

LIST OF PHYSICALLY CHALLENGE STUDENTS SESSION 2021-22


SL. NO.	UNI. ROLL NO.	NAME	GENDER	CASTE	P/C	CONTACT	HONS	CASE OF DISABILITY	STREAM/ SEMESTER
1	A155	IBAKORDOR SAYOO	FEMALE	ST	YES	9862641720	ENG	HEARING IMPAIRMENT	BA DAY 1ST SEM
2	A180	RIPHI O TALANG	MALE	ST	YES	8132813459	ENG	BLINDNESS	
3	A271	HEIMONMI CHEN	MALE	ST	YES	9863064670	KHASI	PERONEAL NERVE PARALYSIS	
4	A284	KERMIKI SIANGSHAI	MALE	ST	YES	7629891897	KHASI	LOW VISION	
5	A445	SHININGSTAR PAKMA	MALE	ST	YES	7005290195	POL Sc	LOCOMOTOR DISABILITY	
6	A411	IASAMLANG POHLONG	FEMALE	ST	YES	6009185592	POL Sc	HEARING IMPAIRMENT	
SL. NO.	UNI. ROLL NO.	NAME	GENDER	CASTE	P/C	CONTACT	HONS	CASE OF DISABILITY	STREAM/ SEMESTER
1	A2015246	DAWTIPWANMIKI SITUNG	MALE	ST	YES	8787763877	PHIL	LOCOMOTOR DISABILITY	BA 3RD SEM DAY
SL. NO.	UNI. ROLL NO.	NAME	GENDER	CASTE	P/C	CONTACT	HONS	CASE OF DISABILITY	STREAM/ SEMESTER
1	A1915045	DAMEHI DAN	MALE	ST	YES	8794638143	EDU	LOCOMOTOR DISABILITY	BA 5TH SEM MOR
SL. NO.	UNI. ROLL NO.	NAME	GENDER	CASTE	P/C	CONTACT	HONS	CASE OF DISABILITY	STREAM/ SEMESTER
1	C1902247	AIBANROI RYNGKHLEM	FEMALE	ST	YES	7085482172		LOCOMOTOR DISABILITY	BCOM 5TH SEM



SL. NO.	UNI. ROLL NO.	NAME	GENDER	CASTE	P/C	CONTACT	HONS	CASE OF DISABILITY	STREAM/ SEMESTER
1	S87	SILVERSTER MURUH	MALE	ST	YES	6003882597	CHEM	LOCOMOTOR DISABILITY	BSC 1ST SEM

SL. NO.	UNI. ROLL NO.	NAME	GENDER	CASTE	P/C	CONTACT	HONS	CASE OF DISABILITY	STREAM/ SEMESTER
1	S1902322	MANBHAMI SUCHIANG	MALE	ST	YES	9108340528	BOT	LOCOMOTOR DISABILITY	BSC 5TH SEM
2	S1902374	DAKABIANG YMBON	FEMALE	ST	YES	8974893718	MATHS	LOW VISION	




 Member Secretary
 Admission Committee
 Kiang Nangbah Govt. College, Jowai



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

Disability Certificate

Issuing Medical Authority, East Jaintia Hills, Meghalaya



Certificate No.: ML0710420030005628

Date: 28/06/2019

This is to certify that I/We have carefully examined Kum. **Ibakordor Sayoo** Daughter of Shri **George Ferdinan Mannar** Date of Birth **02/03/2003** Age **16 Year(s)** Female, Registration No. **1707/00000/1906/1852059** resident of House No. **136, Byrwai - 793200** Sub District **Khliehriat** District **East Jaintia Hills** State / UTs **Meghalaya** Whose photograph is affixed above, and I/We satisfied that:

- (A) She is a case of Hearing Impairment
(B) The diagnosis in her case is **ACQUIRED HEARING LOSS**

(C) She has **70%**(in figure) **Seventy** 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): Other (Domicile Certificate)

I. Sayoo

Signature / Thumb impression of the Person With Disability

[Handwritten signature]

