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NATIONAL INSTITUTE FOR THE MENTALLY HANDICAPPED
(Govt. of India Society, Min. of Social Justice & Empowerment)
Manovikas Nagar, Secunderabad - 500 009

NIMH/Camps/2001/

REGISTRATION FORM

1. Name Basham Makwana Reg No. _____ Age/Gender 5y/M
2. Address Chofulga, Chali, Geeta Mandor Road, Ahmedabad
3. Educational Qualification _____ Occupation _____
4. Income APL-E
5. Father Name Manoj Kumar Education _____ Occupation _____
6. Mother Name _____ Education _____ Occupation _____
7. Family monthly Income _____
8. Category of Disability MR
9. Diagnosis _____
10. Disability percentage 50%

II Recommendation of Aids and Appliances:
(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You age wise kit as per the need)
a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()
2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Prostheses: (Specify) _____
h) Any other: (specify) _____
3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
c) Any other ()

Kit No. 2

III Remarks:

Referred By Jalle District Officer _____
23/9/16

Referred

Coord.
ADIP, Schen

03 11 2016

National Institute for the Mentally Handicapped
(EXTENSION PROGRAMME)
(Ministry of Social Justice & Empowerment, Govt. of India)
Manovikasnagar, Secunderabad

UNDERTAKING

I, Manoj Kumar Ho Prathum Makwana S/o. Dr. _____
APL-I hereby affirm that I have not obtained the aid / appliances) from any other agency / source during the last three years. I further undertake to keep it for my bonafide use.

4722044125
[Signature]

[Signature]



Signature / Thumb Impression of the beneficiary

For Office Use Only

Name of the beneficiary : Prathum Makwana
Registration No. : _____
Age / Gender : 5y / M
Address : Chotulal, Chali,
Geeta Mandira Road
Ahmedabad.
Monthly Income : APL-I
Nature of Disability : MR 10%
Type of aid given : 7th kit no. 2
Signature of the Issuing authority : [Signature]
23/10/16

03 11 2016



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Fax : 040-7750198

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Manovikas Nagar, Secunderabad - 500 009



NIMH/Camps/2001/

REGISTRATION FORM

I

1. Name Mo. Kabal Sardi Reg No. _____ Age/Gender 4y/M

2. Address Bibi Talas
Naba, Ahmedabad.

3. Educational Qualification _____ Occupation _____

4. Income APL - 5 Card

5. Father Name Mo. Hanif Education _____ Occupation _____

6. Mother Name _____ Education _____ Occupation _____

7. Family monthly Income _____

8. Category of Disability Mild MR

9. Diagnosis _____

10. Disability percentage 50%

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You need age wise kit as per the need)
- a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()
2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Prosthesis (Specify) _____
h) Any other: (specify) ICM Kit
3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
c) Any other ()

III. Remarks:

Kit no. 2 Kit - 2

Referred By Qallu District Officer

Coord ADIP, Scheme

Received

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 Manovikasnagar, Secunderabad


UNDERTAKING

I, Mo. Hanif f/o Mo. Iskabal Sandhi hereby affirm that I have not obtained the aid / appliances) from any other agency / source during the last three years, I further undertake to keep it for my bonafide use.

TM kit

9722044125

Id

X  Signature / Thumb impression of the beneficiary

X Hanif Witness

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Name of the beneficiary : Mo. Iskabal Sandhi
 Registration No. :
 Age / Gender : 4y / M
 Address : Bibi Tabar
 Natra
 Ahmednagar.
 Monthly Income : APL-E
 Nature of Disability : MR 50%
 Type of aid given : TM kit no. 2
 Signature of the issuing authority : _____
23/10/16
Received

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Fax

NIMH/Camps/2001/

REGISTRATION FORM

1. Name Soyeb Reg No. _____ Age/Gender M/05
2. Address Ch.H.P.C. Society
Mohesh Talukudi Kes. Cherpalli
Damfunder Ahmedabad
3. Educational Qualification _____ Occupation _____
4. Income APL-1
5. Father Name G. U. Khan Huson Education 6th Occupation Worked
6. Mother Name Sathena 2 Education _____ Occupation House wife
7. Family monthly Income APL
8. Category of Disability M.P.S.C.P.
9. Diagnosis _____
10. Disability percentage 80

II. Recommendation of Aids and Appliances:
(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You need age wise kit as per the need)
a) 0-5 years () b) 6-10 years c) 11-14 years () d) 15 and above ()
2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Prostheses: (Specify) _____
h) Any other: (specify) _____
3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
c) Any other ()

III. Remarks:

Kit - 2

fareed
28/10

Referred By..... District Officer.....

Coord
ADIP, Scheme

Referred

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Manovikasnagar, Secunderabad

UNDERTAKING

I, Shekh Soyeb Gulam Husen Sl. No. D/o. V
_____ hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further
keep it for my bonafide use.

X
Signature / Thumb impression of the beneficiary

12
9722044125

X Vishal K N
9662779663
WINGS

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Name of the beneficiary : Shekh Soyeb Gulam Husen

Registration No. :

Age / Gender : - M/OJ

Address : Chhipa society
Moham Tulukadi Na cheppa
pamlimda

Monthly Income : - APL-1

Nature of Disability : MRCP

Type of aid given : Kit - 2

Signature of the issuing authority : gaur
23/1

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NIMH/Camps/2001/

REGISTRATION FORM

1. Name Chibag Reg No. _____ Age/Gender 5yr/ Male
 2. Address Phurampet dal Nagar Blor
A bast
 3. Educational Qualification _____ Occupation _____
 4. Income _____
 5. Father Name P. S. Hatael Education _____ Occupation _____
 6. Mother Name _____ Education _____ Occupation _____
 7. Family monthly Income _____
 8. Category of Disability _____
 9. Diagnosis _____
 10. Disability percentage _____

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may select age wise kit as per the need)
 a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()

2. Mobility Material: a) Wheel chair () b) Tricycle ()
 c) Crutches () d) Calipers () e) Walker ()
 f) Walking stick () g) Protheses: (Specify) _____
 h) Any other: (specify) _____

3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
 c) Any other ()

III. Remarks:

Kit - 2

Referred By [Signature] District Officer _____

Coord
ADIP, Scheme

Received

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Manovikasnagar, Secunderabad

UNDERTAKING

I, Chirag S/o. D/o. V
hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further
keep it for my bonafide use.



1/11
9722044125 X Yashwanth

X
Signature / Thumb Impression of the beneficiary

Witness

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Name of the beneficiary : Chirag
Registration No. :
Age / Gender :
Address :
Monthly Income :
Nature of Disability :
Type of aid given : KIT - 2
Signature of the issuing authority : Yashwanth
28/10/11
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3

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NIMH/Camps/2001/

REGISTRATION FORM

1. Name P. Hanumanth Kumar Reg No. _____ Age/Gender male / 77.
2. Address P. Hanumanth Kumar,
Chaitanya,
Secunderabad.
3. Educational Qualification _____ Occupation _____
4. Income _____
5. Father Name P. Hanumanth Kumar Education _____ Occupation _____
6. Mother Name _____ Education _____ Occupation _____
7. Family monthly Income _____
8. Category of Disability M.A.
9. Diagnosis mod. M.A.
10. Disability percentage 55%

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may select age wise kit as per the need)
 - a) 0-5 years ()
 - b) 6-10 years ()
 - c) 11-14 years ()
 - d) 15 and above ()

2. Mobility Material:
 - a) Wheel chair ()
 - b) Tricycle ()
 - c) Crutches ()
 - d) Calipers ()
 - e) Walker ()
 - f) Walking stick ()
 - g) Prosthesis: (Specify) _____
 - h) Any other: (specify) _____

3. Visual Impairment:
 - a) Walking Cane ()
 - b) Braille slate ()
 - c) Tape recorder ()
 - c) Any other ()

III. Remarks:

mtf (2)

Referred By [Signature] District Officer
23/11/16

Coord.
ADIP, Scheme

Received

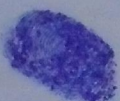
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Manovikasnagar, Secunderabad

UNDERTAKING

I, Attamam Khan, S/o, D/o, V
Shamsher Khan. hereby affirm that I have not obtained
T.M.

the aid / appliances) from any other agency / source during the last three years, I further undertake to
keep it for my bonafide use.

X 
Signature / Thumb Impression of the beneficiary

9722044125
X Shamsher Khan
Witness

For Office Use Only

Name of the beneficiary : Attamam Khan
Registration No. :
Age / Gender : m / 7.
Address : Orchi Bunder,
Ahe madabail.

Monthly Income :
Nature of Disability : m.R. (mild).

Type of aid given :
Signature of the issuing authority : M.T. (2)
Specer
23/10
Received

02 44 2018

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NIMH/Camps/2001/

REGISTRATION FORM

1. Name Atta J met Reg No. _____ Age/Gender m / 7.
2. Address A.P.O. No. 469/1
Miskammet Rd., Behanapur,
Secunderabad.
8347974098
3. Educational Qualification _____ Occupation _____
4. Income _____
5. Father Name A. J. met. Education _____ Occupation _____
6. Mother Name _____ Education _____ Occupation _____
7. Family monthly Income _____
8. Category of Disability m.b. gyle.
9. Diagnosis _____
10. Disability percentage _____

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may get age wise kit as per the need)
a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()

2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Prostheses (Specify) _____
h) Any other: (specify) _____

3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
c) Any other ()

III. Remarks:

Kit (2)

Referred By Gaella District Officer _____
28/10

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ADIP, Scheme

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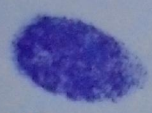
(Ministry of Social Justice & Empowerment, Govt. of India)
Manovikasnagar, Secunderabad

UNDERTAKING

I, Attaf md.
md. Ali md. hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further undertake to

keep it for my bonafide use.



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9722044125

X Signature / Thumb impression of the beneficiary

X Dr. A. M. Ch
Witness

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Name of the beneficiary : Attaf md.

Registration No. :

Age / Gender : m / F.

Address : Behanampeta,
Ahmedabad.

Monthly Income :

Nature of Disability : 80%

Type of aid given : Kit 2 2

Signature of the issuing authority : [Signature]
23/10

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NIMH/Camps/2001/

REGISTRATION FORM

1. Name Chintan Khariwal Reg No. 7854894180 Age/Gender 7yrs/Male
2. Address Bethemurpalem, Anemulab
3. Educational Qualification..... Occupation.....
4. Income.....
5. Father Name Manjhar Das Education..... Occupation.....
6. Mother Name..... Education..... Occupation.....
7. Family monthly Income.....
8. Category of Disability.....
9. Diagnosis schizophrenia
10. Disability percentage 95%

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You need age wise kit as per the need)
a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()

2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Prostheses: (Specify).....
h) Any other: (specify).....

3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
c) Any other ()

III. Remarks:

Referred By [Signature] District Officer.....
28/02/2016

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Coord.
ADIP, Scheme

Revised

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Manovikasagar, Secunderabad

UNDERTAKING

I, Chintan Khariyer S/o. D/o. W.
Manoj Khariyer
76m hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further
keep it for my bonafide use.

