State Medical Board
Chief Medical Officer
Thoubal District, Manipur

Countersigned by the Chairman,
State Medical Board.
Director of Medical & Health
Services, Manipur



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

Disability Certificate

Issuing Medical Authority, Thoubal, Manipur



Certificate No.: MN0510819540002696

Date: 20/10/2019

This is to certify that I/We have carefully examined Smt. **Tekcham Ongbi Shanti Devi** Daughter of Shri **Aheibam Ibomcha Singh** Date of Birth **01/01/1954** Age **65 Year(s)** Female. Registration No. **1405/00000/1909/1811863** resident of House No. **Wangjing, Tekcham Leikai, Wangjing, thoubal - 795148** Sub District **Thoubal** District **Thoubal** State / UTs **Manipur**

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

- (A) She is a case of Mental Illness
(B) The diagnosis in her case is **Mental Illness**

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

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

Nature of Document(s): -



Signature / Thumb impression of the Person With Disability

A. Ranta Devi N. Lenthingambi Tanyaka Devi Kh

Signatory of notified Medical Authority Member



M. P. Devi

Issuing Medical Authority, Thoubal, Manipur





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

Disability Certificate

Issuing Medical Authority, Imphal East, Manipur



Certificate No.: MN0720919750006059

Date: 31/10/2015

This is to certify that I/we have carefully examined Kum. **Heikrujam Pancharani Devi**, Daughter of Shri **H Ibocha Singh**, Date of Birth **01/03/1975**, Age **46**, Female, Registration No. **1407/00000/2001/0725793**, resident of House No. **Yairipok Lalmanai Top Chigntha - 795149**, Sub District **Kelrao 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 **Mental Illness**

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

Pancharani
Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



[Signature]
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.

M. Renuka Devi,
Secretary
Centre for Development Activities
Wangjing, Manipur



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

Disability Certificate

Issuing Medical Authority, Thoubal, Manipur



Certificate No.: MN0510819760002642

Date: 20/10/2019

This is to certify that I/We have carefully examined Kum. **Khumanthem Manitombi Devi** Daughter of Shri **Khumanthem Itomcha Singh** Date of Birth **05/04/1976** Age **43 Year(s)** Female, Registration No. **1405/00000/1909/1725833** resident of House No. **Heirok Heitupokpi, Heirok Pt I, Heirok - 795148** Sub District **Thoubal** District **Thoubal** State / UTs **Manipur**

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

- (A) She is a case of **Mental Illness**
- (B) The diagnosis in her case is **Mental Illness**

(C) She has **80%**(in figure) **Eighty** percent(in words) Temporary in relation to her (part of body) as per guidelines (to be specified).

This certificate recommended for **5 year(s)**, and therefore this certificate shall be valid till **20/10/2024**

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

Nature of Document(s): Aadhaar card



Signature / Thumb impression of the Person With Disability

A. Ranta Bein *Pinky Chanu.* *N. Kaitingambi*

Signatory of notified Medical Authority Member



[Signature]
Issuing Medical Authority, Thoubal, 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, Thoubal, Manipur



Certificate No.: MN0510819900003038

Date: 20/11/2019

This is to certify that I/We have carefully examined Kum. **Miss Wajida** Daughter of **Shri Md Haman** Date of Birth **02/05/1990** Age **29 Year(s)** Female, Registration No. **1405/00000/1909/1791172** resident of House No. **Sangaiyumpham Puleipokpi, Sangaiyumpham Pt I, Thoubal - 795148** Sub District **Thoubal** District **Thoubal** State / UTs **Manipur**

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

- (A) She is a case of **Mental Illness**
(B) The diagnosis in her case is **Schizophrenia**

(C) She has **86%**(in figure) **Eighty Six** percent(in words) Temporary in relation to her (part of body) as per guidelines (to be specified).

This certificate recommended for **5 year(s)**, and therefore this certificate shall be valid till **20/11/2024**

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

Nature of Document(s): Aadhaar card

Wajida

Signature / Thumb impression of the Person With Disability

A. Ranta Devi N. Bishoiyanthi Tomyaka Lina K.

Signatory of notified Medical Authority Member



[Signature]
Issuing Medical Authority, Thoubal, Manipur

STATE MEDICAL BOARD FOR ISSUE OF DISABILITY CERTIFICATE

(UNDER THE MEDICAL & HEALTH SERVICES, GOVT. OF MANIPUR)

(CONSTITUTED VIDE GOVT. ORDERS NO. 779/2013(SWS) DATED 17th FEBRUARY, 2014)



Certificate No. A/MI/DHS/134/2017
Date : 10-04-2017

Certificate for the Persons with Disabilities

This is to certify that Sri/ Smt/ Km Laiashram Samasakhi Devi
Date of Birth/ aged 01-02-1997 old (Male/ Female) son/ wife/ daughter of Sri/ Smt L. Amuba Singh
of Kairembikhok Khunou Registration No. PHOPD/0106762/2017
dated 24-03-2017 is a case of Mental Illness

He/ She is Physically disabled/ Usual disabled/ Speech & hearing disabled/ Intellectual and Developmental disabled/ Mentally Ill/ Multiple
Disability in relation to his/ her Mental Illness with 50% Degree/ Percentage of disability.

Note :

1. His/Her condition is progressive/non-progressive/Likely to improve/not likely to improve.
2. Re-assessment is not recommended/is recommended after a period of months/years.
• Strike out which is not applicable.

Signature

(Doctor/Member)

Dr. N. Linthoungamz
Specialist (Ophthalmology)
District Hospital, Thoubal, Manipur



Signature
(Doctor/Member)

Dr. Th. Kesho Singh
Orthopaedic Surgeon
District Hospital, Imphal

Signature
(Doctor/Specialist concerned)

Specialist (Psychiatry)
Manipur Health Services

Signature/Thumb impression of
the patient

Signature
Chairman
District Level - State Medical Board
Chief Medical Officer
Thoubal District, Manipur

Signature

Countersigned by the Chairman,
State Medical Board.
Director of Medical & Health
Services, Manipur



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

Disability Certificate

Issuing Medical Authority, Thoubal, Manipur



Certificate No.: MN0510819810005089

Date: 18/02/2022

This is to certify that I/we have carefully examined Smt. **Laishom Chaobi Devi**, Daughter of Shri **Thokchom Mangijao Singh**, Date of Birth **12/09/1981**, Age **40**, Female, Registration No. **1405/00000/2006/0488022**, resident of House No. **Charangpat Maning Leikai, Charangpat Maklang, Thoubal - 795138**, Sub District **Thoubal**, District **Thoubal**, 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 **Mental Illness (BPAD)**

(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 **3 year(s)**, and therefore this certificate shall be valid till **18/02/2025**

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

Nature of Document(s): Aadhaar card



Signature / Thumb Impression of the Person with Disability

A. Ranika Devi Janyaba Leima kh.

Signatory of notified Medical Authority Member(s)



M. Ranika Devi
Secretary
Centre for Development Activities
Wangjoo, Manipur

[Signature]
Issuing Medical Authority, Thoubal, Manipur

STATE MEDICAL BOARD FOR ISSUE OF DISABILITY CERTIFICATE

(UNDER THE DEPARTMENTS OF SOCIAL WELFARE AND HEALTH SERVICES, MANIPUR)

CONSTITUTED VIDE GOVT. ORDERS NO. 7/1/2003-S(SA) DATED 13th Aug 2010.



Certificate for the persons with Disabilities

Certificate No. 23/1/11-704.5-00/2011
Date: 14-02-2012

This is to certify that Shri / Smt. / Km. Waikhom Premela Devi
 Date of Birth / aged 01-02-1971 (40 yrs) old (Male / Female) son / wife / daughter of Shri / Smt. (Late) Waikhom Lancham Singh of Thonbar, Achanba, Meka, Luba, Registration No. TBL Camp dated 10-06-2011 is a case of Mental Illness (Schizophrenia)

He / She is Physically disabled / Visual disabled / Speech & hearing disabled / Intellectual and Developmental disabled / Mentally Ill / Multiple Disability in relation to his / her with 80% (Eighty) Degree / Percentage of disability.

Note:

1. His / Her condition is progressive / non-progressive / Likely to improved / not likely to improve.
2. Re-assessment is not recommended / is recommended after a period of 2 (Two) months / years.

[Signature]
M. T. Surron
 (Doctor/Member)

[Signature]
DR R.K. Kumari Singh
 HEAD
 Department of Psychiatry
 J.N. Hospital, Manipur
 (Doctor/Specialist concerned)

Act Judge,
 Manipur West
 Signature of the patient

[Signature]
 Member Secy.
 (State Medical Board)



[Signature]
 Countersigned by the Chairman,
 State Medical Board.

STATE MEDICAL BOARD FOR ISSUE OF DISABILITY CERTIFICATE

(UNDER THE MEDICAL & HEALTH SERVICES, GOVT. OF MANIPUR)

(CONSTITUTED VIDE GOVT. ORDERS NO. 779281 (SW) DATED 17th FEBRUARY, 2014)



Certificate No. 05/MI/TB4/MHS/18
Date : 08-02-2016

Certificate for the Persons with Disabilities

This is to certify that Shri/Smt/Km Okram Nungshitombi Devi

Date of Birth/aged 01-02-1968 old (Male/Female) son/wife/daughter of Shri/Smt Late O. Naren Singh
of Thoubal Nimgombam Mamang, Thoubal Registration No. DHOPD/0252843/2016
dated 13-01-2016 is a case of Schizophrenia

He/She is Physically disabled/Usual disabled/Speech & hearing disabled/Intellectual and Developmental disabled/Mentally Ill/Multi ple
Disability in relation to his/her Mental Illness with 90% (ninety) Degree/Percentage of disability.

Note :

1. His/Her condition is progressive/non-progressive/Likely to improve/not likely to improve.
 2. Re-assessment is not recommended/is recommended after a period of months/years.
- * Strike out which is not applicable.

Signature
(Doctor/Member)

Signature
(Doctor/Member)
Dr. L. Rita Chanu

MBBS, MS (Eye Surgeon)
JOL Fellow (SECI, Coimbatore)
Reg. No. 16462 (AMC)

Signature
Chairman
District Level - State Medical Board
Chief Medical Officer
Thoubal District, Manipur

(Doctor/Specialist concerned)

Dr. Kh. Robut
MBBS, MD (Psych),
Psychiatrist
District Hospital, Thoubal

Signature

Countersigned by the Chairman,
State Medical Board.

Director of Medical & Health
Services, Manipur



DISTRICT MEDICAL BOARD FOR ISSUE OF DISABILITY CERTIFICATE

(UNDER THE MEDICAL & HEALTH SERVICES, GOVT. OF MANIPUR)
CONSTITUTED VIDE GOVT. ORDERS NO.779/2013-S(SW) DATED 17TH FEBRUARY,2014)



Certificate No. : 80/MT/DBL/DMB/2019
Date : 25-04-2019

Certificate for the Persons with Disabilities

This is to certify that Shri/Smt./Km. Ningombam Sanabambi Devi
Date of Birth/aged 1978 old (Male/Female) son/wife/daughter of Shri/Smt. N Meino Singh
in case of Mental Illness

He/She is physically disabled/ Visual disabled/Speech & Hearing disabled/Intellectual and Development disabled/
Mentally Ill/Multiple disability with 80 (Eighty) Degree/Percentage of disability.

Note:

1. His/Her condition is progressive/non-progressive/likely to improve/not likely to improve.
2. Re-assessment is not recommended/is recommended after a period of months/years.

N. Jitkiong
(Doctor/Member)
Member
District Medical Board (Disability)
Thoubal District.

Sangpha Lemeth
(Doctor/Member)
Member
District Medical Board (Disability)
Thoubal District.

(Doctor/Specialist concerned)
Specialist
District Medical Board (Disability)
Thoubal District.

Signature/Thumb impression of the Patient

Dr. K. D. D.
Chairman
District Level Medical Board
Chairman
District Medical Board (Disability)
Thoubal District.





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, Thoubal, Manipur



Certificate No.: MN0510119850006683

Date: 13/08/2022

This is to certify that I/We have carefully examined Kum. **Shagolshem Premlata Devi** Daughter of **Shri Late Shagolshem Loijing Singh** Date of Birth **12/04/1985** Age **36 Year(s)** Female, Registration No. **1405/00000/2203/1450056** resident of the **Langathel Maning Leikai - 795148** Sub District **Thoubal** District **Thoubal 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	Post Encephalitis Sequelae	75%
2	Mental Illness	Brain	Mental Illness	80%

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

- This condition is not likely to improve.
- Re-assessment of disability is:
 - 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

A. Renuka Devi *Thoubal, Manipur* *Renuka*

Signature of notified Medical Authority Member



M. Renuka Devi.
Secretary
Centre for Development Activities
Wangjing, Manipur

Issuing Medical Authority, Thoubal, Manipur



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

Disability Certificate

Issuing Medical Authority, Thoubal, Manipur



Certificate No.: MN0510819540002373

Date: 18/09/2019

This is to certify that I/We have carefully examined Smt. **Khangembam Ibetombi Devi** Daughter of Shri **Elangbam Meina Singh** Date of Birth **10/02/1954** Age **65 Year(s)** Female, Registration No. **1405/00000/1908/2030804** resident of House No. **Samaram Mayal Leikai - 795148** Sub District **Thoubal** District **Thoubal** State / UTs **Manipur** Whose photograph is affixed above, and I/We satisfied that:

- (A) She is a case of Mental illness
- (B) The diagnosis in her case is **MODERATE MENTAL DISABILITY**

(C) She has **80%**(in figure) **Eighty** percent(in words) Temporary in relation to her (part of body) as per guidelines to be specified).

This certificate recommended for **2 year(s)**, and therefore this certificate shall be valid till **18/09/2021**.

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

Nature of Document(s): Aadhaar card

Signature / Thumb impression of the Person With Disability

Smt. Ibetombi Devi N. Khangembam Ibetombi Devi

Signatory of notified Medical Authority Member



[Signature]
Issuing Medical Authority, Thoubal, 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, Thoubal, Manipur



Certificate No.: MN0510819790003247

Date: 26/12/2019

This is to certify that I/We have carefully examined Smt. **Laishram Ongbi Sushila Devi** Daughter of Shri **Khundrakpam Dasha Singh** Date of Birth **02/01/1979** Age **40 Year(s)** Female, Registration No. **1405/00000/1909/1733924** resident of House No. **Khangabok Khunou Leikai, Khangabok - 795138** Sub District **Thoubal** District **Thoubal** State / UTs **Manipur** Whose photograph is affixed above, and I/We satisfied that:

- (A) She is a case of **Mental Illness**
(B) The diagnosis in her case is **BPAD**

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

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

Nature of Document(s): **Aadhaar card**



Signature / Thumb impression of the Person With Disability

N. Laishram Devi *Laishram Devi* *Laishram Devi*

Signatory of notified Medical Authority Member



[Signature]
Issuing Medical Authority, Thoubal, 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.

M. Renuka Devi,
Secretary
Centre for Development Activities
Wangjing, Manipur



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

Disability Certificate

Issuing Medical Authority, Thoubal, Manipur



Certificate No.: MN0510819940003251

Date: 26/12/2019

This is to certify that I/We have carefully examined Smt. **Mutum Roma Chanu** Daughter of Shri **Mutum Amumacha Maital** Date of Birth **05/05/1994** Age **25 Year(s)** Female, Registration No. **1405/00000/1911/0212387** resident of House No. **Walthou Khongnang Kachin, Thoubal - 795130** Sub District **Lilong** District **Thoubal** State / UTs **Manipur**

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

- (A) She is a case of **Mental Illness**
(B) The diagnosis in her case is **OCD**

(C) She has **85%**(in figure) **Eighty Five** percent(in words) Permanent in relation to her (part of body) as per guidelines (to be specified).

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

Nature of Document(s): **Aadhaar card**

Roma

Signature / Thumb Impression of the Person With Disability

N. Lathiyanti Tompha Lima kh. Nigunjam Lima

Signatory of notified Medical Authority Member



[Signature]
Issuing Medical Authority, Thoubal, 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.

M. Renuko Devi
Secretary
Centre for Development Activities
Wangjing, Manipur



NEW LIGHT CENTRE FOR MENTAL HEALTH & REHABILITATION
 (A Half-Way Home for Psycho-Social Rehabilitation of Treated & Controlled Mentally Ill Persons)
 Wangjing Bazar, Moirangthem Leirak, Thoubal District, Manipur

Mrs. See Sandan Wim @ Ngambi
 21/12

Date
14/5/22

RUC = F20

= no fresh complaint

① Tab. Othra 7.5 mg

↑ ————— 0

② Tab. Amazeo - OD 100 mg

↑ ————— 0

③ Tab. Loper 2 mg

S.O.S.

Review S.O.S.

Mr.
14/5/22

M. Penela Devi.
 Secretary
 Centre for Development Activities
 Wangjing, Manipur



NEW LIGHT CENTRE FOR MENTAL HEALTH & REHABILITATION
 (A Half-Way Home for Psycho-Social Rehabilitation of Treated & Controlled Mentally Ill Persons)
 Wangjing Bazar, Moirangthem Leirak, Jhoubal District, Manipur



Miss Kh. Devita Devi

Date ...14/5/2021

Age 19 Sex: f
 Khoiram

HT 106/73 mmHg
 WT = 58.9 kg

Go - overmedation
FHC of BMD

① Tab. Quipin - SR 200mg

X _____ 0

② Tab. Sivaas OD 500mg

X _____ 0

③ Tab. Olimelt 5mg

X _____ 0

* Review at 1 month

La.

M. Renuka Devi.
 Secretary
 Centre for Development Activities
 Wangjing, Manipur



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

Disability Certificate

Issuing Medical Authority, Thoubal, Manipur



Certificate No.: MN0510819830005958

Date: 28/06/2022

This is to certify that I/we have carefully examined Smt. **Shamurailatpam Riturani Devi**, Daughter of Shri **Shamurailatpam Narahari Sharma**, Date of Birth **01/01/1983**, Age **39**, Female, Registration No. **1405/00000/2204/2014687**, resident of House No. **Khekman Wangmataba Mayai Leikai, Khekman - 795138**, Sub District **Lilong**, District **Thoubal**, 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 **Paranoid Schizophrenia**

(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

A. Ramla Devi *Tomyaha Leina Ke*



Signatory of notified Medical Authority Member(s)



M. Renuka Devi.
Secretary
Centre for Development Activities
Wangjing, Manipur

Issuing Medical Authority, Thoubal, Manipur

This Card/Certificate is meant to certify the disability of the person and is not a valid 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, Thoubal, Manipur



Certificate No.: MN0510819790003851

Date: 30/10/2020

I am/We are to certify that I/we have carefully examined Smt. **Khoirom Ibemhal Devi**, Daughter of Shri **Sanabam Kanhai Singh**, Date of Birth **01/02/1979**, Age **41**, Female, Registration No. **1405/00000/2003/0280802**, resident of House No. **Yairipok Khoirom Makha Leikai, Yairipok - 795149**, Sub District **Thoubal**, District **Thoubal**, State / UT **Manipur**, whose photograph is affixed above, and I am/we are satisfied that:

She is a case of **Mental illness**

The diagnosis in her case is **BPAD**

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 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

Khoirom Ibemhal Devi *N. Sanabam Kanhai Singh* *Signature*

Signature of notified Medical Authority Member(s)



M. Renubha Devi
Secretary
Centre for Development Activities
Wangjing, Manipur

Signature
Issuing Medical Authority, Thoubal, 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, Thoubal, Manipur



Certificate No.: MN0510819800002665

Date: 20/10/2019

This is to certify that I/We have carefully examined Kum. **Shamulallatpam Kunjarashi Devi** Daughter of Shri **Shamulallatpam Narahari Sharma** Date of Birth **01/03/1980** Age **39 Year(s)** Female, Registration No. **1405/00000/1909/1881778** resident of House No. **Khelman Mayal Leikal - 795138** Sub District **Thoubal** District **Thoubal State / UTs Manipur**

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

- (A) She is a case of **Mental Illness**
- (B) The diagnosis in her case is **Mental Illness**

(C) She has **90%**(in figure) **Ninety** percent(in words) Temporary in relation to her (part of body) as per guidelines (to be specified).

This certificate recommended for **5 year(s)**, and therefore this certificate shall be valid till **20/10/2024**

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

Nature of Document(s): Aadhaar card



Signature / Thumb impression of the Person With Disability

A. Ramlal Beir *Pinky Chanu.* *N. Kuthoigambi*

Signatory of notified Medical Authority Member



[Signature]
Issuing Medical Authority, Thoubal, Manipur

M. Renuka Devi



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.: MN0410819510014628

Date: 19/09/2022

This is to certify that I/we have carefully examined Smt. **Chongtham Melathoi Devi**, Daughter of **Shri Chongtham Tamon Singh**, Date of Birth **01/03/1951**, Age **71**, Female, Registration No. **1404/00000/2209/0756032**, resident of House No. **Kumbi Terakha Ward No.1 - 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 **Mental Illness**

(B) The diagnosis in her case is **Severe Dementia e psychosis**

(C) She has **85%**(in figure) **Eighty Five** percent(in words) Permanent Disability in relation to her **Mental Illness** as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

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

Nature of Document(s): Aadhaar card



Signature / Thumb Impression of the Person with Disability

 . 

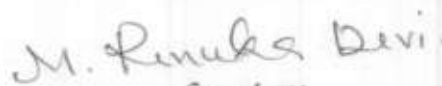
Signatory of notified Medical Authority Member(s)





Issuing Medical Authority, 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.


Secretary
Centre for Development Activities
Wangjing, Manipur



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.: MN0410819540015725

Date: 20/01/2023

This is to certify that I/we have carefully examined Kum. **Naorem Subadani Devi**, Daughter of Shri **Late Naorem Angou Singh**, Date of Birth **03/10/1954**, Age **68**, Female, Registration No. **1404/00000/2301/0381438**, resident of House No. **Nambol Kongkham Awang 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 **Mental Illness**
(B) The diagnosis in her case is **Chronic Schizophrenia**
(C) She has **80%**(in figure) **Eighty** percent(in words) Permanent Disability in relation to her **Mental Illness** as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

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

Nature of Document(s): Aadhaar card



Signature / Thumb Impression of the Person with Disability

Naorem Subadani Devi *Naorem Subadani Devi*

Signatory of notified Medical Authority Member(s)



Naorem Subadani Devi

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.

M. Renuka Devi.
Secretary
Centre for Development Activities
Wangjing, Manipur



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

Disability Certificate

Issuing Medical Authority, Imphal East, Manipur



Certificate No.: MN0730819490014438

Date: 28/09/2022

This is to certify that I/we have carefully examined Smt. **Khundrakpam Chaoba Leima**, Daughter of Shri **Yumgaibam Mangi Singh**, Date of Birth **09/01/1949**, Age **73**, Female, Registration No. **1407/00000/2209/0629959**, resident of House No. **Sawombung Thongkhong - 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 **Mental Illness**

(B) The diagnosis in her case is **Schizophrenia**

(C) She has **80%**(in figure) **Eighty** percent(in words) Permanent Disability in relation to her **Mental Illness** as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPWD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

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

Nature of Document(s): Aadhaar card

Signature / Thumb Impression of the Person with Disability

Ms. Khundrakpam Chaoba Leima

Signatory of notified Medical Authority Member(s)



Ms. Renuka Devi
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.

M. Renuka Devi.
Secretary
Centre for Development Activities
Wangjing, Manipur



Date 06/09/22

Okram Bahinta Devi Age: 36/F

Sleep /
APP

- 90 - ~~Self medication~~
- low mood.
- Anxious feelings
- wanting to go home

↓ Psychiatric Medication
before entering to
Wangjing Centre.

? Depression with Anxiety

① tab. S-Vocita Lite

1 tab daily at bed time

② tab. Syn. Oxzim plus

2 tab twice after food.

Review 8/8.

0/9/22

M. Renuka Devi.
Secretary
Centre for Development Activities
Wangjing, Manipur



Date 06/09/22

Sh. Mema Deni Age: 59 yrs.

Talkaliveness
Irrelevant talks

Self Smiling

Suicidal episode off 20h

Sheep
#00 (1)

MSE: Conscious & co-operative & oriented.

Speech: Relevant & coherent (irrelevance at times)

Affect - Irritable

Thoughts } can't be assessed
Perception }

? Fro

① tab. Risperone - LS
1 tab daily at bed time

② tab. Amazeo 50mg
1 tab daily at bed time

Printed on February, 2022
M. Renuka Devi,
Secretary
Centre for Development Activities
Wangjing, Manipur

Renew 805

Ph:

6/9/22



Date 06/09/22

S.D. Lalreikim (Akim) Age: 43 / F

% = Impulsive & Compulsive Stealing off & on
& many years.

= H/O - CPS & BTCS (Secondary) off son
= Heja-Vu like memory —

Sleep ↓
App ↓

1/4
① Tab. Oxetol - CR 300mg —
1 tab daily at bed time

② Tab. CRAM 5mg —
1 tab daily at bed time

③ Tab. Fluvoxin 50mg —
1 tab at bed time

④ Tab. Risperone - LS —
1 tab daily after lunch

⑤ Tpr. Oxzim Plus
2 tpr twice after food

& Review etc.

Plu: —
6/9/22



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

Disability Certificate

Issuing Medical Authority, Thoubal, Manipur



Certificate No.: MN0510819920008655

Date: 16/12/2022

This is to certify that I/we have carefully examined Kum. **Khangembam Ichan Devi**, Daughter of Shri **Khangembam Rajen Singh**, Date of Birth **01/01/1992**, Age **30**, Female, Registration No. **1405/00000/2210/1425276**, resident of House No. **Samaram Mayal Leikai, Po Wangjing Bpo Samaram - 795148**, Sub District **Thoubal**, District **Thoubal**, 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 **Mental Illness**
(C) She has **80%**(in figure) **Eighty** percent(in words) Permanent Disability in relation to her as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

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

Nature of Document(s): Aadhaar card

Signature / Thumb Impression of the Person with Disability

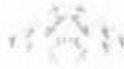
Signatory of notified Medical Authority Member(s)



Issuing Medical Authority, Thoubal, 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.

M. Renuka Devi.
Secretary
Centre for Development Activities
Wangjing, 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.: MN1110819690007571

Date: 29/12/2022

This is to certify that I/we have carefully examined Kum. **Naorem Chaoba Devi**, Daughter of Shri **Naorem Kamala Singh**, Date of Birth **01/11/1969**, Age **53**, Female, Registration No. **1411/00000/2212/1123130**, resident of House No. **Kakching Khunyai Leikai Indrani Maning - 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 Illness**

(B) The diagnosis in her case is **MENTAL ILLNESS(SCHIZOAFFECTIVE DISORDER)**

(C) She has **80%**(in figure) **Eighty** percent(in words) Permanent Disability in relation to her Mental Illness as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

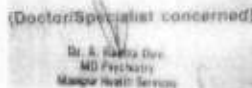
The applicant has submitted the following document(s) as proof of residence:

Nature of Document(s): Certificate of address issued
by Village Panchayat head or its equival

Naorem Chaoba Devi

Signature / Thumb Impression of the Person with Disability

Naorem Chaoba Devi



Signatory of notified Medical Authority Member(s)



Naorem Chaoba Devi

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.

M. Renuka Devi
Secretary
Centre for Development Activities
Wangjing, Manipur



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

Disability Certificate

Issuing Medical Authority, Thoubal, Manipur



Certificate No.: MN0510819950009744

Date: 21/02/2023

This is to certify that I/we have carefully examined Kum. **Naorem Jenita Devi**, Daughter of Shri **Lourebam Jibankumar Singh**, Date of Birth **01/08/1995**, Age **27**, Female, Registration No. **1405/00000/2212/2236852**, resident of House No. **Helbung Thongkhong Tentha Khongbal - 795148**, Sub District **Thoubal**, District **Thoubal**, 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 **Mental Illness**
(C) She has **85%**(in figure) **Eighty 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

L.S. 100
Signature / Thumb Impression of the Person with Disability

A. Ranta Devi *[Signature]* *[Signature]*

Signatory of notified Medical Authority Member(s)



[Signature]
Issuing Medical Authority, Thoubal, 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.

M. Renuka Devi.
Secretary
Centre for Development Activities
Wanging, Manipur



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

Disability Certificate

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



Certificate No.: MN0510120060002653

Date: 20/10/2019

This is to certify that I/We have carefully examined Kum. **Walkhom Linthoinganbi Chanu** Daughter of Shri **Walkhom Inaobi Meitei** Date of Birth **01/04/2006** Age **13 Year(s)** Female, Registration No. **1405/00000/1909/1807966** resident of the **Ingourok, Shikhong - 795149** Sub District **Thoubal** District **Thoubal** 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	Blindness	Eyes	Blindness	40%
2	Intellectual Disability	Brain	Intellectual Disability	75%

(B) In the light of the above her overall physical impairment as per guidelines (to be specified) is as follows.
In figures **82%**
In words **Eighty Two** percent

2. This condition is likely to improve.
3. Re-assessment of disability is:
 - (i) recommended Or
 - (ii) is recommended/ for **5 year(s)**, and therefore this certificate shall be valid till **20/10/2024**

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

Signature / Thumb impression of the Person With Disability

[Handwritten signature: N. Linthoinganbi]

Signature of notified Medical Authority Member



[Handwritten signature]
Issuing Medical Authority, Thoubal, Manipur

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

[Handwritten signature: M. Kenubal Devi]
Secretary
Centre for Development Activities
Wangjing, Manipur



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

Disability Certificate

issuing Medical Authority, Chandel, Manipur



Certificate No.: MN0910819840005403

Date: 18/01/2023

This is to certify that I/we have carefully examined Kum. **Joylish Thumliti**, Daughter of Shri **Th Titus**, Date of Birth **29/06/1984**, Age **38**, Female, Registration No. **1409/00000/2301/1071576**, resident of House No. **Liwa Khullen - 795127**, Sub District **Chandel**, District **Chandel**, 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 **Chronic Schizophrenia**

(C) She has **90%**(in figure) **Ninety** 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): Aadhaar card



Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)




Issuing Medical Authority, Chandel, 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.

M. Renuka Devi.
Secretary
Centre for Development Activities
Wangjing, Manipur



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

Disability Certificate

Issuing Medical Authority, Thoubal, Manipur



Certificate No.: MN0510819770009826

Date: 24/02/2023

This is to certify that I/we have carefully examined Kum. **Elangbam Bina Devi**, Daughter of Shri **Sinam Abhiram Singh**, Date of Birth **01/01/1977**, Age **46**, Female, Registration No. **1405/00000/2301/0434149**, resident of House No. **Lamding Elangbam Leikal - 795148**, Sub District **Thoubal**, District **Thoubal**, 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 **Mental Disability**

(C) She has **80%**(in figure) **Eighty** percent(in words) Permanent Disability in relation to her **Mental illness** as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

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

Nature of Document(s): Aadhaar card

BINA

Signature / Thumb Impression of the Person with Disability

Bina Devi *Elangbam Bina Devi*

Signatory of notified Medical Authority Member(s)



Issuing Medical Authority, Thoubal, 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.

M. Renuka Devi
Secretary
Centre for Development Activities
Wangjing, Manipur



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

Disability Certificate

Issuing Medical Authority, Chandel, Manipur



Certificate No.: MN0910820080005247

Date: 08/11/2022

This is to certify that I/we have carefully examined Kum. **Ringni Jangvei Lamkang**, Daughter of Shri **James Jangvei Lamkang**, Date of Birth **03/03/2008**, Age **14**, Female, Registration No. **1409/00000/2211/0496567**, resident of House No. **Larong Khunou Village - 795127**, Sub District **Chandel**, District **Chandel**, 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 **A case of IDD(MR) with 75%**

(C) She has **75%**(in figure) **Seventy Five** percent(in words) Temporary 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).

This certificate recommended for **4 year(s) 11 month(s)**, and therefore this certificate shall be valid till **08/10/2027**

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

Ringni Jangvei Lamkang *I. Baija Singh* *Abu*

Signatory of notified Medical Authority Member(s)



Abu
Issuing Medical Authority, Chandel, 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.

M. Renuka Devi.

Secretary
Centre for Development Activities
Wangjing, Manipur