Signatory of notified Medical Authority Member



[Handwritten signature]

Issuing Medical Authority, East Jaintia Hills, Meghalaya



UNIQUE DISABILITY ID

Government of India



नाम / Name
IBAKORDOR SAYOO
Ibakordor Sayoo

UD ID
ML0710420030005628

Disability Type
Hearing Impairment

Year of Birth % of Disability
2003 70% (Seventy Percent)

Date of Issue Valid upto
28/06/2019 Permanent



Sabiraj

Issuing Authority Sign

Office Of The District Medical And Health Officer, East Jaintia Hills District, Killehrat Meghalaya, East Jaintia Hills, Meghalaya - 793200

Address of the Card Issuing Authority State/District level



STATE ID: N/A
Aadhaar No. N/A



UNIQUE DISABILITY ID
Government of India



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

Disability Certificate

Issuing Medical Authority, West Jaintia Hills, Meghalaya



Certificate No.: ML0910219980003043

Date: 06/09/2018

This is to certify that I/We have carefully examined Shri Riphlo Talang Son of Shri First Dkhar Date of Birth 05/12/1998 Age 19 Year(s) Male, Registration No. 1709/00000/1809/0180479 resident of House No. 28 Wahlajer - 793150 Sub District Thadlaskeln District West Jaintia Hills State / UTs Meghalaya Whose photograph is affixed above, and I/We satisfied that:

- (A) He is a case of Blindness
(B) The diagnosis in his case is Corial Opacity Nystagmus (BE)

(C) He has 100%(in figure) One hundred 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): Other (Domicile Certificate)

R Talang

Signature / Thumb Impression of the Person With Disability

Signatory of notified Medical Authority Member



Issuing Medical Authority, West Jaintia Hills, Meghalaya

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

DISABILITY CERTIFICATE

DISTRICT MEDICAL BOARD, JAINTIA HILLS DISTRICT.

Certificate NO. DDRC/8/DMPB/336

Date 7/12/07

This is to certify that Shri. / Smt. / Kum/ Hermonimi Chen
Son / wife / daughter of Shri. Optina Dkhar

In a case of Paralyzed nerve paralysis (L)


He / She is physically disabled / visual disabled / speech & hearing disabled and has

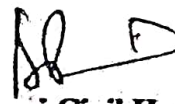
40 % (fourty Percent) permanent (physical impairment / visual impairment / speech & hearing impairment) in relation to his / her LL


Note:

- 3. This condition is progressive/ non-progressive/ likely to improve/ not likely to improve* .
- 4. Reassessment is not recommended/ is recommended after a period of 5 (five) months/ years* .

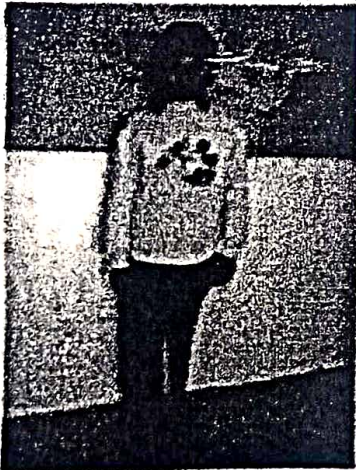
*Strike out which is not applicable



(Specialist Member)
MedL & Health Officer
(M.S.(Orthopeadic))
Civil Hospital, Jowai.


(M.S. Jowai Civil Hospital)
Member
Superintendent
Civil Hospital Jowai


(Member Secretary)
District Medical Board
Member Secretary
Dist. Medical Board, Jowai
Disability Certificate

Hermonimi
Signature / Thumb impression
Of the patient




Signature
Chairman District Medical Board
Chairman
Dist. Medical Board, Jowai
Disability Certificate