Signature / Thumb Impression of the beneficiary

X Manoj

Witness

For Office Use Only

Name of the beneficiary : Chintan Khariyer
Registration No. :
Age / Gender : 76m
Address : Beharapur,
Ahmednagar,
Kith
Monthly Income :
Nature of Disability : severe m.a.
Type of aid given : kit - 2
Signature of the issuing authority : Queen
28/10
Reem

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u

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Manovikas Nagar, Secunderabad - 500 009



NIMHA/Camps/2001/

REGISTRATION FORM

1. Name Samina ban Reg No. _____ Age/Gender 10y/f
2. Address Rasudabad, Ashahalam, Ahmedabad
3. Educational Qualification _____ Occupation _____
4. Income APL - I Card
5. Father Name Yashu Bai & Co. E.S. Education _____ Occupation _____
6. Mother Name _____ Education _____ Occupation _____
7. Family monthly Income _____
8. Category of Disability MR
9. Diagnosis _____
10. Disability percentage 75%

II Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You age wise kit as per the need)
a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()
2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Protheses: (Specify) _____
h) Any other: (specify) _____
3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
c) Any other ()

III Remarks:

Kit no. 3

Referred By Galler District Officer

Revised

Coord.
ADIP, Schent

02 11 2016

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(Ministry of Social Justice & Empowerment, Govt. of India)
Manovikasnagar, Secunderabad

UNDERTAKING

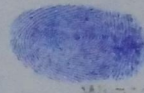
I, Yousufbhai Sheikh F/O Samina ben. Sl. No.

TCM 107 hereby affirm that I have not

the aid / appliances) from any other agency / source during the last three years. I further
keep it for my bonafide use.



12
9722044125



Signature / Thumb impression of the beneficiary

Witness

For Office Use Only

Name of the beneficiary

Samina ben.

Registration No.

Age / Gender

10 y / F

Address

Rasudabad, Aashahalem
Ahmedabad.

Monthly Income

APL - I Card.

Nature of Disability

MR 75%

Type of aid given

TCM 107 NO. 3

Signature of the issuing authority

Mohammed
23/11/16

03 11 2016



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NIMH/Camps/2001/

REGISTRATION FORM

1. Name A. Sofia bany Reg No. _____ Age/Gender g/f
2. Address Bibi Taty scater
Abad
3. Educational Qualification _____ Occupation _____
4. Income _____
5. Father Name Riyaz Education _____ Occupation _____
6. Mother Name _____ Education _____ Occupation _____
7. Family monthly Income mpf
8. Category of Disability mf/mr
9. Diagnosis ma
10. Disability percentage 50%

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may get age wise kit as per the need)
 - a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()

2. Mobility Material:
 - a) Wheel chair () b) Tricycle ()
 - c) Crutches () d) Calipers ()
 - f) Walking-stick () e) Walker ()
 - g) Prostheses: (Specify) _____
 - h) Any other: (specify) _____

3. Visual Impairment:
 - a) Walking Cane () b) Braille slate ()
 - c) Any other ()

III. Remarks:

Kit-3

Referred By Gauller District Officer

Revised

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ADIP, Scheme

2011

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Manovikasnagar, Secunderabad

UNDERTAKING

I, Sofiya bany S/o, D/o, V
Pidar hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further undertake to keep it for my bonafide use.

9728044129

[Handwritten signature]

X *[Handwritten signature]*

Signature / Thumb Impression of the beneficiary

X Nilofar R.

Witness

For Office Use Only

Name of the beneficiary

Sofiya bany

Registration No.

Age / Gender

g/f

Address

Bibi Talup vater
A. bad

Monthly Income

Nature of Disability

APL-I
mild. MR

Type of aid given

Signature of the issuing authority

Kit-3
Galler
23/10/2

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Manovikas Nagar Secunderabad - 500 099



NIMH/Camps/2001/

REGISTRATION FORM

1. Name Behan shait Reg No. Age/Gender 8y / m
2. Address All Major Dandimy
Bhokaram Peta, Abud
3. Educational Qualification Occupation
4. Income
5. Father Name M. K. Balim Education Occupation
6. Mother Name Education Occupation
7. Family monthly Income APL
8. Category of Disability moderate MR
9. Diagnosis mild
10. Disability percentage 75%

II Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may tick mark age wise kit as per the need)

a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()

2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Prostheses: (Specify)
h) Any other: (specify).....

3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
c) Any other ()

III Remarks:

14+3

Referred By [Signature] District Officer

Record

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2016

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Manovikasnagar, Secunderabad

UNDERTAKING

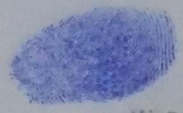
I, Petara Steikh Sl. No.
M. Salim hereby affirm that I have not

the aid / appliances) from any other agency / source during the last three years. I further
keep it for my bonafide use.

9722044126



Signature / Thumb impression of the beneficiary



W.D. No.

For Office Use Only

Name of the beneficiary : Petara Petara
Registration No. :
Age / Gender : 8/M
Address : Almagor Doslina
A bag
Monthly Income : APL-I
Nature of Disability : moderate MR
Type of aid given :
Signature of the issuing authority : 23/01

03 11 2016

10



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NIMH/Camps/2001/

REGISTRATION FORM

1. Name MUSKUM Reg No. Age/Gender F/13
2. Address 20, Budhan Society
Opp. Gulmohar Society
Bibi Tarab, Veda
3. Educational Qualification Occupation
4. Income APL-1
5. Father Name Hanif Education 12th Occupation Rikshadrome
6. Mother Name Mumtaz Education 8th Occupation Housewife
7. Family monthly Income APL-1
8. Category of Disability MR
9. Diagnosis
10. Disability percentage 50%

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may indicate the age wise kit as per the need)
 - a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()
2. Mobility Material:
 - a) Wheel chair () b) Tricycle ()
 - c) Crutches () d) Calipers () e) Walker ()
 - f) Walking stick () g) Protheses: (Specify)
 - h) Any other: (specify)
3. Visual Impairment:
 - a) Walking Cane () b) Braille slate () b) Tape recorder ()
 - c) Any other ()

Remarks:

Kit-3

Referred By Shawella District Officer

Coord. ADIP, Scheme

Raveed


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11
2016

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Manovikasnagar, Secunderabad

UNDERTAKING

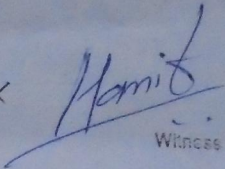
I, Sundhi Mugkan Haniffbhai S/o. D/o. V
hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further
keep it for my bonafide use.

X  Signature / Thumb Impression of the beneficiary

9+22044125

12

X  Witness

For-Office Use Only

Name of the beneficiary :

Sundhi Mugkan

Registration No. :

Age / Gender :

Address :

Monthly Income :

Nature of Disability :

Type of aid given :

Kit - 3

Signature of the Issuing authority :

Ganesh
23/10/16
Revised

03 11 2016



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Fax : 040-7750198

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Manovikas Nagar, Secunderabad - 500 009



NIMH/Camps/2001/

REGISTRATION FORM

- 13
1. Name Harsh Tejore Reg No..... Age/Gender... 10 M
 2. Address A-16, Veer Nagar, Sompur
Vatva Road, Ammalapady, Guntur.
 3. Educational Qualification..... Occupation.....
 4. Income.....
 5. Father Name Naresh Education..... Occupation.....
 6. Mother Name..... Education..... Occupation.....
 7. Family monthly Income.....
 8. Category of Disability Machete
 9. Diagnosis MR
 10. Disability percentage.....

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may get age wise kit as per the need)
 - a) 0-5 years ()
 - b) 6-10 years ()
 - c) 11-14 years ()
 - d) 15 and above ()

2. Mobility Material:
 - a) Wheel chair ()
 - b) Tricycle ()
 - c) Crutches ()
 - d) Calipers ()
 - e) Walker ()
 - f) Walking stick ()
 - g) Prostheses: (Specify).....
 - h) Any other: (specify).....

3. Visual Impairment:
 - a) Walking Cane ()
 - b) Braille slate ()
 - b) Tape recorder ()
 - c) Any other: ()

III. Remarks:

Kit - 3

Referred By Javelin District Officer.....
23/05

Revised

Coord.
ADIP, Scheme

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Manovikasnagar, Secunderabad

UNDERTAKING

I, Harsha Tagore S/o, D/o, V
Naresh
TLM hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further
keep it for my bonafide use.

1/11
972244125



Signature / Thumb Impression of the beneficiary



Witness

For Office Use Only

Name of the beneficiary : Harsha Tagore
Registration No. :
Age / Gender : 10 years - Male
Address : A-16, Vasu Nagar, Sanapur
A. bad, Gujrat.
Monthly Income : APL-1
Nature of Disability : MR mild
Type of aid given : Kit-3
Signature of the issuing authority : [Signature]
23/10/11

Received



12



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Manovikasnagar, Secunderabad

UNDERTAKING

I, Md. Tabib S/o, D/o, V
hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further
keep it for my bonafide use.

Idi
97220 44/25

 Signature / Thumb Impression of the beneficiary  Witness

For Office Use Only

Name of the beneficiary :
Registration No. :
Age / Gender : *10yrs / Male*
Address :
Monthly Income :
Nature of Disability : *MR.*
Type of aid given : *Kit - 3.*
Signature of the issuing authority

Jaleela
23/10/2016
Received

03 11 2016

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Fax : 040-7750198

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NIMH/Camps/2001/

REGISTRATION FORM

1. Name Mr. Takijh Reg No. Age/Gender
2. Address
3. Educational Qualification..... Occupation.....
4. Income.....
5. Father Name..... Education..... Occupation.....
6. Mother Name..... Education..... Occupation.....
7. Family monthly Income.....
8. Category of Disability.....
9. Diagnosis.....
10. Disability percentage.....

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may select age wise kit as per the need)
a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()

2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Prostheses: (Specify)

3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
c) Any other ()

III. Remarks:

Kit - 3

Referred By..... 23/02/20 District Officer.....

Coord
ADIP, Scheme

Resard



7

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NIMH/Camps/2001/

REGISTRATION FORM

- I 1. Name Subana Reg.No..... Age/Gender..... g/f
2. Address..... Nawab palle
at doliya Abad
3. Educational Qualification..... Occupation.....
4. Income.....
5. Father Name Sultan bhai Education..... Occupation.....
6. Mother Name..... Education..... Occupation.....
7. Family monthly Income..... APL-I
8. Category of Disability..... moderate MR
9. Diagnosis..... MR
10. Disability percentage..... 75%

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may get age wise kit as per the need)
 - a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()

2. Mobility Material:
 - a) Wheel chair () b) Tricycle ()
 - c) Crutches () d) Calipers () e) Walker ()
 - f) Walking stick () g) Prosthesis: (Specify)
 - h) Any other: (specify).....

3. Visual Impairment:
 - a) Walking Cane () b) Braille slate () c) Tape recorder ()
 - d) Any other ()

III. Remarks: jit-3

Referred By Haller District Officer.....
Dy

Coord.
ADIP, Scheme

Revised


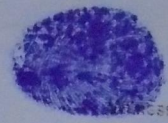
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Manovikasagar, Secunderabad

UNDERTAKING

I, Sutana S/o. D/o, V
Sutabhai hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further undertake to keep it for my bonafide use.

