






**National Institute for The Empowerment of Persons with Intellectual Disabilities, (Divyangjan) Secunderabad**

Register to be Maintained by the Agencies Implementing the Scheme of Assistance to Disabled for purchase / Fitting of Aids/Appliances

ANNEXURE - III

SI. NO	Name of the Beneficiary	Address	M/F	Age	Income	Type of Aid (given)	Date on which Given	Cost of Aid	Fabrication on/ Fitting Charges	Total Cost of Aid	Subsidy Provided	Travel cost paid to out station Beneficiary	Board and Lodging expense Paid	Whether Any Surgical Correction Undertaken	Total 12+13+14+15	No. of Days for which stayed	Signature of Beneficiary Thumb Impression	Whether Accompanied By Escort	Caste	When did you last received Aids
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1.	Swati Madhukar Gurav D/o Madhukar Gurav	202/102 Kailas Nagar Assonora, Bardiz 1 No 44 6709 - 403503	F	20 4/13	RS 1380 m/w.	Kit 4	27/7/23	RS 9497		RS 9497					RS 9497		swati	Yes	Brem	No
2.	Grace Constantino Temudo	178 Malbhoj Mangao	F	9	6000/-	Kit 3	27/7/23	RS 9249		RS 9249					RS 9249			Yes	Brem	No
3.	Bhumika Nivas fal Dessai	H.No. 94/4 mudcheli agonda Canacona. 50444 6709 - 403702	F	16	BPL	Kit 4	27/7/23	RS 9497		RS 9497					RS 9497		Bhumika	Yes	Brem	No
4	Ajay Pali	Kaseilye Jisk Usgao Ponda.	M	15	BPL	Kit 4	27/7/23	RS 9497		RS 9497					RS 9497		AJAY		Brem	No
5.	Akshat Pait	Aiconlegacy ambaji Fotordo Mangao Khaneband Shirvodom Navelim - Goa. 403707 800741 8495	M	9	BPL	Kit 3	27/7/23	RS 9249		RS 9249					RS 9249			Yes	Brem	No

State Programme Coordinator  
(Mentor)  
Inclusive Education (IE)  
&  
Community Mobilization  
Dr. Sushila, Director

## FORMAT OF TEST - CHECK REPORT Under ADIP Scheme

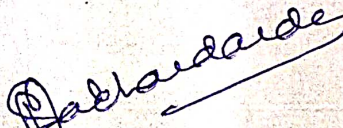
Test Check (Minimum of 10/15 percent%) of beneficiaries assisted during the year 2023-24

Name of the Implementing Agency : NIEPID, Secunderabad

**Part - 1**

Sl. No.	S.No.of List of the covered beneficiaries	Name of Beneficiaries	Gender	Age	Father/Husband name	Complete Address	Contact Numbers	Place of camp	Type of Aid Given	Date of Camp	Whether any surgical correction undertaken	Date of test check	Findings of test check (eg. distributed confirmed and working well/distribution confirmed but quality not satisfactory/distribution not confirmed. etc.)
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	1	Swathi Md	F	20	Madhukar	202/P2 Kailas Rd	984959 40998	Porvorim Goa	4	27/2/23	-	27/2/23	NGT Dt. 3/29
2	2	Grace Dionysia Demkole	F	9	Constantino Maycuss Tam	H.No. 178 Malabhar Opp CR42 Chapel	787524 3410	Porvorim Goa	3	27/7/23	-	27/7/23	Plus US

\* 15% in case of grants-in-aid up to Rs.10.00 lakh and 10% in case of grant- in aid exceeding Rs.10.00 lakh

  
**State Programme Coordinator**  
 (Elementary)  
**Inclusive Education (IE)**  
 Community Mobilization  
 Goa Samagra Shiksha, Porvorim

(Signature)  
 Doctor of primary Health Centre/Block/Tehsil or Tehsildar of Nayab Tehsildar  
 or SDO or BDO/SDO level officer or Social Welfare Officer/District Disability Officer  
 Women and Child Development Officer holding charge of Social Welfare  
 or any other officer authorised by District Collector  
 Authorised officer from any other NIE

## PART - II

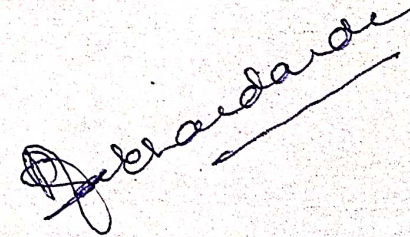
**ABSTRACT OF TEST CHECK**

Total No. of beneficiaries Test checked	No. of beneficiaries found with aid/appliances		No. of beneficiaries not found to have been given aid/appliances
	Working satisfactory	Not working satisfactory	
1	2	3	4
2	2	0	—

Certified that the above report is based on test check personally carried out by me and the finding have been accurately reported above.

( Signature )

Doctor of primary Health Centre/Block/Tehsil or Tehsildar of Nayab Tehsildar  
or SDO or BDO/SDO level officer or Social Welfare Officer/District Disability Officer  
Women and Child Development Officer holding charge of Social Welfare  
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