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

Disability Certificate

Issuing Medical Authority, East Jaintia Hills, Meghalaya



Certificate No.: ML0710719990005424

Date: 27/05/2019

This is to certify that I/We have carefully examined Shri **Kermiki Siangshai** Son of Shri **Amos Dkhar** Date of Birth **04/09/1999** Age **19 Year(s)** Male, Registration No. **1707/00000/1905/2077947** resident of House No. **125, Moolamanoh - 793200** Sub District **Khliehriat** District **East Jaintia Hills** State / UTs **Meghalaya** 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 **RETINITIS PIGMENTOSA (L.E) IMPAIRMENT**

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

This certificate recommended for **5 year(s)**, and therefore this certificate shall be valid till **27/05/2024**


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

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

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member




Issuing Medical Authority, East Jaintia Hills, Meghalaya

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

UNIQUE DISABILITY ID

Government of India

STATE ID:

N/A

Aadhaar No.

N/A



Address of the Card Issuing Authority State/District level

Office Of The District Medical And Health Officer. East Jaintia Hills District, Khliehriat Meghalaya, East Jaintia Hills, Meghalaya - 793200

UNIQUE DISABILITY ID

Government of India

नाम / Name

KERMIKI SIANGSHAI
Kermiki Siangshai

UD ID

ML0710719990005424

Disability Type

Low Vision

Year of Birth

1999

% of Disability

50% (Fifty Percent)

Date of Issue

27/05/2019

Valid upto

27/05/2024



Issuing Authority Sign



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

Disability Certificate

Issuing Medical Authority, West Jaintia Hills, Meghalaya



Certificate No.: ML0910620010036623

Date: 04/10/2021

This is to certify that I/we have carefully examined Shri **Shiningstar Pakma**, Son of Shri **Barles System**, Date of Birth **06/12/2001**, Age **19**, Male, Registration No. **1709/00000/2006/0023186**, resident of House No. **87, Pdeiniadaw - 793150**, Sub District **Thadlaskein**, District **West Jaintia Hills**, State / UT **Meghalaya**, whose photograph is affixed above, and I am/we are satisfied that:

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

(B) The diagnosis in his case is **AMPUTEE (L) MIGRATED APPLICATION**

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

This certificate recommended for **4 year(s)**, and therefore this certificate shall be valid till **04/10/2025**

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

Nature of Document(s): Voter Id

S. f. Pakma

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



Issuing Medical Authority, West Jaintia Hills, Meghalaya

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, West Jaintia Hills, Meghalaya



Certificate No.: ML0910620010036623

Date: 04/10/2021

This is to certify that I/we have carefully examined Shri **Shiningstar Pakma**, Son of Shri **Barles Sytem**, Date of Birth **06/12/2001**, Age **19**, Male, Registration No. **1709/00000/2006/0023186**, resident of House No. **87, Pdeiniadaw - 793150**, Sub District **Thadlaskein**, District **West Jaintia Hills**, State / UT **Meghalaya**, whose photograph is affixed above, and I am/we are satisfied that:

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

(B) The diagnosis in his case is **AMPUTEE (L) MIGRATED APPLICATION**

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

This certificate recommended for **4 year(s)**, and therefore this certificate shall be valid till **04/10/2025**

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

Nature of Document(s): Voter Id

S. Pakma

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



Barles Sytem
Issuing Medical Authority, West Jaintia Hills, Meghalaya

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

ML0910620010036623
04/10/2021

UNIQUE DISABILITY ID

Government of India

STATE ID:

N/A

Aadhaar No.

N/A



Address of the Card Issuing Authority State/District level -

Office Of The Medical Superintendent, Jowai Civil Hospital, Ialong, West Jaintia Hills, Meghalaya - 793150

UNIQUE DISABILITY ID

Government of India

नाम / Name

SHININGSTAR PAKMA

Shiningstar Pakma

UD ID

ML0910620010036623

Disability Type

Locomotor Disability

Year of Birth

2001

% of Disability

50% (Fifty Percent)

Date of Issue

04/10/2021

Valid upto

04/10/2025



Sian

Issuing Authority Sian



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

Disability Certificate

Issuing Medical Authority, West Jaintia Hills, Meghalaya



Certificate No.: ML0910419970002867

Date: 16/08/2018

This is to certify that I/We have carefully examined Kum. **Iasamlang Pohlong** Daughter of Shri **Rajes Lapasam** Date of Birth **02/10/1997** Age **20 Year(s)** Female, Registration No. **1709/00000/1808/0633369** resident of House No. **31 Nongtalang - 793109** Sub District **Amlarem** District **West Jaintia Hills** State / UTs **Meghalaya** Whose photograph is affixed above, and I/We satisfied that:

- (A) She is a case of Hearing Impairment
(B) The diagnosis in her case is **Moderate Hearing Loss**

(C) She has **50%**(in figure) **Fifty** 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 **16/08/2023**

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

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

I. Pohlong

Signature / Thumb impression of the Person With Disability

[Signature]

Signatory of notified Medical Authority Member



[Signature]

Issuing Medical Authority, West Jaintia Hills, Meghalaya

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



UNIQUE DISABILITY ID
Government of India



नाम / Name

lasamlang Pohlong
lasamlang Pohlong

UD ID

ML0910419970002867

Disability Type

Hearing Impairment

Year of Birth Percentage of Disability

1997 50% (Fifty Percent)

Date of Issue Valid upto

16/08/2018 16/08/2023

Issuing Authority Sign

006/017/0024774

T



[Signature]

UNIQUE DISABILITY ID
Government of India

State ID: NA

Aadhaar No: NA



Address of Card issuing Authority
Office Of The Superintendent,
Jowai Civil Hospital, Ialong - 793150

006/017/0024774





UNIQUE DISABILITY ID

Government of India



नाम / Name

DAWTIPWANMIKI SITUNG
Dawtipwanmiki Situng

UD ID

ML0910619990011993

Disability Type

Locomotor Disability

Year of Birth

1999

Percentage of Disability

50% (Fifty Percent)

Date of Issue

16/05/2019

Valid upto

16/05/2021

Issuing Authority Sign

011/ Y/ 0045981



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UNIQUE DISABILITY ID

Government of India

State ID: NA

Aadhaar No: NA



Address of Card Issuing Authority
Office Of The Medical Superintendent,
Jowai Civil Hospital, Jalong - 793150

011/ Y/ 0045981



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

Disability Certificate

Issuing Medical Authority, West Jaintia Hills, Meghalaya



Certificate No.: ML0910619970013850

Date: 08/06/2019

This is to certify that I/We have carefully examined Shri **Damehi Dan** Son of Shri **Vilas Sumer** Date of Birth **11/01/1997** Age **22** Year(s) **Male**, Registration No. **1709/00000/1906/0257632** resident of House No. **86, Ladthalaboh, Main Road - 793150** Sub District **Thadlaskeln** District **West Jaintia Hills** State / UTs **Meghalaya** 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 **HEMIPARESIS (L)**

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

This certificate recommended for **5 year(s)**, and therefore this certificate shall be valid till **08/06/2024**

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

Nature of Document(s): **Voter id**

Signature / Thumb Impression of the Person With Disability

Signatory of notified Medical Authority Member



Issuing Medical Authority, West Jaintia Hills, Meghalaya

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

West Jaintia Hills
DPO, Jaintia Hills
Jaintia Hills

West Jaintia Hills
DPO, Jaintia Hills
Jaintia Hills



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

Disability Certificate

Issuing Medical Authority, East Jaintia Hills, Meghalaya



Certificate No.: ML071062000005710

Date: 09/07/2019

This is to certify that I/We have carefully examined Kum. **Albanrol Ryngkhlem** Daughter of Smt. **Tudlah Ryngkhlem**
Date of Birth **28/02/2000** Age **19 Year(s)** Female, Registration No. **1707/00000/1907/0546517** resident of House
No. **234, Wapungshnong - 793200** Sub District **Khliehriat** District **East Jaintia Hills** State / UTs **Meghalaya**
Whose photograph is affixed above, and I/We satisfied that:

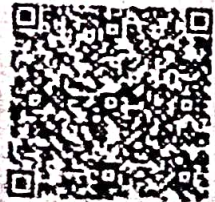
- (A) She is a case of Locomotor Disability
- (B) The diagnosis in her case is **BILATERAL RUDIMENTARY F.**
- (C) She has **50%**(in figure) **Fifty** percent(In words) Permanent In relation to her (part of body) as per guidelines (to be specified).

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

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

Signature / Thumb Impression of the Person With Disability

Signatory of notified Medical Authority Member



Authorizing
Issuing Medical Authority, East Jaintia Hills, Meghalaya

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, West Jaintia Hills, Meghalaya



Date: 06/11/2018

Certificate No.: ML0910620010003362

This is to certify that I/We have carefully examined Shri Silverstar Muruh Son of Shri Carmilus Suting Date of Birth 22/06/2001 Age 17 Year(s) Male, Registration No. 1709/00000/1811/0179214 resident of House No. 17, Lumkhudung - 793150 Sub District Thadlaskein District West Jaintia Hills State / UTs Meghalaya Whose photograph is affixed above, and I/We satisfied that:

- (A) It is a case of Lower motor Disability
(B) The diagnosis in his case is Bilateral Below Knee amputee

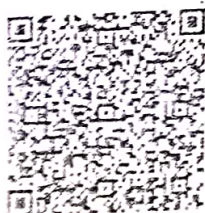
(C) He has 90%(In figure) Ninety percent(In words) Permanent in relation to his (part of body) as per guidelines (to be specified).

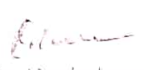
The applicant have been submitted the following document(s) as proof of residence

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

Signature / Thumb Impression of the Person With Disability

Signatory of notified Medical Authority Member




Issuing Medical Authority, West Jaintia Hills, Meghalaya



UNIQUE DISABILITY ID

Government of India



नाम / Name
SILVERSTER MURUH
Silverster Muruh

UD ID
ML0910620010003362

Disability Type
Locomotor Disability

Year of Birth Percentage of Disability
2001 90% (Ninety Percent)

Date of Issue Valid upto
06/11/2018 Permanent

(P)



[Signature]

Issuing Authority Sign
010/ B/ 0029216



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

Disability Certificate

Issuing Medical Authority, West Jaintia Hills, Meghalaya



Certificate No.: ML0910719980013906

Date: 10/06/2019

This is to certify that I/We have carefully examined Kum. **Dakablang Ymbon** Daughter of **Shri Khrawbok Law** Date of Birth **03/10/1998** Age **20 Year(s)** Female, Registration No. **1709/00000/1906/0299358** resident of House No. **239, Mukhap - 793150** Sub District **Laskain** District **West Jaintia Hills** State / UTs **Meghalaya** 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 **HIGH MYOPIA**

(C) She has **70%** (in figure) **Seventy** 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 **10/06/2024**

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

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

Dakablang Ymbon

Signature / Thumb Impression of the Person With Disability

Dakablang Ymbon

Signatory of notified Medical Authority Member:



Bela...
Issuing Medical Authority, West Jaintia Hills, Meghalaya

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, West Jaintia Hills, Meghalaya



Certificate No.: ML0910620000018711

Date: 09/10/2019

This is to certify that I/We have carefully examined Shri **Manbhami Suchiang** Son of Shri **Wanlang Bang** Date of Birth **24/04/2000** Age **19 Year(s)** Male, Registration No. **1709/00000/1910/0408783** resident of House No. **180, Thadmuthlong, B - 793150** Sub District **Laskein** District **West Jaintia Hills** State / UTs **Meghalaya** 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 **DYSPLESIA LEFT SHOULDER WITH SHORTENING ARM**

(C) He has **40%**(in figure) **Forty** 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

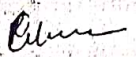
Nature of Document(s): **Other (Domicile Certificate)**

Manu

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member




Issuing Medical Authority, West Jaintia Hills, Meghalaya

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