X  4722044125 X 

Signature / Thumb impression of the beneficiary

For Office Use Only

Name of the beneficiary : Sutana
Registration No. :
Age / Gender : g/f
Address : Martin petra
(at dalija Abul)
Monthly Income : AP1-I
Nature of Disability : midelute - MR
Type of aid given :
Signature of the issuing authority : 14-3
halee
20/10/16

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03 11 2016



6

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REGISTRATION FORM

1. Name M.D. Saji Reg No. _____ Age/Gender 8y M
2. Address A.3, Gausiya Colony, A. Bad, Gungat - 28
3. Educational Qualification _____ Occupation _____
4. Income _____
5. Father Name Mehabub Bhai Education _____ Occupation _____
6. Mother Name _____ Education _____ Occupation _____
7. Family monthly Income A.P.L-1
8. Category of Disability Severe
9. Diagnosis M.R
10. Disability percentage 90

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may get age wise kit as per the need)
 - a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()
2. Mobility Material:
 - a) Wheel chair () b) Tricycle ()
 - c) Crutches () d) Calipers () e) Walker ()
 - f) Walking stick () g) Prostheses: (Specify) _____
 - h) Any other: (specify) _____
3. Visual Impairment:
 - a) Walking Cane () b) Braille slate () c) Tape recorder ()
 - c) Any other ()

III. Remarks:

Kit-3

Referred By [Signature] District Officer

Coord ADIP, Scheme

Revised

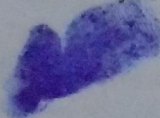
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Manovikasnagar, Secunderabad

UNDERTAKING

I, MD. Shafi shaik S/o, D/o, V
Mehboob Khan
TLM hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further
keep it for my bonafide use.

X 
Signature / Thumb Impression of the beneficiary

12
47220 44125
X SABIJA
Witness

For Office Use Only

Name of the beneficiary : MD. Shafi shaik
Registration No. :
Age / Gender : 8.4 Male
Address : AS, Grouiyalalony, A. Bad,
Gujrat.
Monthly Income : APL-1
Nature of Disability : MR - Severe
Type of aid given : kit - 3
Signature of the issuing authority : Galleen
23/10

5

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mailto:dnimh@hid2.vsnl.net.in

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NIMHA/Camps/2001/

REGISTRATION FORM

1. Name Abdul Rashid Shaik Reg No. 9588411926 Age/Gender 9y M

2. Address 1555, Mainota, Danyapur, A. Bad, Gujrat.

3. Educational Qualification..... Occupation.....

4. Income.....

5. Father Name..... Education..... Occupation.....

6. Mother Name Ab. Hanumad Education..... Occupation.....

7. Family monthly Income APL-1

8. Category of Disability Moderate

9. Diagnosis MR

10. Disability percentage 75%

II Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may select age wise kit as per the need)

a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()

2. Mobility Material: a) Wheel chair () b) Tricycle ()

c) Crutches () d) Calipers () e) Walker ()

f) Walking stick () g) Prostheses: (Specify).....

h) Any other: (specify).....

3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()

c) Any other ()

Remarks:

Kit-3 Kit-3

Referred By Jaleel District Officer.....

23/10/16 Renu

Coord
ADIP, Schen

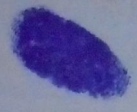
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Manovikasnagar, Secunderabad

UNDERTAKING

I, Abdul Rashid shaik S/o, D/o, V
Abdul ~~ahmed~~
TLM hereby affirm that I have not

the aid / appliances) from any other agency / source during the last three years, I further
keep it for my bonafide use.

X  1/2
97 220 4 4125
X Dr. E.M.R.
Signature / Thumb impression of the beneficiary Witness

For Office Use Only

Name of the beneficiary : Abdul Rashid shaik
Registration No. :
Age / Gender : 94 M
Address : 1555, Dhanyapur,
A. bad - Gujrat.
Monthly Income : APL - 1
Nature of Disability : Moderate MR
Type of aid given : kit - 3
Signature of the issuing authority : galle
23/11
Reu

03 11 2016



4

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NIMH/Camps/2001/

REGISTRATION FORM

1. Name Shejal Reg No. _____ Age/Gender 9y / F
2. Address Varahi row house 2 Jyothisnagar, vibhag
Norol, Ahmedabad Cell no: _____
3. Educational Qualification _____ Occupation _____
4. Income _____
5. Father Name Ratbshbha Education _____ Occupation _____
6. Mother Name _____ Education _____ Occupation _____
7. Family monthly Income APL
8. Category of Disability Moderate MR
9. Diagnosis MR
10. Disability percentage 75%

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may indicate the age wise kit as per the need)
 - a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()
2. Mobility Material:
 - a) Wheel chair () b) Tricycle ()
 - c) Crutches () d) Calipers () e) Walker ()
 - f) Walking stick () g) Prostheses: (Specify) _____
 - h) Any other: (specify) _____
3. Visual Impairment:
 - a) Walking Cane () b) Braille slate () b) Tape recorder ()
 - c) Any other ()

III. Remarks:

kit - 3

Signature
23/10

Referred By _____ District Officer _____

Coordinator _____
ADIP, Scheme


Record

03 11 2016

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(Ministry of Social Justice & Empowerment, Govt. of India)
Manovikasnagar, Secunderabad

UNDERTAKING

I, Rakesh bhai makwana S/o, D/o, V
Shejal. hereby affirm that I have not obtained
TLM.
the aid / appliances) from any other agency / source during the last three years, I further
keep it for my bonafide use.

X 
Signature / Thumb Impression of the beneficiary

1/
9722044/25
X 21/5/2018
Witness

For Office Use Only

Name of the beneficiary makwana shejal rakeshbhai
Registration No. :
Age / Gender : 99/F
Address 4, varahi raw house,
Narol,
Ahmedabad. Contact no. 9879039732
Monthly Income 6000/-
Nature of Disability moderate m.r. & c.p.
Type of aid given m.r. kit - 3.
Signature of the issuing authority : Galler
33/1
Revised

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Manovikasnagar, Secunderabad

3

UNDERTAKING

I, Ayaz Sheikh Gulam Ali hereby affirm that I have not

the aid / appliances) from any other agency / source during the last three years. I further
keep it for my bonafide use.

Signature / Thumb impression of the beneficiary

For-Office Use Only

Name of the beneficiary

Ayaz Sheikh

Registration No.

Age / Gender

11/M

Address

50 Firat Nagar

Monthly Income

BPL

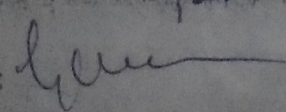
Nature of Disability

moderate MR

Type of aid given

~~Kit~~ Kit - 3

Signature of the issuing authority



03 11 2016

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NIMH/Camps/2001/



REGISTRATION FORM

1. Name Aayz Reg No. _____ Age/Gender 11/M
2. Address gofnar Nagar A.bad
3. Educational Qualification _____ Occupation _____
4. Income _____
5. Father Name Qulamali Education _____ Occupation _____
6. Mother Name _____ Education _____ Occupation _____
7. Family monthly Income BPL
8. Category of Disability moderun
9. Diagnosis MR
10. Disability percentage 75

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may get an age wise kit as per the need)
a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()

2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Prostheses: (Specify) _____
h) Any other: (specify) _____

3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
c) Any other ()

III. Remarks:

1A+B

Referred By [Signature] District Officer

Coord
ADIP, Scheme

Revised

2

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NIMH/Camps/2001/

REGISTRATION FORM

1. Name SHAIL VAJIDALIANSARI Reg No. _____ Age/Gender 10y M

2. Address Makdam Nagas, Vatha
A. Bad, Buzurg

3. Educational Qualification _____ Occupation _____

4. Income _____

5. Father Name _____ Education _____ Occupation _____

6. Mother Name _____ Education _____ Occupation _____

7. Family monthly Income _____

8. Category of Disability Moderate

9. Diagnosis MR

10. Disability percentage 75%

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may get age wise kit as per the need)

a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()

2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Prostheses: (Specify) _____
h) Any other: (specify) _____

3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
c) Any other ()

III. Remarks:

Kit - 3

Referred By [Signature] District Officer

Coord ADIP, Scheme

Received

No. Ration Card

03 11 2016

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UNDERTAKING

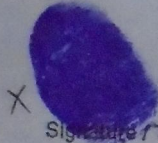
I, Sahil Vajadali Ansari

S/o, D/o, V

hereby affirm that I have not

the aid / appliances) from any other agency / source during the last three years, I further
keep it for my bonafide use.

12
9722044125



Signature / Thumb Impression of the beneficiary

X Sy. Ansari

Witness

For Office Use Only

Name of the beneficiary

Sahil Vajadali Ansari

Registration No.

Age / Gender

Address

Monthly Income

Nature of Disability

Type of aid given

Signature of the Issuing authority

KIT - 3

[Signature]
23/10/2015

[Signature]

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NIMH/Camps/2001/

REGISTRATION FORM

- I
1. Name Patimy Reg No. Age/Gender M/F
 2. Address 151 Gali No. 15, Jitu Nagar
Zulam A bad
 3. Educational Qualification..... Occupation.....
 4. Income.....
 5. Father Name metababli Education..... Occupation.....
 6. Mother Name..... Education..... Occupation.....
 7. Family monthly Income.....
 8. Category of Disability MR
 9. Diagnosis MR
 10. Disability percentage 75%

II. Recommendation of Aids and Appliances:
(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may get age wise kit as per the need)
a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()
2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Prostheses: (Specify)
h) Any other: (specify).....
3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
c) Any other ()

III. Remarks:

Referred By [Signature] District Officer.....

Coord.
ADIP, Scheme

1413
Record

03
11
2016

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 Manovikasnagar, Secunderabad

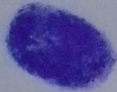
UNDERTAKING

I, Fatima
metabueblay S/o, D/o, V
 hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further
 keep it for my bonafide use.

9722044125

12
 X Signature

X 
 Signature / Thumb Impression of the beneficiary

Witness

For Office Use Only

Name of the beneficiary : Fatima
 Registration No. :
 Age / Gender : 11 / F
 Address : 151 Gali No 15, Titu Blageet
Salam Abad
 Monthly Income : MPLI
 Nature of Disability : moderate MR
 Type of aid given :
 Signature of the Issuing authority : 14/3
Signature
23/11
Received

03 11 2016

Website : www.nimhindia.org
E-mail: dirnimh@hd2.vsnl.net.in

Fax : 040-7750198

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NIMH/Camps/2001/

Sakshi REGISTRATION FORM

- I
- Name Shapochi Reg No. 2119 Age/Gender 9/yr.
 - Address Agad, Vijayara, Dambilonda,
Mo. 9428047989
 - Educational Qualification — Occupation —
 - Income —
 - Father Name Mamish Education — Occupation —
 - Mother Name — Education — Occupation —
 - Family monthly Income B.P.I - I
 - Category of Disability MR
 - Diagnosis moderate MR
 - Disability percentage 75%

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may get age wise kit as per the need)
- a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()

2. Mobility Material:
- a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Prostheses: (Specify) —
h) Any other: (specify) —

3. Visual Impairment:
- a) Walking Cane () b) Braille slate () c) Tape recorder ()
d) Any other: ()

III. Remarks:

kit-3

Referred By [Signature] District Officer

Coord.
ADIP, Scheme

Reviewed

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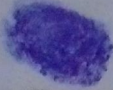
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Manovikashnagar, Secunderabad

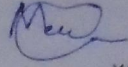
UNDERTAKING

I, Manish S/o, D/o, V
Sakshi hereby affirm that I have not obtained
TLM
the aid / appliances) from any other agency / source during the last three years, I further
keep it for my bonafide use.

972204125

1/2

X  Signature / Thumb Impression of the beneficiary

X  Witness

For Office Use Only

Name of the beneficiary : Sakshi
Registration No. :
Age / Gender : 9 / F
Address : 41, Vital Nagar, Dandi
Limda, Aged,
Gujarat.
Monthly income : APL - I
Nature of Disability : Moderate m R
Type of aid given : Kit - 3
Signature of the issuing authority : Jaeller
23/10/2016

03 11 2016

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E-mail: nimhindi@hd2.vsnl.net.in

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(Govt. of India Society, Min. of Social Justice & Empowerment)
Manovikas Nagar, Secunderabad - 500 009



NIMH/Camps/2001/

REGISTRATION FORM

- 1. Name Mo. Aqdam Reg No. _____ Age/Gender M / 11yrs
- 2. Address 38, AZIZ park, N.R. chitrag
Estate, Bedaji complex, canal Road
VHVV, Ahmednagar Mo. 9638820595
- 3. Educational Qualification _____ Occupation _____
- 4. Income 2500/-
- 5. Father Name Mo. Yusuf Education 5 ei Occupation auto drive
- 6. Mother Name Sahemayabai Education - Occupation House wife
- 7. Family monthly Income 2500/-
- 8. Category of Disability M.R.T C.P
- 9. Diagnosis MR
- 10. Disability percentage 80 %

II Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You need age wise kit as per the need)

- a) 0-5 years () b) 6-10 years () c) 11-14 years d) 15 and above ()

- 2. Mobility Material: a) Wheel chair () b) Tricycle ()
- c) Crutches () d) Calipers () e) Walker ()
- f) Walking stick () g) Prostheses: (Specify) _____
- h) Any other: (specify) _____

- 3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
- c) Any other ()

III Remarks:

Kit-3

Salleh

Received By Salleh District Officer

Received

Coord
ADIP, Schem

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National Institute for the Mentally Handicapped
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 Manovikasnagar, Secunderabad

UNDERTAKING

I, Mo. Yrsufbhai Pathan S/o, D/o, V
 _____ hereby affirm that I have not obtained
 the aid / appliances) from any other agency / source during the last three years, I further
 keep it for my bonafide use.

1/
9722044/25

X
 Signature / Thumb Impression of the beneficiary

X 23/11/16
 Witness

For Office Use Only

Name of the beneficiary ansari mo. anam mo. yrsufbhai
 Registration No. _____
 Age / Gender 11 years - male
 Address 38, Ajifpark, Mr. Chirag estate
bedwi complex, Kencal Road,
 Monthly Income Sadani dhabli, Vatva, Ahmedabad
8000/-
 Nature of Disability M.R.T.C.P.
 Type of aid given M.R.T.C.P. - 3
 Signature of the issuing authority : [Signature]
23/11/16

Revised

03 11 2016

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Manovikas Nagar, Secunderabad - 500 009

NIMH/Camps/2001/

REGISTRATION FORM

1. Name Pamni Maheda Reg No. Age/Gender 9y/F
2. Address Madrasi Colony,
Maninagar, Ahmedabad
3. Educational Qualification Occupation
4. Income APL 2
5. Father Name Mahender Singh Education Occupation
6. Mother Name Education Occupation
7. Family monthly Income
8. Category of Disability MR 75%
9. Diagnosis
10. Disability percentage 75%

II Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may get age wise kit as per the need)
a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()
2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Prostheses: (Specify)
- h) Any other: (specify) TLM kit
3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
c) Any other ()

Kit No. 3

III Remarks:

Received By [Signature] District Officer

Received

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ADIP, Schen

03 11 2016

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Manovikasnagar, Secunderabad

UNDERTAKING

I, Mahender Singh F/o Pammi Maheda S/o D/o

TUM KIT hereby affirm that I have not

the aid / appliances) from any other agency / source during the last three years. I further

keep it for my bonafide use.

9722044125



Signature / Thumb Impression of the beneficiary

Sharan

Witness

For Office Use Only

Name of the beneficiary

: Pammi Maheda

Registration No.

:

Age / Gender

:

9 yrs Female.

Address

:

Madrasi Colony,
Manivngar
Amedabad.

Monthly Income

:

APL-I

Nature of Disability

:

MR 75%

Type of aid given

:

TUM KIT KIT no-3

Signature of the issuing authority

Galler
23/10/16

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NIMH/Camps/2001/

REGISTRATION FORM

1. Name Irfan Reg No. _____ Age/Gender M/12
2. Address 28 Amdebad, Park
Ch. Saiya Nagar, Mr. Hubert, Telam
M. 201, Ahon
3. Educational Qualification _____ Occupation _____
4. Income APL-1
5. Father Name Patheemuddin Education _____ Occupation Worker
6. Mother Name M. S. Fatima Education _____ Occupation Housewife
7. Family monthly Income APL-1
8. Category of Disability MR
9. Diagnosis _____
10. Disability percentage 50+

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may select age wise kit as per the need)
a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above
2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Prostheses: (Specify) _____
h) Any other: (specify) _____

3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
c) Any other ()

03
11
2016

Remarks:

Kit - 4

Received By Javeed District Officer

Coord
ADIP, Scheme


Received

56
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(Ministry of Social Justice & Empowerment, Govt. of India)
Manovikasnagar, Secunderabad

UNDERTAKING

I, Ansaari Jafar Rehmuiddin hereby affirm that I have not

the aid / appliances) from any other agency / source during the last three years. I further
keep it for my bonafide use.


Signature / Thumb impression of the beneficiary


Witness

For Office Use Only

Name of the beneficiary

: Ansaari Jafar Rehmuiddin

Registration No.

:

Age / Gender

:

22 yr / Male

Address

:

Monthly income

:

Nature of Disability

:

Type of aid given

:

Kit - 2

Signature of the issuing authority

:

[Signature]
23/10/16

03
11
2016

55

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NIMH/Camps/2001/

REGISTRATION FORM

1. Name Mohammed Katlondin Reg No. 9586938108 Age/Gender 15 y / M
2. Address 24, 91-9/ Fily park, Narol vatva road
Jamalpur zone, Ahmed.
3. Educational Qualification _____ Occupation _____
4. Income _____
5. Father Name mayyiddin pathn Education _____ Occupation _____
6. Mother Name _____ Education _____ Occupation _____
7. Family monthly Income BPL
8. Category of Disability CPTMR
9. Diagnosis MR
10. Disability percentage 80%

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You need age wise kit as per the need)
 - a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above
2. Mobility Material:
 - a) Wheel chair () b) Tricycle ()
 - c) Crutches () d) Calipers () e) Walker ()
 - f) Walking stick () g) Prostheses: (Specify) _____
 - h) Any other: (specify) _____
3. Visual Impairment:
 - a) Walking Cane () b) Braille slate () c) Tape recorder ()
 - c) Any other ()

III. Remarks:

kit - 4

Referred By Raveel District Officer 23/10/04

Coord
ADIP, Scheme

Raveel

03
11
2016




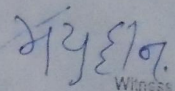
National Institute for the Mentally Handicapped
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 (Ministry of Social Justice & Empowerment, Govt. of India)
 Manovikasnagar, Secunderabad

UNDERTAKING

I, Mayyudin Pathan S/o, D/o, V
 _____ hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further undertake to keep it for my bonafide use.

X  Signature / Thumb impression of the beneficiary

X  Witness

For. Office Use Only

Name of the beneficiary Pathan Mo. Kutbuddin Mayyudin

Registration No. _____

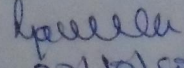
Age / Gender 14 years male

Address 49, al-ulfiya Park, Narol vatra, road, Jamalpur Zone, Ahmedabad.

Monthly Income 700/-

Nature of Disability M.A + C.P.

Type of aid given M.R. K.F. = 4

Signature of the Issuing authority : 
23/10/2016
R. Ahmed

03 11 2016

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Manovikas Nagar, Secunderabad - 500 009



NIMH/Camps/2001/

REGISTRATION FORM

54

1. Name Mukundan Reg No. Age/Gender 32/M
2. Address Valupen Colony Phuleshwar
A. Road
5164125815
3. Educational Qualification Occupation
4. Income
5. Father Name Sijay Education Occupation
6. Mother Name Education Occupation
7. Family monthly Income APL Education Occupation
8. Category of Disability muscular Dystrophy
9. Diagnosis
10. Disability percentage 80

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may get age wise kit as per the need)
a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()

2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Prostheses: (Specify)
h) Any other: (specify)

3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
c) Any other ()

III. Remarks:

Kit - 4

Referred By [Signature] District Officer.....

28/10/16

Received

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ADIP, Scheme


03 11 2016

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Manovikasnagar, Secunderabad

UNDERTAKING

I, Mallyana
Nijay hereby affirm that I have not obtained the aid / appliances) from any other agency / source during the last three years, I further undertake to keep it for my bonafide use.

X  X
Signature / Thumb Impression of the beneficiary

Witness

For Office Use Only

Name of the beneficiary : Mallyana
Registration No. :
Age / Gender : 32/M
Address : Nashmen Colony
A bad
Monthly Income : APL-2
Nature of Disability : muscular dystrophy
Type of aid given : Kit-4
Signature of the issuing authority : hallee
23/10/16
Reweed

03 11 2016



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NIMH/Camps/2001/

REGISTRATION FORM

1. Name Riyag Mansuri Reg No. _____ Age/Gender M/26y
2. Address Oslyaduradi, Vaha, Secunderabad
3. Educational Qualification _____ Occupation _____
4. Income _____
5. Father Name Abul Karim Education _____ Occupation _____
6. Mother Name _____ Education _____ Occupation _____
7. Family monthly Income _____
8. Category of Disability Moderate MR
9. Diagnosis _____
10. Disability percentage 75%

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may get age wise kit as per the need)
- a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()

2. Mobility Material: a) Wheel chair () b) Tricycle ()
- c) Crutches () d) Calipers () e) Walker ()
- f) Walking stick () g) Protheses: (Specify) _____
- h) Any other: (specify) T.C.M. Kit

3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
- c) Any other (kit no. 4)

III. Remarks:

Kit - 4

Referred By: [Signature] District Officer

Coord ADIP, Scheme

Received

03 11 2016

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Manovikasnagar, Secunderabad

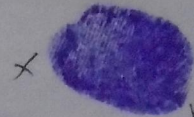
UNDERTAKING

I, Ghulam Nabi F/o Riyaz S/o, D/o, Y
_____ hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further
keep it for my bonafide use.

X 

Signature / Thumb Impression of the beneficiary

X 

Witness

For Office Use Only

Name of the beneficiary : Riyaz
Registration No. :
Age / Gender : 26y / M
Address : Saiyadwadi, Vahra,
Ahmedabad
Monthly Income : APL - I Card.
Nature of Disability : MR 75%
Type of aid given : FM Card No. 4
Signature of the issuing authority : Galle
23/10/2018
Receve



3


**National Institute for the Mentally Handicapped
(EXTENSION PROGRAMME)**


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Manovikasagar, Secunderabad

UNDERTAKING

I, Harif Bibi Pathan S/o, D/o, V
Gulab Khan Pathan
92M. hereby affirm that I have not

the aid / appliances) from any other agency / source during the last three years, I further
keep it for my bonafide use.

X  Signature / Thumb Impression of the beneficiary

X  Witness

For Office Use Only

Name of the beneficiary : Harif Bibi Pathan.

Registration No. :

Age / Gender : 22 / F

Address : vatra Ahmedabad.

Monthly Income :

Nature of Disability : M.A.

Type of aid given : Mit (4)

Signature of the issuing authority : Queen
23/10
Reynold

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E-mail: dirnimh@hd2.vsnl.net.in

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NIMH/Camps/2001/

REGISTRATION FORM

- I
1. Name Mamf bibi Reg No. Age/Gender F/22
 2. Address Vatna, Ane Maddabadi, Jaganet
 3. Educational Qualification Occupation
 4. Income
 5. Father Name Gulab Khan Education Occupation
 6. Mother Name Education Occupation
 7. Family monthly Income
 8. Category of Disability M.R.
 9. Diagnosis Severe (M.R.)
 10. Disability percentage 95%

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may age wise kit as per the need)
- a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()

2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Prosthesis: (Specify)

3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
c) Any other ()

III. Remarks:

Kit - 4

Referred By [Signature] District Officer

Coord.
ADIP, Scheme

Revised

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NIMH/Camps/2001/

REGISTRATION FORM

1. Name Asma chippu Reg No. 9574433296 Age/Gender 23/yr/Male
2. Address Ektanagar, Dabibaru, Secunderabad
3. Educational Qualification..... Occupation.....
4. Income..... Education..... Occupation.....
5. Father Name Mr. Hussain Education..... Occupation.....
6. Mother Name..... Education..... Occupation.....
7. Family monthly Income.....
8. Category of Disability M.P. (severe)
9. Diagnosis.....
10. Disability percentage 90%

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may get age wise kit as per the need)
a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()

2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Prostheses: (Specify).....
h) Any other: (specify).....

3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
c) Any other: ()

III. Remarks:

Ref - G

Referred By Queller District Officer.....
23/11

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03 11 2016

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Manovikasnagar, Secunderabad

UNDERTAKING

I, Asma Chippa S/o, D/o, V
M.D. Mission
TLR hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further
keep it for my bonafide use.

X Signature / Thumb impression of the beneficiary

[Handwritten Signature]
Witness

For Office Use Only

Name of the beneficiary

Asma Chippa

Registration No.

Age / Gender

Address

Fromuda / 237,
Ekanagar, Akhunda Ind.

Monthly Income

Nature of Disability

Type of aid given

Signature of the issuing authority

MO. 9574433296
Asma

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23/10/2016

03 11 2016

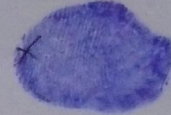
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(Ministry of Social Justice & Empowerment, Govt. of India)
Manovikasnagar, Secunderabad

UNDERTAKING

I, Abdul Hafiz S/o, D/o, V
Md. Juned Ansari hereby affirm that I have not obtained
TLM.
the aid / appliances) from any other agency / source during the last three years, I further
keep it for my bonafide use.

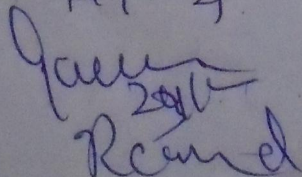


Thumb impression of the beneficiary



Witness

For Office Use Only

Name of the beneficiary : Md. Juned Ansari
Registration No. : -
Age / Gender : 15 yr/M
Address : 853/2, 25 ambar nagar,
gul mohar society vat va,
Daskroli, Ahmedbad. Gujarat
Monthly Income : BPL
Nature of Disability : Moderate MR
Type of aid given : Ket-4
Signature of the Issuing authority : 
2016
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NIMH/Camps/2001/

REGISTRATION FORM

I

1. Name Med. Mehboob Reg No. _____ Age/Gender m/15

2. Address A. H. K. Nagar, Hyderabad City

3. Educational Qualification 9904245490 Occupation _____

4. Income _____

5. Father Name P. K. M. Telem Education _____ Occupation _____

6. Mother Name _____ Education _____ Occupation _____

7. Family monthly Income _____

8. Category of Disability _____

9. Diagnosis M.A. madhavi - M.P.

10. Disability percentage 75%

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may get age wise kit as per the need)
- a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()
2. Mobility Material: a) Wheel chair () b) Tricycle ()
- c) Crutches () d) Calipers () e) Walker ()
- f) Walking stick () g) Prostheses: (Specify) _____
- h) Any other: (specify) _____

Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
c) Any other ()

Remarks:

karit (S)

03 11 2016
ferred By Speller District Officer

Coord
ADIP, Scheme

23/10
Received

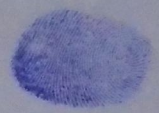
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(EXTENSION PROGRAMME)
(Ministry of Social Justice & Empowerment, Govt. of India)
Manovikasnagar, Secunderabad

UNDERTAKING

I, md. mehfooz - S/o, D/o, W
putta meddini
72m. hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further undertake to keep it for my bonafide use.

12
472044/25



X Signature / Thumb Impression of the beneficiary

X Witness

For Office Use Only

Name of the beneficiary : md. mehfooz B.

Registration No. :

Age / Gender : m / 15

Address : Daridimada,
Ahmednagar.

Monthly Income :

Nature of Disability : m B.

Type of aid given : kit (4)

Signature of the issuing authority : Galle
23/10

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03 11 2016

26

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Manovikasagar, Secunderabad

UNDERTAKING

I, Sheikh Mo. Sahim Mo. Selim _____ hereby affirm that I have not

the aid / appliances) from any other agency / source during the last three years. I further
keep it for my bonafide use.

for
9722044125

Handwritten signature



Signature / Thumb impression of the beneficiary

For Office Use Only

Name of the beneficiary : Sheikh. Md. Sahim.
Mo. Selim

Registration No. :

Age / Gender : 13y (Male)

Address :

Monthly Income : Rs. BPL

Nature of Disability : MR

Type of aid given : ...

Signature of the issuing authority : [Signature]

03 11 2016



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NIMH/Camps/2001/

REGISTRATION FORM

1. Name M. Sahim Reg No. _____ Age/Gender M/13
2. Address Al. Minaz Row House
Or. New Shehbazia Row House
P.O.D. Jalmulpur Zone
3. Educational Qualification _____ Occupation _____
4. Income B.P.L _____
5. Father Name Selim Education 8th Occupation Shop
6. Mother Name Kalim Bib Education - Occupation Home
7. Family monthly Income B.P.L _____
8. Category of Disability MR. C. CP
9. Diagnosis _____
10. Disability percentage 75%

II. Recommendation of Aids and Appliances:
(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You need age wise kit as per the need)
 - a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()
2. Mobility Material:
 - a) Wheel chair () b) Tricycle ()
 - c) Crutches () d) Calipers ()
 - f) Walking stick () e) Walker ()
 - g) Prostheses: (Specify) _____
 - h) Any other: (specify) _____
3. Visual Impairment:
 - a) Walking Cane () b) Braille slate () c) Tape recorder ()
 - c) Any other ()

III. Remarks:

Kit - 4

Referred By Jaffer
28/10/2016 District Officer

Coord
ADIP, Scheme

Revised

03 11 2016

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(Govt. of India Society, Min of Social Justice & Empowerment)
Manovikas Nagar, Secunderabad - 500 009



NIMH/Camps/2001/

REGISTRATION FORM

35

I 1. Name Autwik Reg No. _____ Age/Gender 21/M
2. Address Shalwan Parat Duni
Abadi
3. Educational Qualification _____ Occupation _____
4. Income _____
5. Father Name Jayes bhai Education _____ Occupation _____
6. Mother Name _____ Education _____ Occupation _____
7. Family monthly Income APF
8. Category of Disability moderate MR
9. Diagnosis MR
10. Disability percentage 75%

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You need age wise kit as per the need)
a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()
2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Prostheses: (Specify) _____
h) Any other: (specify) _____
3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
c) Any other ()

03
11
2016

Remarks:

Fit 4

Referred By: [Signature] District Officer

Coord
ADIP, Scheme

[Signature]


National Institute for the Mentally Handicapped
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(Ministry of Social Justice & Empowerment, Govt. of India)
Manovikasnagar, Secunderabad

UNDERTAKING

I, Autwik Jayeshbhai S/o, D/o, V
hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further
keep it for my bonafide use.

X 
Signature / Thumb impression of the beneficiary

12
9722044125
X 9722044125
Witness

For Office Use Only

Name of the beneficiary : Autwik
Registration No. :
Age / Gender : 21/M
Address : Shalwan panel/Demi/
Abael
Monthly Income : APL I
Nature of Disability : moderate MR
Type of aid given :
Signature of the issuing authority : 9/11/16
[Signature]
23/

Received

03 11 2016



34

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E-mail: dirnimh@hd2.vsnl.net.in

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NIMH/Camps/2001/

REGISTRATION FORM

1. Name Kelmi Reg No. Age/Gender 13.4 M.
2. Address 06 P. V. P. Nagar, P. V. Nagar, Mr. B. D. Tulun, Chas. Palasa, Vettur, Alim
3. Educational Qualification Occupation
4. Income APL-1
5. Father Name Sk. A. Khayam Education Occupation
6. Mother Name Education Occupation
7. Family monthly Income APL-1
8. Category of Disability Moderate
9. Diagnosis M.K
10. Disability percentage 75%

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may get age wise kit as per the need)
 - a) 0-5 years () b) 6-10 years () c) 11-14 years d) 15 and above ()
2. Mobility Material:
 - a) Wheel chair () b) Tricycle ()
 - c) Crutches () d) Calipers () e) Walker ()
 - f) Walking stick () g) Prostheses: (Specify)
 - h) Any other: (specify)
3. Visual Impairment:
 - a) Walking Cane () b) Braille slate () c) Tape recorder ()
 - c) Any other ()

III. Remarks:

Kit-4

Referred By Gaer District Officer

Coord ADIP, Scheme

Received.

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Manovlkasnagar, Secunderabad

UNDERTAKING

I, Shekh MO Kamil Abdul Kalam S/o, D/o, V
_____ hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further
keep it for my bonafide use.

9722044125

X ev:57



Signature / Thumb impression of the beneficiary

Witness

For Office Use Only

Name of the beneficiary : Shekh Abdul Kamil
Registration No. : -
Age / Gender : M/13
Address : 06, Pinki Plaza
Nr. Bibi Teluv chare Restra
Vaduvu Athm
Monthly Income : APL-1
Nature of Disability : MR
Type of aid given : Model kit
Signature of the issuing authority : Yallu
23/10
Revised

03 11 2016



33

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NIMH/Camps/2001/

REGISTRATION FORM

1. Name Rajesh Bai Reg No. _____ Age/Gender 18yM
2. Address T. N. Sampath A. Bad, Gujrat.
3. Educational Qualification _____ Occupation _____
4. Income APL-1
5. Father Name Pazmas Meesh Babu Education _____ Occupation _____
6. Mother Name _____ Education _____ Occupation _____
7. Family monthly Income _____
8. Category of Disability Moderate
9. Diagnosis MR
10. Disability percentage 75%

II. Recommendation of Aids and Appliances:
(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may get age wise kit as per the need)
 - a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()
2. Mobility Material:
 - a) Wheel chair () b) Tricycle ()
 - c) Crutches () d) Calipers () e) Walker ()
 - f) Walking stick () g) Protheses: (Specify) _____
 - h) Any other: (specify) _____
3. Visual Impairment:
 - a) Walking Cane () b) Braille slate () c) Tape recorder ()
 - c) Any other ()

III. Remarks:

Kit-4

Referred By Galler District Officer _____

23/02

Record

Coord
ADIP, Scheme

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Manovikasnagar, Secunderabad

UNDERTAKING

I, Rajesh Bai S/o, D/o, V
Maresh Bai
TLN hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further
keep it for my bonafide use.

X  Signature & thumb impression of the beneficiary

TLN
9+220 44/29
X उरमि रमेश बाई
Witness

For Office Use Only

Name of the beneficiary

: Rajesh Bai

Registration No.

Age / Gender

: 18 y Male

Address

: Inchampra, A. Bad
Gujrat.

Monthly Income

: APL-1

Nature of Disability

: MR. Moderate

Type of aid given

: Kit - 4

Signature of the issuing authority

: Gallu
23/10/16

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03 11 2016

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NIMH/Camps/2001/

REGISTRATION FORM

- 32
1. Name Kadikani Rakesh Babu Jigan Reg No. 9712313543 Age/Gender 15 yr / Male
2. Address Ad. No. 29, N. V. S. Society, A. N. S. Road, Secunderabad.
3. Educational Qualification..... Occupation.....
4. Income.....
5. Father Name Rakesh Babu Education..... Occupation.....
6. Mother Name..... Education..... Occupation.....
7. Family monthly Income.....
8. Category of Disability m.p. (moderate)
9. Diagnosis m.a.
10. Disability percentage 75%

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may select age wise kit as per the need)
- a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()

2. Mobility Material: a) Wheel chair () b) Tricycle ()
- c) Crutches () d) Calipers () e) Walker ()
- f) Walking stick () g) Prostheses: (Specify).....
- h) Any other: (specify).....

3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
- c) Any other ()

III. Remarks:

Kit - 4

Referred By Juella District Officer.....

Coord.
ADIP, Scheme


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UNDERTAKING

I, Kadikar Jigar S/o, D/o, V
Rajyashree
96m hereby affirm that I have not obtained
the aid / appliances) from any other agency / source during the last three years, I further
keep it for my bonafide use.

X 
Signature / Thumb Impression of the beneficiary

9722044129
X Rajyashree
Witness

For Office Use Only

Name of the beneficiary : Kadikar Jigar
Registration No. :
Age / Gender : 15y
Address : Manamammy society,
Atanekalade.
Monthly Income : —
Nature of Disability : MR
Type of aid given : 147 (S)
Signature of the Issuing authority : Jalle
23/11
Rashed

03 11 2016



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31

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NIMH/Camps/2001/

REGISTRATION FORM

I

1. Name Kangana Reg No. _____ Age/Gender 13y (Male)

2. Address 7 Sarpani A. H. N. U. B. N. S.

_____ 9428999795

3. Educational Qualification _____ Occupation _____

4. Income _____

5. Father Name Devaraj Reddy Education _____ Occupation _____

6. Mother Name _____ Education _____ Occupation _____

7. Family monthly Income _____

8. Category of Disability Mild MP

9. Diagnosis MP

10. Disability percentage 50%

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may select age wise kit as per the need)

- a) 0-5 years ()
- b) 6-10 years ()
- c) 11-14 years ()
- d) 15 and above ()

2. Mobility Material:

- a) Wheel chair ()
- b) Tricycle ()
- c) Crutches ()
- d) Calipers ()
- e) Walker ()
- f) Walking stick ()
- g) Prostheses: (Specify) _____
- h) Any other: (specify) _____

3. Visual Impairment:

- a) Walking Cane ()
- b) Braille slate ()
- c) Any other ()

Kit - (4)

III. Remarks:

Referred By Gaees District Officer _____

Coord ADIP, Scheme

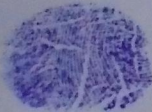
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Manovikasnagar, Secunderabad

UNDERTAKING

I, Kanyana S/o, D/o, V
Jay Desai hereby affirm that I have not obtained
TLM
the aid / appliances) from any other agency / source during the last three years, I further
keep it for my bonafide use.

X 

Signature / Thumb impression of the beneficiary

Id
97220 42/25

X

J-D Desai
Witness

For Office Use Only

Name of the beneficiary : Kanyana
Registration No. :
Age / Gender : F / 11m
Address : Isapuri - Atmakur
Monthly Income :
Nature of Disability : m.A.
Type of aid given : Kit - (A)
Signature of the issuing authority : hmm

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30



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NIMH/Camps/2001/

REGISTRATION FORM

- I. 1. Name Umas Ma Reg No. Age/Gender 24y Male
- 2. Address Secund. 3rd cross, Manovikas Nagar
A. Bad, Q. Rajat
- 3. Educational Qualification Occupation
- 4. Income
- 5. Father Name Abdul Latif Education Occupation
- 6. Mother Name Education Occupation
- 7. Family monthly Income
- 8. Category of Disability Blindness
- 9. Diagnosis MR
- 10. Disability percentage 90%

II. Recommendation of Aids and Appliances:
(Please tick mark for recommended aids and appliances)

- 1. Educational Materials: (Educational materials are available age wise. You may select age wise kit as per the need)
 - a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above
- 2. Mobility Material:
 - a) Wheel chair () b) Tricycle ()
 - c) Crutches () d) Calipers () e) Walker ()
 - f) Walking stick () g) Prostheses: (Specify)
 - h) Any other: (specify)
- 3. Visual Impairment:
 - a) Walking Cane () b) Braille slate () b) Tape recorder ()
 - c) Any other ()

III. Remarks:

kit-4
Gover
Referred By 23/10/16 District Officer

Coord.
ADIP, Scheme

Received

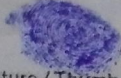

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Manovikasnagar, Secunderabad

UNDERTAKING

I, Umar sha 10y Male Sto, D/o, V
Abdul Latif hereby affirm that I have not

the aid / appliances) form any other agency / source during the last three years, I further
keep it for my bonafide use.

X  Signature / Thumb Impression of the beneficiary X  Witness

For Office Use Only

Name of the beneficiary : Umar sha
Registration No. :
Age / Gender : 10y Male
Address : A. Bad, Gujrat.
Monthly Income : APL-1
Nature of Disability : MR - Severe.
Type of aid given : Att-4.
Signature of the issuing authority : galler
25/10
Revised

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NIMH/Camps/2001/

REGISTRATION FORM

1. Name Rugdalanu Reg No. _____ Age/Gender 16y/F
 2. Address A-20, Shah Alam Park,
Manikonda,
Ahmedabad
 3. Educational Qualification _____ Occupation _____
 4. Income _____ Occupation _____
 5. Father Name Shambhat Wason Patel Education _____ Occupation _____
 6. Mother Name _____ Education _____ Occupation _____
 7. Family monthly Income _____
 8. Category of Disability MR
 9. Diagnosis _____
 10. Disability percentage 50%

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may get age wise kit as per the need)
 a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above

2. Mobility Material: a) Wheel chair () b) Tricycle ()
 c) Crutches () d) Calipers () e) Walker ()
 f) Walking stick () g) Prostheses: (Specify) _____
 h) Any other: (specify) TCM Kit

3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
 c) Any other ()

TCM Kit no. 4

III. Remarks:

Referred By [Signature] District Officer

Coord.
ADIP, Scheme

Referred

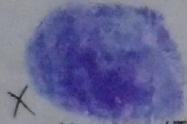
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2016

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Manovikasnagar, Secunderabad

UNDERTAKING

I, Patel Shankhat Hiran Ho Ruzdabani S/o, D/o, V
_____ hereby affirm that I have not obtained
T.M.K.T

the aid / appliances) from any other agency / source during the last three years, I further
keep it for my bonafide use.



X
Signature / Thumb Impression of the beneficiary

X S.T. Patel
Witness

For Office Use Only

Name of the beneficiary :

Ruzda Bani

Registration No. :

Age / Gender :

16y / F

Address :

A-20, Shah Alam Park,
Banjara Club
Ahmedabad.

Monthly Income :

BPL Card

Nature of Disability :

MR 50%

Type of aid given :

T.M.K.T no. 4

Signature of the issuing authority :

[Handwritten signature]

9408/45782

Website : www.nimhindia.org
E-mail: dinimh@hd2.vsnl.net.in

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Manovikas Nagar, Secunderabad - 500 009



NIMH/Camps/2001/

REGISTRATION FORM

1. Name Melomin Reg No. F/12 Age/Gender F/12
2. Address D. S. S. N. V. B. Chowk
Chendalal Taluk Chendalal
Shah Alam - Ahm
3. Educational Qualification..... Occupation.....
4. Income APL-1
5. Father Name Amr Education..... Occupation.....
6. Mother Name Fulkanishet Education..... Occupation.....
7. Family monthly Income.....
8. Category of Disability MR
9. Diagnosis.....
10. Disability percentage 75%

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You need age wise kit as per the need)
- a) 0-5 years () b) 6-10 years () c) 11-14 years d) 15 and above ()

2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Prostheses: (Specify).....
h) Any other: (specify).....

3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
d) Any other ()

III. Remarks:

Kit - 9

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ADIP, Scheme

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Manovikasnagar, Secunderabad

28

UNDERTAKING

I, Ansari Yasmin Mo. Amin hereby affirm that I have not

the aid / appliances) from any other agency / source during the last three years. I further
keep it for my bonafide use.

Signature / Thumb impression of the beneficiary

For Office Use Only

Name of the beneficiary

Ansari Yasmin

Registration No.

Age / Gender

Address

Monthly Income

Nature of Disability

Type of aid given

Signature of the issuing authority

Kif-4

Yasmin
23/6
Ree

03 11 2016

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E-mail: dchindia@pd2.vsnl.net.in

27

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NIMH/Camps/2001/

REGISTRATION FORM

1. Name Fojiya banu Reg No. _____ Age/Gender 15y F
2. Address A-7, Al Zahab Society,
Rasulabad, Shahalim,
Ahmedabad
3. Educational Qualification _____ Occupation _____
4. Income BPL Card
5. Father Name Dilawar Hussain Education _____ Occupation _____
6. Mother Name _____ Education _____ Occupation _____
7. Family monthly Income _____
8. Category of Disability MR
9. Diagnosis _____
10. Disability percentage 50%

II Recommendation of Aids and Appliances.

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You
age wise kit as per the need)
a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()

2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Prosthesis: (Specify) _____
h) Any other: (specify) _____

3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
d) Any other ()

Kit NO - 4

03 11 2016

Remarks

Referred By Guler
237604 District Officer

Revised

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ADIP, Scheme


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(Ministry of Social Justice & Empowerment, Govt. of India)
Manovikasnagar, Secunderabad

UNDERTAKING

I, Dilawar Husen F/o Fojiyabannu Malek 5/2/2016
hereby affirm that I have not
TEM kit

the aid / appliances) from any other agency / source during the last three years. I further
keep it for my bonafide use.


Signature / Thumb impression of the beneficiary

For-Office Use Only

Name of the beneficiary

: Fojiyabannu Malek

Registration No.

:

Age / Gender

:

15y / F

Address

:

A-7, Al Falah Society
Rasulabad,
Shahdol
Ahmedabad

Monthly Income

:

BPL Card

Nature of Disability

:

MR 50%

Type of aid given

:

TEM kit no. 4

Signature of the Issuing authority

:

Gailler
23/6/16

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28

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NIMH/Camps/2001/

REGISTRATION FORM

- I
1. Name Sanku Jayaram Reg No. Age/Gender 22y / Male
 2. Address.....
 - MO. 94088 75758
 3. Educational Qualification..... Occupation.....
 4. Income.....
 5. Father Name..... Education..... Occupation.....
 6. Mother Name..... Education..... Occupation.....
 7. Family monthly Income.....
 8. Category of Disability.....
 9. Diagnosis.....
 10. Disability percentage.....

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may age wise kit as per the need)
 - a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()
2. Mobility Material:
 - a) Wheel chair () b) Tricycle ()
 - c) Crutches () d) Calipers () e) Walker ()
 - f) Walking stick () g) Prostheses: (Specify)
 - h) Any other: (specify).....
3. Visual Impairment:
 - a) Walking Cane () b) Braille slate () b) Tape recorder ()
 - c) Any other ()

III. Remarks:

Kit - 4

Referred By..... District Officer.....

Sanku Jayaram
2/10
Revised

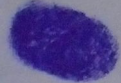
Coord
ADIP, Scheme

03 11 2016

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(Ministry of Social Justice & Empowerment, Govt. of India)
Manovikasnagar, Secunderabad

UNDERTAKING

I, Saumik S/o, D/o, V
hereby affirm that I have not obtained the aid / appliances) from any other agency / source during the last three years, I further
keep it for my bonafide use.

X 
Signature / Thumb Impression of the beneficiary

X Sambaram
Witness

For Office Use Only

Name of the beneficiary : Saumik
Registration No. :
Age / Gender :
Address :
Monthly Income :
Nature of Disability :
Type of aid given : Kit - 9
Signature of the issuing authority : [Signature]

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25

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E-mail: dnimh@hid2.vsnl.net.in

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Manovikas Nagar, Secunderabad - 500 009



NIMH/Camps/2001/

REGISTRATION FORM

1. Name ... Rohan ... Reg No. ... Age/Gender M/17
2. Address ... 03, Gokul Apartment
Vakil Vadi, NR. L.G. Hospital
Maninagar, Ahm
3. Educational Qualification ... Occupation ...
4. Income ... APL-1
5. Father Name ... Chandekun ... Education B.A ... Occupation Job
6. Mother Name ... Geetaben ... Education 10th ... Occupation House wife
7. Family monthly Income ... APL-1
8. Category of Disability ... MR
9. Diagnosis ...
10. Disability percentage ... 90 +

II Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise, you may select age wise kit as per the need)
 - a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above
2. Mobility Material:
 - a) Wheel chair () b) Tricycle ()
 - c) Crutches () d) Calipers () e) Walker ()
 - f) Walking stick () g) Protheses: (Specify)
 - h) Any other: (specify)
3. Visual Impairment:
 - a) Walking Cane () b) Braille slate () c) Tape recorder ()
 - c) Any other ()

03 11 2016

Remarks:

Kit - 4

Referred By [Signature] District Officer

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Manovikasnagar, Secunderabad

UNDERTAKING

I, Hingobeni Perum Chandrababu Sr. D/O
_____ hereby affirm that I have not

the aid / appliances) from any other agency / source during the last three years. I further
keep it for my bonafide use.



Signature / Thumb impression of the beneficiary

Chandrababu
WILDC

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Name of the beneficiary :

Registration No. :

Age / Gender :

Address :

Monthly Income :

Nature of Disability :

Type of aid given :

Signature of the issuing authority :

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Website: www.nimhIndia.org
E-mail: dirnimh@nic.nic.in

29

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Manovikas Nipat, Secunderabad - 500 009

NIMH/Camps/2001/

REGISTRATION FORM

1. Name ... Aman ... Reg No. ... Age/Gender ... 11/M
2. Address ... Saitam ... Pagulapudi ... Abad.
3. Educational Qualification ... Occupation ...
4. Income ...
5. Father Name ... M. M. Mahima ... Education ... Occupation ...
6. Mother Name ... Education ... Occupation ...
7. Family monthly Income ... APL-I
8. Category of Disability ... moderate MR
9. Diagnosis ... MR
10. Disability percentage ... 75%

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise, you may get age wise kit as per the need)
a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()

2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Protheses. (Specify) ...
h) Any other: (specify) ...

3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
d) Any other ()

III. Remarks

Kit 4

Referred By ... Green ... 23/01/16 ... District Officer ...

Revised

Coord.
ADIP, Secant

03 11 2016

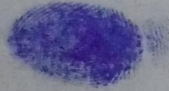
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(Ministry of Social Justice & Empowerment, Govt. of India)
Manovikasnagar, Secunderabad

UNDERTAKING

I, Aman S/o. Manjusha Hanu hereby affirm that I have not

the aid / appliances) from any other agency / source during the last three years. I further
keep it for my bonafide use.



Handwritten signature

Signature / Thumb impression of the beneficiary

For Office Use Only

Name of the beneficiary

Aman

Registration No.

Age / Gender

11/M

Address

Sailem Rajulabud
Abud

Monthly Income

AP2-I

Nature of Disability

moderate MR

Type of aid given

with 4
Aided

Signature of the issuing authority

03 11 2016

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Manovikasagar, Secunderabad

23

UNDERTAKING

I, Makwanee Bhavesh Maheshbhai hereby affirm that I have not

the aid / appliances) from any other agency / source during the last three years. I further
keep it for my bonafide use.



Handwritten signature

Signature / Thumb Impression of the beneficiary

For-Office Use Only

Name of the beneficiary : Makwanee Bhavesh Mahesh
Registration No. :
Age / Gender : 18yrs / male
Address :
Monthly Income :
Nature of Disability :
Type of aid given : Kit - 9
Signature of the issuing authority : Handwritten signature

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E-mail: dirnimh@hd2.vsnl.net.in

Fax



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Manovikas Nagar, Secunderabad - 500 009

NIMH/Camps/2001/

REGISTRATION FORM

1. Name Bhavesht Reg No. Age/Gender M/18
2. Address Ambedkar Vyas
Mr. Koteswara Mandir
Narol - Shahwadi - Ahm
3. Educational Qualification Occupation
4. Income APL-1
5. Father Name Mahesh Education 9th Occupation
6. Mother Name Bhakti Education 8th Occupation Painter job
7. Family monthly Income APL-1
8. Category of Disability MR.T.C.P
9. Diagnosis
10. Disability percentage 80%

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may tick mark for recommended aids and appliances)
a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above

2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Prostheses: (Specify)

3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
c) Any other ()

III. Remarks:

Kit - 4

Referred By [Signature] District Officer

Coord.
ADIP, Scheme

Received

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NIMH/Camps/2001/

REGISTRATION FORM

1. Name Immun Reg No. MO 9924442404 Age/Gender M/17
2. Address 25, Kameshdhobi, ni chali, Yunnam Bank, Bellur, D. Madheshwar Road, Ahon
3. Educational Qualification — Occupation —
4. Income 2800/-
5. Father Name Rusid Khun Education 5th Occupation Worked
6. Mother Name Zayedabbi Education — Occupation Home
7. Family monthly Income 2800/-
8. Category of Disability —
9. Diagnosis —
10. Disability percentage —

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may age wise kit as per the need)

- a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above

2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Prostheses: (Specify) —
h) Any other: (specify) —

3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
c) Any other ()

III. Remarks:

kit-4

Referred By [Signature] District Officer

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ADIP, Scheme

[Signature]

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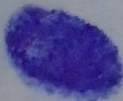
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Manovikasnagar, Secunderabad

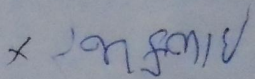
UNDERTAKING

I, Dwaran S/o, D/o, V

_____ hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further undertake to keep it for my bonafide use.

X 
Signature / Thumb Impression of the beneficiary

X 
Witness

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Name of the beneficiary : Dwaran
Registration No. :
Age / Gender : 17 yr / Male
Address :
Monthly Income :
Nature of Disability :
Type of aid given : Kit - 4
Signature of the issuing authority : han

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NIMH/Camps/2001/

REGISTRATION FORM

21

1. Name Salaman Meman Gafar bhai Reg No. — Age/Gender 17 yr / M.
2. Address 29, Thankos Vas, Danilimada, Ahmedabad City
Mo 9714129718 Cellno: —
3. Educational Qualification — Occupation —
4. Income —
5. Father Name Meman Gafar Education — Occupation —
6. Mother Name — Education — Occupation —
7. Family monthly Income B.P.
8. Category of Disability Moderate MR.
9. Diagnosis MR.
10. Disability percentage 75%

II. Recommendation of Aids and Appliances:
(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may get age wise kit as per the need)
a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above

2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Protheses: (Specify)
h) Any other: (specify)

3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
c) Any other ()

III. Remarks:

Received By 23/10 District Officer

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ADIP, Scheme

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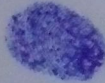
Received


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UNDERTAKING

I, Merran Gafar Sl. No. D/c. V
Salamam Gafar bhai hereby affirm that I have not obtained
T.M.
the aid / appliances) from any other agency / source during the last three years, I further
keep it for my bonafide use.

X 
Signature / Thumb Impression of the beneficiary

X 
Witness

For Office Use Only

Name of the beneficiary : Salamam Gafar bhai
Registration No. : -
Age / Gender : 17 yr / M
Address : 29, Thantkar Vial, Dagnili
Mada, Ahmedbad.
Monthly Income : BPL.
Nature of Disability : Moderate MR
Type of aid given : Fit - 4
Signature of the Issuing authority : Planner
23/10
Revised

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20

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NIMH/Camps/2001/

REGISTRATION FORM

1. Name Vagid Md. Hamid Wajid Reg No. 9724644507 Age/Gender 12 yrs / Male
2. Address.....

- 3. Educational Qualification..... Occupation.....
- 4. Income.....
- 5. Father Name..... Education..... Occupation.....
- 6. Mother Name..... Education..... Occupation.....
- 7. Family monthly Income.....
- 8. Category of Disability.....
- 9. Diagnosis.....
- 10. Disability percentage.....

II. Recommendation of Aids and Appliances:
(Please tick mark for recommended aids and appliances)

- 1. Educational Materials: (Educational materials are available age wise. You may take age wise kit as per the need)
 - a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()
- 2. Mobility Material:
 - a) Wheel chair () b) Tricycle ()
 - c) Crutches () d) Calipers () e) Walker ()
 - f) Walking stick () g) Protheses: (Specify)
 - h) Any other: (specify).....
- 3. Visual Impairment:
 - a) Walking Cane () b) Braille slate () c) Tape recorder ()
 - c) Any other ()

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Remarks:

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Referred By Gaella District Officer.....
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Manovikasnagar, Secunderabad

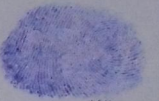
UNDERTAKING

I, Vajid Mo. Huseen Bilagur S/o, D/o, Y

_____ hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further undertake to keep it for my bonafide use.

X  Signature / Thumb Impression of the beneficiary

X  Witness

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Name of the beneficiary :
Registration No. :
Age / Gender :
Address :
Monthly Income :
Nature of Disability :
Type of aid given :
Signature of the issuing authority :

Kit - 4
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23/10/16
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NIMH/Camps/2001/

REGISTRATION FORM

- I 1. Name Arjun Sheela Reg No. Age/Gender 22/F
2. Address Damini Nagar
A. B. Nagar
3. Educational Qualification 9157424317 Occupation
4. Income
5. Father Name P. Jayashankar Education Occupation
6. Mother Name Education Occupation
7. Family monthly Income Rs. 1000
8. Category of Disability moderate MR
9. Diagnosis MR
10. Disability percentage 75%

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may select age wise kit as per the need)
 - a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()
2. Mobility Material:
 - a) Wheel chair () b) Tricycle ()
 - c) Crutches () d) Calipers () e) Walker ()
 - f) Walking stick () g) Prostheses: (Specify)
 - h) Any other: (specify)
3. Visual Impairment:
 - a) Walking Cane () b) Braille slate () c) Tape recorder ()
 - c) Any other ()

III. Remarks:

KIT-4

Referred By hallee District Officer

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ADIP, Scheme

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Manovikasnagar, Secunderabad

UNDERTAKING

I, Jasmin Sheikh S/o, D/o, V
J. Lyes Sheikh hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further undertake to keep it for my bonafide use.

X  Signature / Thumb Impression of the beneficiary

X शिवराज Witness

For-Office Use Only

Name of the beneficiary : Jasmin Sheikh

Registration No. :

Age / Gender : 24/F

Address : Secunderabad
A. bad

Monthly Income : BPL

Nature of Disability : moderate MB

Type of aid given : Kit 4

Signature of the Issuing authority : Jawelleen
23/10/16
Revised

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REGISTRATION FORM

- I. 1. Name Iman Reg No. _____ Age/Gender 12 y/M
2. Address Prakaswathi chera
Ar. Nareeb Bungalow Abmal 577.
9427500701 - 8128936222
3. Educational Qualification _____ Occupation _____
4. Income Imp 192 bhai shanku
5. Father Name Janim Education _____ Occupation _____
6. Mother Name _____ Education _____ Occupation _____
7. Family monthly Income _____
8. Category of Disability m.p. (mentally)
9. Diagnosis m.p.
10. Disability percentage 75%

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may get age wise kit as per the need)
 - a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()

2. Mobility Material:
 - a) Wheel chair () b) Tricycle ()
 - c) Crutches () d) Calipers () e) Walker ()
 - f) Walking stick () g) Prostheses: (Specify) _____
 - h) Any other: (specify) _____

3. Visual Impairment:
 - a) Walking Cane () b) Braille slate () c) Tape recorder ()
 - c) Any other ()

III. Remarks:

kit - 4

Referred By Prasanna 23/10/16 District Officer _____

Coord
ADIP, Scheme

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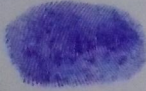
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UNDERTAKING

I, Imman Intirazbhus Musth S/o, D/o, W
Intirazbhus Musth
Man hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further
keep it for my bonafide use.



Signature / Thumb impression of the beneficiary

X Aravala

Witness

For Office Use Only

cell no.

Name of the beneficiary : Imman Intirazbhus Musth
Registration No. :
Age / Gender :
Address : Bakers chennu, Ahmednagar city.
Monthly Income :
Nature of Disability : kit (3) m.d. moderate.
Type of aid given :
Signature of the issuing authority : [Signature] 23/10/16

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MO :- 8128936222
BY

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REGISTRATION FORM

- 51
1. Name Omang Parekh Reg No. Age/Gender 15yr / Male
2. Address.....
.....
3. Educational Qualification..... Occupation.....
4. Income.....
5. Father Name..... Education..... Occupation.....
6. Mother Name..... Education..... Occupation.....
7. Family monthly Income.....
8. Category of Disability.....
9. Diagnosis.....
10. Disability percentage.....

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may get age wise kit as per the need)
a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()
2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Prostheses: (Specify).....
h) Any other: (specify).....
3. Visual Impairment: a) Walking Cane () b) Braille slate () b) Tape recorder ()
c) Any other ()

III. Remarks:

Kit - 4

Referred By [Signature] District Officer.....

Coord
ADIP, Scheme

Received

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 Manovikasnagar, Secunderabad

UNDERTAKING

I, Umang Parekh, S/o, D/o, V
 _____ hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further undertake to keep it for my bonafide use.

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X Smita

Signature / Thumb Impression of the beneficiary

Witness

For-Office Use Only

Name of the beneficiary : Umang Parekh.

Registration No. :

Age / Gender : 15yr / Male

Address :

Monthly Income :

Nature of Disability :

Type of aid given :

Signature of the issuing authority : [Signature]
23/10/10

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NIMH/Camps/2001/

REGISTRATION FORM

I 1. Name Peheema Reg No. Age/Gender 26 / F
2. Address Gate Nam Desalabud
Abud
3. Educational Qualification Occupation
4. Income
5. Father Name Shayfat Hussain Education Occupation
6. Mother Name Education Occupation
7. Family monthly Income BPL
8. Category of Disability MR
9. Diagnosis Moderate MR
10. Disability percentage 75%

II. Recommendation of Aids and Appliances:
(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may get age wise kit as per the need)
a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above

2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Prostheses: (Specify)
h) Any other: (specify)

3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
c) Any other ()

III. Remarks:

kit - 4

Referred By Jalle District Officer.....
23/11

Coord
ADIP, Scheme

Referred

03 11 2016

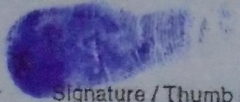
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Manovikasnagar, Secunderabad

UNDERTAKING

I, S haykat Hussain S/o, D
Behnuma hereby affirm that I have not
TLN

the aid / appliances) from any other agency / source during the last three years, I further
keep it for my bonafide use.

Idr
9422044125



Signature / Thumb Impression of the beneficiary

x S.Y. Patel

Witness

For Office Use Only

Name of the beneficiary : Behnuma
Registration No. : -
Age / Gender : 26/F
Address : Sahelam Rajaluband
Abad
Monthly Income : BPL
Nature of Disability : Moderate MR
Type of aid given : Kit-4
Signature of the issuing authority : [Signature]
23/10/16
Reema
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REGISTRATION FORM

1. Name Ajay Reg No.
2. Address Aspalax Society, Age/Gender 23y/M
Vaha Park,
Ahmedabad
3. Educational Qualification Occupation
4. Income APL
5. Father Name Suresh Das Education Occupation
6. Mother Name Education Occupation
7. Family monthly Income
8. Category of Disability M.R.
9. Diagnosis
10. Disability percentage 75%

II. Recommendation of Aids and Appliances:
(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may get age wise kit as per the need)
 - a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()
2. Mobility Material:
 - a) Wheel chair () b) Tricycle ()
 - c) Crutches () d) Calipers () e) Walker ()
 - f) Walking stick () g) Prosthesis: (Specify)
 - h) Any other: (specify)
3. Visual Impairment:
 - a) Walking Cane () b) Braille slate () c) Tape recorder ()
 - c) Any other ()

CIT no. 4

III. Remarks:

Referred By: [Signature] District Officer

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[Signature]

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UNDERTAKING

I, Suresh bhai Vyas F/o Ajay S/o, D/o, Y
TCM KIT hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further undertake to keep it for my bonafide use.

X 

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X J.S. Vyas.

Signature / Thumb Impression of the beneficiary

Witness

For Office Use Only

Name of the beneficiary : Ajay
Registration No. :
Age / Gender : 23 y / M
Address : Agopalav Society,
Vaha Daskroi
Ahmedabad.
Monthly Income : APL-I
Nature of Disability : MR 75%
Type of aid given : TCM KIT no. 7
Signature of the Issuing authority : Queen
23/11/16
Queen

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REGISTRATION FORM

- 48
1. Name Hitegh bai Reg No. Age/Gender 35 F
2. Address
3. Educational Qualification..... Occupation.....
4. Income.....
5. Father Name mulibai Education..... Occupation.....
6. Mother Name..... Education..... Occupation.....
7. Family monthly Income.....
8. Category of Disability.....
9. Diagnosis.....
10. Disability percentage.....

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may get age wise kit as per the need)
- a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()
2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Prostheses: (Specify)
- h) Any other: (specify).....
3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
c) Any other ()

Remarks:

Kit - 35
4

03 11 2016

Referred By [Signature] District Officer.....

Coord
ADIP, Scheme

Revised

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(Ministry of Social Justice & Empowerment, Govt. of India)
Manovikasnagar, Secunderabad

UNDERTAKING

I, Solankei Alitash S/o, D/o, V

_____ hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further
keep it for my bonafide use.

X 

1/2
97220LH/35

సంయుక్తం గా
X లింగం

Signature / Thumb Impression of the beneficiary

Witness

For-Office Use Only

Name of the beneficiary : Solankei Alitash
Registration No. :
Age / Gender : 26y / Male
Address :
Monthly Income :
Nature of Disability : MR
Type of aid given : RIL - 4
Signature of the issuing authority : [Signature]
28/

03 11 2016



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Website : www.nimhindia.org
E-mail: dirnimh@hd2.vsnl.net.in

Fax : 040-7750198

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Manovikas Nagar, Secunderabad - 500 009



NIMH/Camps/2001/

REGISTRATION FORM

- 1. Name Sayyad Md. Anwar Reg No. _____ Age/Gender m/127
- 2. Address g.o. Almadina Nagar, Nizami, Ahmednagar
- 3. Educational Qualification _____ Occupation _____
- 4. Income _____
- 5. Father Name Syed. Johayy Al-H. Education _____ Occupation _____
- 6. Mother Name _____ Education _____ Occupation _____
- 7. Family monthly Income _____
- 8. Category of Disability M.R.
- 9. