

SNJB (Jain Gurukul's)

K.K.H. Abad Arts, S.M.G. Lodha Commerce & S.P.H. Jain Science College
Neminagar, Chandwad-423101, Dist.-Nashik, Maharashtra



Establishment 27/11/1928

(Affiliated to Savitribai Phule Pune University) Id. No. PU/NS/AC/015/1970

(02556) Off. 252125 Res.252126 Tel. Fax:02556-252125

• P. O. Box No.: 6 • E-mail : alccchandwad@yahoo.co.in

• Website : www.acschandwadcollege.com

DST-FIST Funded (2018-19)

UGC-NSQF Courses (B. Voc. & CC)

Best College Award by Savitribai Phule Pune University (2015-16)

Academic Year 2018-19

List of Differently Abled Students

Sr. No.	Name of Student	Gender	Class	Handicap	Library Member ID	Mobile No.
1	Zalte Swati Bhimashankar	Female	S.Y.B.Sc.	Blind	8770	8530193715
2	Ghumare Dnyaneshwar Dattu	Male	T.Y.B.Com.	Orthopedic	6089	9763147997
3	Bhambar Pratiksha Shivaji	Female	F.Y.B.Com.	Orthopedic	10451	9112315762
4	Kapadne Shital Sanjay	Female	M.A.I Economics	Orthopedic	11905	7030519914

Certificate No. 2907
22/08/09

Date :

DISABILITY CERTIFICATE



1. This is Certified that Shri/Smt./Kum. Pratikeha Shivaji
Son/Wife/Daughter of. shri. Shivaji B Bhambhar Age 11
Sex Female identification mark(s) on chest 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
- iii) BLA-Both legs and Both arms affected
- iv) OL-One leg affected(right or left)

- (a) Impaired reach.
- (b) Weakness of grip.
- (a) Impaired reach.
- (b) Weakness of grip.
- (c) Ataxic

v) OA-One arm affected

- (a) Impaired reach.
- (b) Weakness of grip.
- (c) Ataxic

- vi) BH-Stiff back and hips (Cannot sit or stood)
- vii) MW- Muscular weakness and physical endurance.

Handwritten notes:
L-5's palsy
40%
(-10%)
Permanent

B. Blindness or low vision :

- (i)
- (ii)

B-Blind
PB-Partially Blind

C) Hearing Impairment

- (i)
- (ii)

Permanent
Orthopaedically
Handicap

D - Deaf
PD - Partially Deaf

(Deleted the category whichever is not applicable)

2. This condition is progressive / non-progressive / Likely to improve/not likely to improve. Reassessment of this is not recommended / is recommended after a period of _____ years _____ months.

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

4. Shri/Smt/Kum. _____ Meets the following physical requirement for discharge of his / her duties.

- (i) F-Can perform work by Permanent in _____
- (ii) PP-can perform work by _____
- (iii) L-can perform work by 20-10/14 li.
- (iv) KC-can perform work by _____ ci
- (v) B-can perform work by be _____
- (vi) S-can perform work by si _____
- (vii) ST-can perform work by standing
- (viii) W-can perform work by walking
- (ix) SB-can perform work by seeing
- (x) H-can perform work by hearing / speaking
- (xi) RW-can perform work by reading and writing.

- Yes / No
- Yes / No.
- Yes / No.
- Yes / No.
- Yes / No.
- Yes / No.
- Yes / No.
- Yes / No.
- Yes / No.
- Yes / No.
- Yes / No.



(Dr. Shivaji B. B.)
Member
M.S.(Ortho.)
Medical Board
Regn. No: 46022
Medical Officer Class-2
Civil Hosp. Nashik

(Dr. [Signature])
Member
Medical Board
REGISTRATION NO. 11111
(Clinical)
Dist. Hospital, Nashik



(Dr. [Signature])
PRINCIPAL
S.M.G.L. Arts, S.M.G.L. Commerce
P.H.J. Science College,
Chawwad-423 101 Dist-Nashik
CIVIL SURGEON, NASHIK

Certificate No. / 702
Date // 16/200

DISABILITY CERTIFICATE




This to certify that Shri / Smt. / Kum Swati Zalte
Son / Wife / Daughter of Shri Bhimashankar age 12 Years
Sex : Male / Female is suffering from Phthisis Bulbi
His / Her vision RE 6/24 with correction 6/18
LE None with correction None

Blindness : " Blindness " refers to a condition where a person suffers from any of the following condition, namely :-

- (i) Total absence of sight ; or Yes / No
- (ii) Visual acuity not exceeding 6 / 60 or 20 / 200 (Snellen)
In the better eye with corrective lenses ; or Yes / No
- (iii) Limitation of the field of vision subtending
an angle of 20 degree or worse ; Yes / No

Low vision : " Person with low Vision " means a person with impairment Yes / No
of visual functioning even after treatment of standard refractive correction but who uses or
is potentially capable of using vision for the planning or execution of the task with appropri-
ate assistive device.

His / Her percentage of permanent blindness is 40% % (in words) FOURTY
_____ % only


Signature / L.H.I. of Candidate

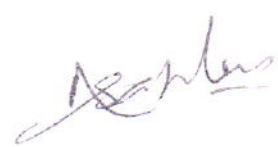




District Civil Surgeon



Member
Residential Medical



Member
Specialist in Ophthalmology



Government of Maharashtra

Software for Assessment of Disability, Maharashtra (SADM)

Social Justice and Special Assistance Department, Public Health Department, Directorate of Medical Education and Research

English

Print Log Out



Government of Maharashtra

Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)

PI-1142
21/10/15

NAME OF THE HOSPITAL: **District Hospital, Nashik**
(Maharashtra, India)

Certificate Number: 217980 Date: 09/10/2015

This is to certify that I have carefully examined.
 Person Identification Number: **PI51600303210**
 Aadhar Number: N/A **5708 6071 2835**
 Shri/Smt./Kum: **GHUMARE DNYANSHWAR DATTU SANGITA**
 Father Name: Shri/Smt./Kum. **DATTU**
 Date of Birth (dd/mm/yyyy): Age: 17 years
 Gender: **Male**

Permanent Address:
 House Address: **MAUALI KRUPA GHUMARE VASTI TALEGAON ROHI TAL- CHNDWAD**
 Village: **Talegaon** Taluka: **Chandwad**
 District: **Nashik** Pincode: **423104**

whose photograph is affixed above, and am satisfied that he / she is a case of **Physical Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Physical Impairment	Rt. U/L	Rt.U/L weakness	45

- The Above condition is **Permanent, non-progressive, not likely to improve**
- Reassessment of disability
- The applicant has submitted following documents as proof of residence: **Aadhar Card, Ration card**
- The applicant has submitted following documents as proof of Identity: **Aadhar Card**

(Signature)
Dr. Utkarsha Dudhedia
Orthopedic Surgeon
Member
Regn. No. : 74216

(Signature)
Dr. Prasad S. Gunjal
Physician Class-I
Member Secretary
Regn. No. : 2002/03/932

(Signature)
Dr. G.M.HOLEY
Additional Civil Surgeon
President
Regn. No. : 55941

(Signature and Seal of Authorised Signatory of notified Medical Authority)


M.M. & H.S. CL. (Class)
Medical Officer,
District Hospital, Nashik

RESIDENT MEDICAL OFFICER
(Clinical)
Dist. Hospital, Nashik

CIVIL SURGEON, NASHIK.

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SNJB's K.K.H.A.Arts, S.M.G.L. Commerce
& S.P.H.J. Science College,
Chandwad-423 101 Dist-Nashik

Government of Maharashtra
Form IV
Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)

PF - 9784
28/09/2018



NAME OF THE HOSPITAL:

District Hospital, Nashik
(Maharashtra, India)

Certificate Number: 571327

Date: 28/09/2018

This is to certify that I have carefully examined

Person Identification Number: **PIS1600784834**

Aadhar Number: **N/A**

Shri/Smt./Kum: **KAPDANE SHITAL SANJAY JAYASHREE**

Father Name: Shri/Smt./Kum. **SANJAY**

Date of Birth (dd/mm/yyyy): _____ Age: **21 years**

Gender: **Female**

Permanent Address:

House Address: **USWAD CHANDWAD**

Village: **Uswad** Taluka: **Chandwad**

District: **Nashik** Pincode: **421104**

whose photograph is affixed above, and am satisfied that he / she is a case of **Physical Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Physical Impairment	Right Arm	RII Proximal Radioulnar Synostosis	40

1. The Above condition is **Permanent, non-progressive, not likely to improve**

2. Reassessment of disability

3. The applicant has submitted following documents as proof of residence: **Aadhar Card**

4. The applicant has submitted following documents as proof of Identity: **Aadhar Card**

(Signature and Seal of Authorised Signatory of notified Medical Authority)

[Signature]
Dr. Bhushan Salunke
Orthopedic Surgeon
Member

[Signature]
Dr. I.K. Barvade
Additional Civil Surgeon
Member Secretary
Regn. No. 54700

[Signature]
Dr. Pramod S. Gurjar
Physician Class-I
President
Regn. No. 2002/019932

M. M. & Y. S. (15/11/2018)

ADBL. CIVIL SURGEON, NASHIK

CIVIL SURGEON, NASHIK

Signature of the person whose favour disability certificate is issued
Note: This is not valid for Medico Legal cases.



PRINCIPAL

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