



PACHHUNGA UNIVERSITY COLLEGE
(A CONSTITUENT COLLEGE OF MIZORAM UNIVERSITY)
AIZAWL - 796001: MIZORAM, INDIA
EQUAL OPPORTUNITY CELL

No. EOC(PUC) 1/2019/1

Dated Aizawl, the 9th September, 2019

To

The Director
IQAC, PUC

Subject: List of PWD students enrolled within 2013 to 2019 in Pachhunga University College.

Respected Sir,

I am submitting herewith a list of PWD students enrolled within 2013 to 2019. Please find attached copies of their Disability certificates.

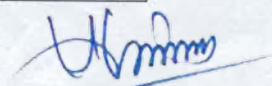
List of PWD students enrolled within 2013 to 2019
2013

Sl No	Name	Core	Roll No	Disability	Disability Certificate No	Phone No	Division	Further Study
1	Lalngaihawmi	Philosophy	1301BA210	Visual	MZ03 40219 92000 7976	81319 35452	1 st	M.A(Philosophy), Hyderabad Univ. and NET

2014

Sl No	Name	Core	Roll No	Disability	Disability Certificate No	Phone No	Division	Further Study
1	R Vanrammawii	Sociology	1401BA315	PPRP Post Polio Residual Paralysis	680	96154 90103	1st	Mizoram Law College
2	Paukhanmunga	Pol.Science	1401BA118	Bilateral Ba Amputee	391	98625 98123	2nd	MA - Pol.Science - MZU

2015


(Prof. H.LALTHANZARA)

Sl No	Name	Core	Roll No	Disability	Disability Certificate No	Phone No	Principal
1	John Lalremruata	Economics	1501BA064	Amputee Foreleg	655	8014162818	Pachhunga University College Aizawl: Mizoram
2	Lalrinsiamia	Economics	1501BA069	Locomotor	375	8974268543	

- parsed

2016

Sl No	Name	Core	Roll No	Disability	Disability Certificate No	Phone No
1	Laldinpuii	Mathematics	1601BS181	Cerebral Palsy	131	9774160785

Continue
B-ed.

2017

Sl No	Name	Core	Roll No	Disability	Disability Certificate No	Phone No
1	Julie Lalnunremi	Mizo	1701BA192	Visual	273	8575724079
2	PC Lalrinfeli	Geography	1701BA414	Visual	968/17	8729865815
3	Lalrinfela Sailo	Mathematics	1701BS161	Mascular Weakness	927/17	9612649769
4	Vanlalrinsanga	Pol.Science	1701BA308	Arm Amputee	86	9612620454
5	Vanneihchawngi	Education	1701BA120	PPRP (R) Lower Limb	372	7627907420


2018

Sl No	Name	Core	Roll No	Disability	Disability Certificate No	Phone No
1	Lalrinzuala	History	1801BA242	Visual	MZ051071 999000259 1	9862391567
2	Ch. Catherine	Pol. Science	1801BA049	Hearing impairment	57	8974108068
3	Ralselthangi	Geography	1801BA341	Locomotor	241/18	8257875459
4	Benjamin C. Lalnunpuia	Pub. Admn	1801BA015	Locomotor	MZ071061 999000235 9	8119099504
5	Ngurzamliani	Chemistry	1801BS204	Hearing impairment	282	7642815684
6	Saronpari	Education	Edu 18/43	Hearing impairment	115/18	-

Thanking you.


(Prof. H.LALTHANZARA)

Principal
Pachhunga University College
Aizawl : Mizoram


(LALSANGKIMI SAILO)
Chairman
Equal Opportunity Cell
Pachhunga University College



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

Government of Mizoram

Disability Certificate

issuing Medical Authority, Aizawl, Mizoram



Certificate No.: MZ0340219920007976

Date: 07/08/2018

This is to certify that I/We have carefully examined Kum. **Lalngaihawmi** Daughter of Shri **Lalbiakdika** Date of Birth **09/08/1992** Age **26 Year(s)** Female, Registration No. **1503/00000/1811/0249730** resident of House No. **Mission Veng, Aizawl - 796001** Sub District **Albawk** District **Aizawl** State / UTs **Mizoram**
Whose photograph is affixed above, and I/We satisfied that:

- (A) She is a case of **Blindness**
(B) The diagnosis in her case is **Blind**

(C) She has **100%**(in figure) **One hundred** percent(in words) Permanent in relation to her (part of body) as per guidelines (to be specified).

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

Nature of Document(s): Aadhaar card

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



Issuing Medical Authority, Aizawl, Mizoram

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

(Prof. H.LALTHANZARA)

Principal
Pachhunga University College
Aizawl: Mizoram



Scanned with
CamScanner

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

Certificate No. 86.

Date 12/2/15



DISABILITY CERTIFICATE

1. This is certified that Shri/Smt/Kumari Lal Lalthanzara
son/wife/daughter of Shri Lal Lalthanzara age 33 sex F
of Mole in front of neck. identification mark(s)
..... is suffering from permanent
disability of the following category.

A. LOCOMOTOR OR CEREBRAL PALSY:

- (i) BL - both legs affected but not arms.
- (ii) BA - both arms affected
 - (a) Impaired reach
 - (b) Weakness of grip
- (iii) OL - one leg affected (right or left)
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (iv) OA - one arm affected
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (v) BH - stiff back and hips (can not sit or stoop)
- (vi) NW - muscular weakness and limited physical endurance.

Handwritten mark resembling a large 'N' or 'H' with a signature 'H' to its right.

B. BLINDNESS OR LOW VISION:

- (i) B - Blind
- (ii) PB - Partially Blind low vision

C. HEARING IMPAIRMENT:

- (i) D - Deaf
- (ii) PD - Partially deaf not

D. MENTAL ILLNESS/MENTAL RETARDATION:

(Delete the category which ever is not applicable)

H.Lalthanzara
(Prof. H.LALTHANZARA)

Form P/26

Principal
Pachhunga University College
Aizawl : Mizoram

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.
Re-assessment of this case is not recommended/is recommended after a period of
..... years months.

3. Percentage of disability in his/her case is 55 (fifty five) percent.

4. Shri/Smt./Kumari Lal Singh Aamer meets
the following physical requirement for discharge of his/her duties :-

- | | |
|--|----------------------|
| (i) E - can perform work by manipulating with figures | Yes / No |
| (ii) PP - can perform work by pulling and pushing | Yes / No |
| (iii) L - can perform work by lifting | Yes / No |
| (iv) KC - can perform work by a kneeling and crouching | Yes / No |
| (v) B - can perform work by bending | Yes / No |
| (vi) S - can perform work by sitting | Yes / No |
| (vii) ST - can perform work by standing | Yes / No |
| (viii) W - can perform work by walking | Yes / No |
| (ix) SE - can perform work by seeing | Yes / No (Paralysed) |
| (x) H - can perform work by hearing/speaking | Yes / No |
| (xi) RW - can perform work by reading and writing | Yes / No |

(Dr. ROSA NGLUH M A)

Chairman
Board of Medical Examination
Aizawl District Aizawl
Mizoram

(Dr. K. L. PONSANG)
Specialist/Medical Officer

Member
Board of Medical Examination
Aizawl District Aizawl
Mizoram

(Dr. H. C. LALDINA)
Member
Medical Board

DR. H. C. LALDINA MS (ENT)
Head of Dept. ENT,
Civil Hospital, Aizawl

* Strike out which is not applicable.

Form P/27

(Prof. H. LALTHANZARA)

Principal
Pachhunga University College
Aizawl : Mizoram

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

Certificate No. 680

Date: 7/2/11

DISABILITY CERTIFICATE



DR. T...
Head of ...

1. This is certified that Shri/Smt/Kumari A. Vanram melisri
son/wife/daughter of Shri A. Lalhuliana age 17 sex F
identification mark(s) Black mole on left shoulder is suffering
from permanent disability of following category

A. LOCOMOTOR OR CEREBRAL PALSY:

- (i) ~~BL - both legs affected but not arms~~
- (ii) BA - both arms affected
 - (a) Impaired reach
 - (b) Weakness of grip
- (iii) OL - one leg affected (right or left)
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (iv) OA - one arm affected
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (v) BH - stiff back and hips (can not sit or stoop)
- (vi) NW - muscular weakness and limited physical endurance.

B. BLINDNESS OR LOW VISION

- (i) B - Blind
- (ii) PB - Partially Blind

C. HEARING IMPAIRMENT

- (i) D - Deaf
- (ii) PD - Partially deaf

D. MENTAL ILLNESS/MENTAL RETARDATION

(Delete the category which ever is not applicable)

X PRRP Post-Polio Residual PARALYSIS

ADMISSION OFFICE
MIZORAM UNIVERSITY
AIZAWL

(Prof. H.L. LALTHANZARA)

Principal
Lachhunga University College
Aizawl: Mizoram

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.
 Re-assessment of this case is not recommended/is recommended after a period of
 X years X months

3. Percentage of disability in his/her case is 100% - percent.

4. Shri/Smt /Kumari A. Vanram mawla meets the following physical requirement for discharge of his/her duties :-

- | | |
|--|--------------------|
| (i) F - can perform work by manipulating with figures | Yes/No - Partially |
| (ii) PP - can perform work by pulling and pushing | Yes/No ✓ |
| (iii) L - can perform work by lifting | Yes/No ✓ |
| (iv) KC - can perform work by a kneeling and crouching | Yes/No ✓ |
| (v) B - can perform work by bending | Yes/No ✓ |
| (vi) S - can perform work by sitting | Yes/No ✓ |
| (vii) ST - can perform work by standing | Yes/No ✓ |
| (viii) W - can perform work by walking | Yes/No ✓ |
| (ix) SE - can perform work by seeing | Yes/No ✓ |
| (x) H - can perform work by hearing/speaking | Yes/No ✓ |
| (xi) RW - can perform work by reading and writing | Yes/No ✓ |

(Dr. [Signature])
 Chairman
 Board of Examiners
 Medical District
 Mizoram

(Dr. [Signature])
 DR. THANG CHONG NUNGA
 Head of the Deptt. Orthopaedics
 Civil Hospital
 Aizawl, Mizoram
 Member
 Medical Board

(Dr. [Signature])
 Member
 Board of Examiners
 Medical District
 Aizawl, Mizoram
 Medical Board

(Prof. H. LALTHANZARA)
 Principal
 Achhunga University College
 Aizawl, Mizoram

* Strike out which is not applicable.

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

Certificate No. 391.

Date: 4/8/16.

DISABILITY CERTIFICATE



1. This is certified that Shri/Smt/Kumari Parkharungga
 son/wife/daughter of Shri H. Ginpuma (2) age 20 sex M
of Mizoram bengkuleng identification mark(s)
mole left cheek is suffering from permanent
disability of the following category. DOB: 4.9.1996

A. LOCOMOTOR OR CEREBRAL PALSY:

Bitateral Bk amputee

- (i) BL - both legs affected but not arms.
- (ii) BA - both arms affected
 - (a) Impaired reach
 - (b) Weakness of grip
- (iii) OL - one leg affected (right or left)
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (iv) OA - one arm affected
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (v) BH - stiff back and hips (can not sit or stoop)
- (vi) NW - muscular weakness and limited physical endurance.

B. BLINDNESS OR LOW VISION:

- (i) B - Blind
- (ii) PB - Partially Blind

C. HEARING IMPAIRMENT:

- (i) D - Deaf
- (ii) PD - Partially deaf

D. MENTAL ILLNESS/MENTAL RETARDATION:

(Delete the category which ever is not applicable)

(Prof. H.LALTHANZARA)

Principal
Pachhunga University College
Aizawl: Mizoram

2. This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment of this case is not recommended/is recommended after a period of years months.

3. Percentage of disability in his/her case is 85% percent.

4. Shri/Smt./Kumari Pankhanmurga meets the following physical requirement for discharge of his/her duties :-

- (i) E - can perform work by manipulating with figures Yes / No Yes
- (ii) PP - can perform work by pulling and pushing Yes / No Yes
- (iii) L - can perform work by lifting Yes / No Yes
- (iv) KC - can perform work by a kneeling and crouching Yes / No Yes
- (v) B - can perform work by bending Yes / No Yes
- (vi) S - can perform work by sitting Yes / No Yes
- (vii) ST - can perform work by standing Yes / No Yes
- (viii) W - can perform work by walking Yes / No Yes
- (ix) SE - can perform work by seeing Yes / No Yes
- (x) H - can perform work by hearing/speaking Yes / No Yes
- (xi) RW - can perform work by reading and writing Yes / No Yes

(Dr. P. L. Remanga)
Chairman
Board of Examination
Aizawl District Aizawl
Medical Board
Mizoram

(Dr. H. LAUNGHAULLAHA)
Specialist/Medical Officer

(Dr. H.C. Lalaina)
Member
Board of Examination
Aizawl District Aizawl
Medical Board
Mizoram

* Strike out which is not applicable.

FormP/27

(Prof. H.LALTHANZARA)
Principal
Pachhunga University College
Aizawl : Mizoram

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

Certificate No. 685

Date: 9.2.11.



DISABILITY CERTIFICATE

1. This is certified that Shri/Smt/Kumari John Labernguala
 son/wife/daughter of Shri Vanlatzama (L) age 15 sex M
 identification mark(s) small black mole on (L) middle is suffering
 from permanent disability of following category of arm or front:

A. LOCOMOTOR OR CEREBRAL Palsy:

- (i) BI - both legs affected but not arms
- (ii) BA - both arms affected
 - (a) Impaired reach
 - (b) Weakness of grip
- (iii) OI - one leg affected (right or left)
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (iv) OA - one arm affected
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (v) BH - stiff back and hips (can not sit or stoop)
- (vi) NW - muscular weakness and limited physical endurance.

AMPUTEE
 FORELEG

B. BLINDNESS OR LOW VISION

- (i) R - Blind
- (ii) PB - Partially Blind

C. HEARING IMPAIRMENT

- (i) D - Deaf
- (ii) PD - Partially deaf

D. MENTAL ILLNESS/MENTAL RETARDATION

(Delete the category which ever is not applicable)

(Prof. H.LALTHANZARA)

Principal
 Achhanga University College
 Aizawl - Mizoram

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.
Re-assessment of this case is ~~not recommended~~/is recommended after a period of
X years X months.

3. Percentage of disability in his/her case is 42% percent.

4. Shri/Smt /Kumari John Sahemnuata meets the following physical requirement for discharge of his/her duties :-

- | | |
|---|--------------------------------------|
| (i) E - can perform work by manipulating with figures | Yes / No |
| (ii) PP - can perform work by pulling and pushing | Yes / No <i>Partially</i> |
| (iii) L - can perform work by lifting | Yes / No |
| (iv) KC - can perform work by kneeling and crouching | Yes / No |
| (v) B - can perform work by bending | Yes / No |
| (vi) S - can perform work by sitting | Yes / No |
| (vii) ST - can perform work by standing | Yes / No |
| (viii) W - can perform work by walking | Yes / No |
| (ix) SE - can perform work by seeing | Yes / No |
| (x) H - can perform work by hearing/speaking | Yes / No |
| (xi) RW - can perform work by reading and writing | Yes / No |

[Signature]
(Dr. _____)
Chairman
Board of Examinations
Medical Board
Aizawl
Mizoram

[Signature]
(Dr. _____)
Member
Medical Board
SCREENING COMMITTEE

[Signature]
(Dr. _____)
Member
Board of Examinations
Medical Board
Mizoram

[Signature]
(Prof. H. LALTHANZARA)

* Strike out which is not applicable.

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

Certificate No. 375

Date : 6/9/16

DISABILITY CERTIFICATE



1. This is certified that Shri/Smt/Kumari Lalinsawma
son/wife/daughter of Shri Bakchingmanga (L) age 17 sex M
of Rabung identification mark(s)
..... is suffering from permanent
disability of the following category.

A. **LOCOMOTOR OR CEREBRAL PALSY :**

(i) BL - both legs affected but not arms.

(ii) BA - both arms affected

(iii) OL - one leg affected (right or left)

(iv) OA - one arm affected

(v) BH - stiff back and hips (can not sit or stoop)

(vi) NW - muscular weakness and limited physical endurance.

(a) Impaired reach

(b) Weakness of grip

(a) Impaired reach

(b) Weakness of grip

(c) Ataxic

(a) Impaired reach

(b) Weakness of grip

(c) Ataxic

B. **BLINDNESS OR LOW VISION :**

(i) B - Blind

(ii) PB - Partially Blind

C. **HEARING IMPAIRMENT :**

(i) D - Deaf

(ii) PD - Partially deaf

D. **MENTAL ILLNESS/MENTAL RETARDATION :**

(Delete the category which ever is not applicable)


(Prof. H.L. LALTHANZARA)

Form P/26

2. This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment of this case is not recommended/is recommended after a period of years months.

3. Percentage of disability in his/her case is 60 percent.

4. Shri/Smt./Kumari Lalansiana meets the following physical requirement for discharge of his/her duties :-

- | | |
|--|------------|
| (i) E - can perform work by manipulating with figures | Yes / No ✓ |
| (ii) PP - can perform work by pulling and pushing | Yes / No ✓ |
| (iii) L - can perform work by lifting | Yes / No ✓ |
| (iv) KC - can perform work by a kneeling and crouching | ✓ Yes / No |
| (v) B - can perform work by bending | ✓ Yes / No |
| (vi) S - can perform work by sitting | ✓ Yes / No |
| (vii) ST - can perform work by standing | ✓ Yes / No |
| (viii) W - can perform work by walking | ✓ Yes / No |
| (ix) SE - can perform work by seeing | ✓ Yes / No |
| (x) H - can perform work by hearing/speaking | ✓ Yes / No |
| (xi) RW - can perform work by reading and writing | ✓ Yes / No |

(Dr. K. L. P. Chhinan)
Board of Medical Examination
Aizawl District Aizawl
Chairman
Medical Board

(Dr. CONNIE LOMWANI)
Specialist/Medical Officer

(Dr. H. C. DARDINA)
Member
Board of Medical Examination
Aizawl District Aizawl
Mizoram
Medical Board

* Strike out which is not applicable.

FormP/27

(Prof. H. LALTHANZARA)

Principal
Pachhunga University College
Aizawl : Mizoram

MEDICAL BOARD FOR DISABILITY CERTIFICATE
 PRESBYTERIAN HOSPITAL, DURTLANG, MIZORAM
 (STATE REFERRAL CENTRE FOR PERSONS WITH DISABILITIES)
 Recognised by the Govt. of Mizoram
 vide Notification No. B-13016/9/2000-SWD; Dt. 5.4.2004

Certificate No. : 131

Date : 25-02-2016

CERTIFICATE FOR THE PERSON WITH DISABILITIES
 (For OH/VH/Sp & Hg)

D.O.B : 2.5.1997

This is to certify that Shri / Smt / Km LALDINDU II
 Son / Wife / Daughter of Shri H. LALLAWMSANGA Trakthing Dam Veng
 Age 18 Years old male / female, Registration No. 314861 is
 A case of LEFT SIDE HEMIPARESIS - CEREBRAL Palsy

He / She is physically disabled / ~~visually disabled~~ / ~~speech & hearing disabled~~ and has
70 % (SEVENTY percent) permanent physical impairment / visual impair-
 ment / ~~speech & hearing impairment~~ in relation to his / her.

1. This condition is progressive / likely to improve / not likely to improve*
 2. Re-assessment is not recommended / recommended after a period of
- * Strike out which is not applicable.

Lalrinliana Vaire
 DR. LALRINDIANA VAIRE
 Consultant (Ortho)
 Presbyterian Hospital
 Durtlang : Aizawl
 Mizoram

27/2/16
 (M LALTHANZARA)
 Medical Superintendent
 Synod Hospital
 Durtlang : Aizawl
 Mizoram

Signature of Thumb impression
 of the patient



Scars on chest (L)

27/2/16
 Countersigned
 CMO / CMS / Head of Hospital
 Seal
 Synod Hospital
 Durtlang : Aizawl
 Mizoram

H. Lalthanzara
 (Prof. H. LALTHANZARA)

Principal
 Pachhunga University College
 Aizawl : Mizoram

UNIQUE DISABILITY ID
Government of India

STATE ID:
N/A

Aadhaar No.
*****0886



Address of the Card Issuing Authority State/District level
Civil Hospital , Aizawl , Dawrpul Veng, Aizawl, Mizoram - 796001

UNIQUE DISABILITY ID
Government of India

Government of Mizoram


नाम / Name
जुली लालननमी
Julie Lalnunremi

UD ID
MZ0340719980009951

Disability Type
Low Vision

Year of Birth % of Disability
1998 **40% (Forty Percent)**

Date of Issue Valid upto
29/03/2019 **Permanent**



(P)

[Signature]
Issuing Authority Sign

[Signature]

(Prof. H.LALTHANZARA)

Principal
Pachhunga University College
Aizawl : Mizoram



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

Government of Mizoram

Disability Certificate

Issuing Medical Authority, Aizawl, Mizoram



Certificate No.: MZ0340719980009951

Date: 29/03/2019

This is to certify that I/We have carefully examined Kum. **Julie Lainunremi** Daughter of Shri **R Vanlaldika** Date of Birth **08/02/1998** Age **21 Year(s)** Female, Registration No. **1503/00000/1903/1714284** resident of House No. **Zemabawk - 796017** Sub District **Tlangnuam (part)** District **Aizawl** State / UTs **Mizoram** Whose photograph is affixed above, and I/We satisfied that:

(A) She is a case of Low Vision

(B) The diagnosis in her case is **Low Vision**

(C) She has **40%**(in figure) **Forty** percent(in words) Permanent in relation to her (part of body) as per guidelines (to be specified).

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

Nature of Document(s): Aadhaar card

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



Issuing Medical Authority, Aizawl, Mizoram

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

(Prof. H.LALTHANZARA)

Principal
Pachhunga University College
Aizawl : Mizoram

UNIQUE DISABILITY ID
Government of India

STATE ID:
N/A

Aadhaar No.
*****7757



Address of the Card Issuing Authority State/District level
District Hospital Serchhip Aoc Veng, Serchhip, Mizoram - 796181

UNIQUE DISABILITY ID
Government of India

Government of Mizoram

नाम / Name
प स लालिनफेल
P C Lalinfell

UD ID
MZ0510219960002570


Disability Type
Blindness

Year of Birth
1996

% of Disability
45% (Forty Five Percent)

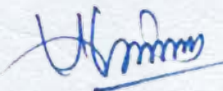
Date of Issue
12/03/2019

Valid upto
Permanent



(P)

Issuing Authority Sign


(Prof. H.LALTHANZARA)
Principal
Pachhunga University College
Aizawl : Mizoram



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

Government of Mizoram

Disability Certificate

Issuing Medical Authority, Serchhip, Mizoram



Date: 12/03/2019

Certificate No.: MZ0510219960002570

This is to certify that I/We have carefully examined Kum. P C Lalrinfeli Daughter of Shri Pc Chuangkima Date of Birth 16/08/1996 Age 22 Year(s) Female, Registration No. 1505/00000/1903/0663481 resident of House No. Chhingchhip, Mualpui - 796161 Sub District Serchhip District Serchhip State / UTs Mizoram Whose photograph is affixed above, and I/We satisfied that:

- (A) She is a case of Blindness
(B) The diagnosis in her case is Ametropic amblyopia

(C) She has 45%(in figure) **Forty Five** percent(in words) Permanent in relation to her (part of body) as per guidelines (to be specified).

The applicant have been submitted the following document(s) as proof of residence
Nature of Document(s): Aadhaar card

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



Issuing Medical Authority, Serchhip, Mizoram

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

(Prof. H.LALTHANZARA)

Principal
Pachhunga University College
Aizawl : Mizoram

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

24/5/17.

Certificate No. 927/17.

Date



DISABILITY CERTIFICATE

I. This is certified that Shri/Smt/Kumari LALRINFELA SAILE
 son/wife/daughter of Shri Lakrinsiana Saile age 17 sex Male
of B/9-B Khatla identification mark(s) Mole @ cheek
is suffering from permanent Deb: 24-6-1977
disability of the following category.

A. LOCOMOTOR OR CEREBRAL PALSY:

- (i) BL - both legs affected but not arms.
- (ii) BA - both arms affected
 - (a) Impaired reach
 - (b) Weakness of grip
- (iii) OL - one leg affected (right or left)
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (iv) OA - one arm affected
 - (a) Impaired reach
 - (b) Weakness of grip
 - (c) Ataxic
- (v) BH - stiff back and hips (can not sit or stoop)
- (vi) NW - muscular weakness and limited physical endurance.

B. BLINDNESS OR LOW VISION:

- (i) B - Blind
- (ii) PB - Partially Blind

C. HEARING IMPAIRMENT:

- (i) D - Deaf
- (ii) PD - Partially deaf

D. MENTAL ILLNESS/MENTAL RETARDATION:

(Delete the category which ever is not applicable)


 (Prof. H.LALTHANZARA)

Form P/26

Principal
 Pochhunga University College
 Aizawl: Mizoram

2. This condition is progressive/non-progressive/likely to improve/not likely to improve
Re-assessment of this case is not recommended/is recommended after a period of
..... years months.

3. Percentage of disability in his/her case is 70 percent.

4. Shri/Smt./Kumari Lalunfela Saito meets
the following physical requirement for discharge of his/her duties :-

- (i) E - can perform work by manipulating with figures Yes / No
- (ii) PP - can perform work by pulling and pushing Yes / No
- (iii) L - can perform work by lifting Yes / No
- (iv) KC - can perform work by a kneeling and crouching Yes / No
- (v) B - can perform work by bending Yes / No
- (vi) S - can perform work by sitting Yes / No
- (vii) ST - can perform work by standing Yes / No *but significant*
- (viii) W - can perform work by walking Yes / No
- (ix) SE - can perform work by seeing Yes / No
- (x) H - can perform work by hearing/speaking Yes / No
- (xi) RW - can perform work by reading and writing Yes / No

W. L. Rembang
(Dr. K. L. REMBANGA)
Chairman
Board of Medical Examination
Medical Board
Aizawl, Mizoram

Romir Romir
(Dr. Romir Romir)
Specialist Medical Officer
Department of Ophthalmology
Civil Hospital Aizawl

M. S. D. D. D. D.
(Dr. M. S. D. D. D. D.)
Member
Medical Board
Aizawl

* Strike out which is not applicable.

Form P/27

H. L. Lalthanzara
(Prof. H. L. LALTHANZARA)

Principal
Pachhunga University College
Aizawl, Mizoram



Government of Mizoram

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

Disability Certificate

Issuing Medical Authority, Aizawl, Mizoram



Certificate No.: MZ0340619950009101

Date: 04/03/2019

This is to certify that I/We have carefully examined Shri **Vanlalrinsanga** Son of Shri **Lalthankima** Date of Birth **30/09/1995** Age **23 Year(s)** Male, Registration No. **1503/00000/1903/0235290** resident of House No. **Bungkawn Dam Veng Aizawl, T.section Near Community Hall - 796001** Sub District **Tiangnuam (part)** District **Aizawl** State / UTs **Mizoram**

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

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

(B) The diagnosis in his case is **Below Elbow Amputate**

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

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

Nature of Document(s): Aadhaar card

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



Issuing Medical Authority, Aizawl, Mizoram

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

(Prof. H.LALTHANZARA)

Principal
Pachhunga University College
Aizawl : Mizoram

UNIQUE DISABILITY ID
Government of India

नाम / Name
वनलालिनसांगा
Vanlalrinsanga

UD ID
MZ0340619950009101

Disability Type
Locomotor Disability

Year of Birth 1995	% of Disability 50% (Fifty Percent)
Date of Issue 06/03/2019	Valid upto Permanent

Issuing Authority Sign

UNIQUE DISABILITY ID
Government of India

STATE ID:
N/A

Aadhaar No.
*****7758

Address of the Card Issuing Authority State/District level
Civil Hospital , Aizawl , Dawrpui Veng, Aizawl, Mizoram - 796001


(Prof. H.LALTHANZARA)

Principal
Pachhunga University College
Aizawl : Mizoram

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

Certificate No. 111/19

Date: 19/3/19

DISABILITY CERTIFICATE



1. This is to certify that

Father's name YANNEIHCRAWN91

Mother's name Zalchawngawna

Date of birth Klingdehchiipi

Identification mark 26th May 1997

Sex: F Contact No. 7627907420

Aadhaar/Voter's ID No. 636517004483

Address Male on lips

Ngopa, (Chhin veug),

Mizoram.

Senior Specialist
Deptt. of Orthopaedics
Civil Hospital, Aizawl.

is suffering from disability of the following category :-

(RPWD Act 2016)

Specify (if required)

- (a) Acid Attack victim _____
- (b) Autism Spectrum Disorder _____
- (c) Blindness _____
- (d) Cerebral Palsy _____
- (e) Chronic Neurological Conditions _____
- (f) Dwarfism _____
- (g) Hemophilia _____
- (h) Hearing Impairment (deaf and hard of hearing) _____
- (i) Intellectual Disability _____
- (j) Leprosy Cured Person _____


(Prof. H.LALTHANZARA)

FormP/26

- (k) Locomotor Disability POST POLIO NEURINE
- (l) Low-vision PARALYSIS @ LEGS.
- (m) Mental Illness _____
- (n) Multiple Disabilities including Deafblindness _____
- (o) Multiple Sclerosis _____
- (p) Muscular Dystrophy _____
- (q) Parkinson's Disease _____
- (r) Sickle Cell Disease _____
- (s) Speech and Language Disability _____
- (t) Specific Learning Disabilities _____
- (u) Thalassemia _____

2. Any other disability as per PWD Act 2016 _____
3. This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment of this case is not recommended / is recommended after a period of years months.
4. Percentage of disability in his/her case is 40% percent.

19/3/19
 (Dr. LALHMUCHHUAKA)
 Chairman

Board of Medical Examination
 Aizawl District Aizawl
 Mizoram

(Dr. [Signature]) Specialist

(Dr. JOHN ZOTHMULHANGA) Member

[Signature]
 (Prof. H.LALTHANZARA)

Medical Board
 Member
 Board of Medical Examination
 Aizawl District, Aizawl Mizoram **Form P/27**



Government of Mizoram

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

Disability Certificate

Issuing Medical Authority, Serchhip, Mizoram



Certificate No.: MZ0510719990002591

Date: 16/04/2019

This is to certify that I/We have carefully examined Shri **Lalrinzuala** Son of Shri **K Zohmangaiha** Date of Birth **21/04/1999** Age **19 Year(s)** Male. Registration No. **1505/00000/1904/0648201** resident of House No. **North Vanlaiphal - 796181** Sub District **Serchhip** District **Serchhip** State / UTs **Mizoram** Whose photograph is affixed above, and I/We satisfied that:

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

(B) The diagnosis in his case is **Low Vision**

(C) He has **60%**(in figure) **Sixty** percent(in words) Permanent in relation to his (part of body) as per guidelines (to be specified).

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

Nature of Document(s): Aadhaar card

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



Issuing Medical Authority, Serchhip, Mizoram

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

(Prof. H.LALTHANZARA)

Principal
Pachhunga University College
Aizawl : Mizoram

UNIQUE DISABILITY ID
Government of India

लालिन्जुआला
Lalrinzuala

UD ID
MZ0510719990002591

Disability Type
Low-Vision

Year of Birth
1999

% of Disability
60% (Sixty Percent)

Date of Issue
16/04/2019

Valid upto
Permanent


Issuing Authority Sign



UNIQUE DISABILITY ID
Government of India

STATE ID:
N/A

Aadhaar No.
*******9568**



Address of the Card Issuing Authority State/District level
District Hospital Serchhip Aoc Veng, Serchhip, Mizoram - 796181


(Prof. H.LALTHANZARA)

Principal -
Pachhunga University College
Aizawl : Mizoram

Certified No. 57

Date 19/12/11

DISABILITY CERTIFICATE



I, this is certified that Shri/Smt/Kumari C. Catherine
Suffering from C. Seclusion, State age 10 Sex F
is suffering from permanent disability
of following category: DOB 26.7.2000

- A. PARALYTIC OR CEREBRAL Palsy**
- i) BL - Both legs affected but not arms
 - ii) B - Both arms affected
 - iii) OL - One leg affected (right or left)
 - iv) OA - One arm affected
 - v) BH - Stiff back and hips (can not sit or stoop)
 - vi) NW - Muscular weakness and limited physical endurance
- a) Impaired reach
b) Weakness of grip
a) Impaired reach
b) Weakness of grip
c) Ataxic
b) Impaired reach
b) Weakness of grip
c) Ataxic

B. BLINDNESS OR LOW VISION
i) B - Blind
ii) PL - Partially Blind

C. HEARING IMPAIRMENT
i) D - Deaf
ii) PD - Partially deaf

D. MENTAL ILLNESS/ MENTAL RETARDATION
(Delete the category which ever is not applicable)
This condition is progressive/ non-progressive/ likely to improve/ not likely to improve/ re-assessment of this case is not recommended/ is recommended after a period of _____ years/months

Percentage of disability in his/ her case is 40% Percent.

- IV. Smt/Smt/Kumari _____ meets the following physical requirements for discharge duties:
- | | |
|--|--------|
| i) F - Can perform work by manipulating with fingers | Yes/No |
| ii) PP - Can perform work by pulling and pushing | Yes/No |
| iii) L - Can perform work by lifting | Yes/No |
| iv) KC - Can perform work by kneeling and crouching | Yes/No |
| v) B - Can perform work by bending | Yes/No |
| vi) S - Can perform work by sitting | Yes/No |
| vii) ST - Can perform work by standing | Yes/No |
| viii) W - Can perform work by walking | Yes/No |
| ix) SE - Can perform work by seeing | Yes/No |
| x) H - Can perform work by hearing | Yes/No |
| xi) RW - Can perform work by reaching and grasping | Yes/No |

C. LAWSONSANJA Medical Officer
Chief Hospital Aizawl

S. MARKA THANSIAM Medical Officer
Chief Hospital Aizawl

Attended
[Signature]
Assistant Professor
Department of Political Science
Pachhunga University College
Aizawl, Mizoram

[Signature]
(Prof. H.LALTHANZARA)
Principal
Pachhunga University College
Aizawl: Mizoram

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

Certificate No. 115/18

Date : 28/3/18

DISABILITY CERTIFICATE



R. Lalnun
Dr. R. LALNUN LUANGA
ENT SURGEON
CIVIL HOSPITAL AIZAWL

1. This is to certify that
 Father's name Saronpari
 Mother's name Komawi thanga
 Date of birth Kallawmehlungi
 Identification mark 14 May 1998
 Sex : F Contact No. Mole on infraorbital region (L)
 Aadhaar/Voter's ID No. 796 9485 438 755
 Address 55 72393 81679
dungen lungli, Khawmawi

is suffering from disability of the following category :-

- | <u>(RPWD Act 2016)</u> | <u>Specify (if required)</u> |
|--|------------------------------|
| (a) Acid Attack victim | _____ |
| (b) Autism Spectrum Disorder | _____ |
| (c) Blindness | _____ |
| (d) Cerebral Palsy | _____ |
| (e) Chronic Neurological Conditions | _____ |
| (f) Dwarfism | _____ |
| (g) Hemophilia | _____ |
| <input checked="" type="checkbox"/> (h) Hearing Impairment
(deaf and hard of hearing) | <u>SNHL</u> |
| (i) Intellectual Disability | _____ |
| (j) Leprosy Cured Person | _____ |

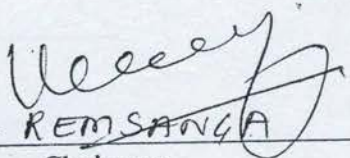
H. Lalnun
(Prof. H.LALTHANZARA)


- (k) Locomotor Disability _____
- (l) Low-vision _____
- (m) Mental Illness _____
- (n) Multiple Disabilities including Deafblindness _____
- (o) Multiple Sclerosis _____
- (p) Muscular Dystrophy _____
- (q) Parkinson's Disease _____
- (r) Sickle Cell Disease _____
- (s) Speech and Language Disability _____
- (t) Specific Learning Disabilities _____
- (u) Thalassemia _____

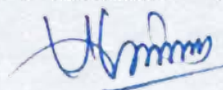
2. Any other disability as per PWD Act 2016 _____

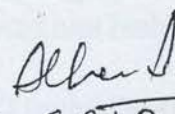
3. This condition is progressive/~~non~~ progressive/~~likely~~ to improve/~~not likely~~ to improve. Re-assessment of this case is not recommended / is recommended after a period of years months.

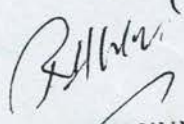
4. Percentage of disability in his/her case is 60% percent.


 (Dr. K.L. REMSANQA)
 Chairman
 Medical Board


 (Dr. F. Vanlalhruaia)
 Specialist
DR. F. VANLALHRUAIA
 ENT Surgeon, NPPCD
 Civil Hospital, Aizawl
 Aizawl West District


 (Prof. H.LALTHANZAR)
 Principal
 Pachhunga University College
 Aizawl : Mizoram


 (Dr. C. SAIA)
 Member
 Medical Board
 Member
 Board of Medical Examination
 Aizawl District, Aizawl
 Mizoram


 Dr. R. LALNUNTLUANGA
 ENT SURGEON
 CIVIL HOSPITAL, AIZAWL

UNIQUE DISABILITY ID
Government of India

STATI ID:
N/A

Aadhaar No.
*****9977



Address of the Card Issuing Authority State/District level
Civil Hospital , Aizawl , Dawrpul Veng, Aizawl,
Mizoram - 796001

UNIQUE DISABILITY ID
Government of India

नाम / Name
रलसेलथंगि
Ralselthangi

UD ID
MZ0340619980004779

Disability Type
Locomotor Disability

Year of Birth 1998 % of Disability 60% (Sixty Percent)

Date of Issue 31/05/2018 Valid upto Permanent



(P)

U. Lalthanzara
Issuing Authority Sign


(Prof. H.LALTHANZARA)

Principal
Pachhunga University College
Aizawl : Mizoram



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

Government of Mizoram

Disability Certificate

Issuing Medical Authority, Lawngtlai, Mizoram



Certificate No.: MZ0710619990002359

Date: 22/05/2018

This is to certify that I/We have carefully examined Shri Benjamin C Lalnunpuia Son of Shri C Buangthanga Date of Birth 22/09/1999 Age 18 Year(s) Male, Registration No. 1507/00000/1806/1656004 resident of House No. Council Veng, Near Bdo Office, Sangau - 796901 Sub District Sangau District Lawngtlai State / UTs Mizoram Whose photograph is affixed above, and I/We satisfied that:

- (A) He is a case of Locomotor Disability
(B) The diagnosis in his case is Accident

(C) He has 45%(in figure) Forty Five percent(in words) Permanent in relation to his (part of body) as per guidelines (to be specified).

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

Nature of Document(s): Aadhaar card

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



Issuing Medical Authority, Lawngtlai, Mizoram

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

(Prof. H.LALTHANZARA)

Principal
Pachhunga University College
Aizawl : Mizoram



Government of Mizoram

Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India
Acknowledgement / Resident Copy

Person with Disability Registration

Enrolment No: 1507/00000/1806/1656004

Enrolment Date: 28/06/2018

PERSONAL DETAILS

Name of Applicant	Benjamin C Lalnunpuia	आवेदक का नाम	बेजामिन स लालनपुया
Applicant Father's Name	C Buangthanga	आवेदक के पिता का नाम	स बुजंगथंगा
Applicant Mother's Name	T Rohlupui	आवेदक के माता का नाम	टी रोहलुपुई
Date of Birth	22/09/1999	Age	18 Year(s)
Gender	Male	E-Mail Id	_____
Mark of Identification	Black Mole Near Left Pinna	Category	St
Mobile Number	8119099504	Blood Group	_____
Marital Status	_____		
Relation with PwD (Person with Disability)	_____		
Name of Guardian / Caretaker / Attendant / Related	_____	Contact No. of Guardian / Caretaker / Attendant / Related	_____



Address of Correspondence

Address Council Veng, Near Bdo Office, Sangau, Sangau, Lawngtlai, Mizoram - 796901
पता कौंसिल वेंग, नियर बडो ऑफिस, संगौ, Sangau, Lawngtlai, Mizoram - 796901

Nature of Document for Address Proof Aadhaar Card

Permanent Address

Address Council Veng, Near Bdo Office, Sangau, Sangau, Lawngtlai, Mizoram - 796901
पता कौंसिल वेंग, नियर बडो ऑफिस, संगौ, Sangau, Lawngtlai, Mizoram - 796901

Educational Details

Highest Qualification _____

DISABILITY DETAILS

Do you have disability certificate?	Yes	Disability Type	Locomotor Disability
Disability certificate uploaded?	Yes	Sr. No. / Registration No. of Certificate	236/18


(Prof. H.LALTHANZARA)

Principal
Pachhunga University College
Aizawl : Mizoram

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

Certificate No. 282.

Date : 31.5.18.



DISABILITY CERTIFICATE

1. This is to certify that NGUR ZAMLIANI.
 Father's name LALMANGPUIA.
 Mother's name LALBUATSAMHI.
 Date of birth 8.04.1998.
 Identification mark MOLE ON (R) HAND.
 Sex : F Contact No. 9615189350.
 Aadhaar/Voter's ID No. 7747 9594 8073.
 Address KMAWHAH

is suffering from disability of the following category :-

(RPWD Act 2016)

Specify (if required)

- (a) Acid Attack victim _____
- (b) Autism Spectrum Disorder _____
- (c) Blindness _____
- (d) Cerebral Palsy _____
- (e) Chronic Neurological Conditions _____
- (f) Dwarfism _____
- (g) Hemophilia _____
- (h) Hearing Impairment (deaf and hard of hearing) Severe hearing loss B/L
- (i) Intellectual Disability _____
- (j) Leprosy Cured Person _____


 (Prof. H.LALTHANZARA)

Principal
 Pachhunga University College
 Aizawl : Mizoram

DEPARTMENT OF
 SOCIAL WELFARE
 GOVT. OF MIZORAM
 AIZAWL

FormP/26

- (k) Locomotor Disability _____
- (l) Low-vision _____
- (m) Mental Illness _____
- (n) Multiple Disabilities including Deafblindness _____
- (o) Multiple Sclerosis _____
- (p) Muscular Dystrophy _____
- (q) Parkinson's Disease _____
- (r) Sickle Cell Disease _____
- (s) Speech and Language Disability normal
- (t) Specific Learning Disabilities _____
- (u) Thalassemia _____

2. Any other disability as per PWD Act 2016 _____

3. This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment of this case is not recommended / is recommended after a period of years months.

4. Percentage of disability in his/her case is 60% percent.

(Dr. K.2. REMSANGA)
 Chairman
 Medical Board

(Dr. M. ZODINGHANA)
 CONSULTANT
 DEPARTMENT OF ENT
 C.H. Aizawl
 Specialist

Chairman
 Board of Medical Examination
 Aizawl District
 Mizoram

(Dr. JOHN ZHMINGTANGA)
 Member
 Medical Board

(Prof. H.LALTHANZARA)

Member
 Board of Medical Examination
 Aizawl District, Aizawl
 Mizoram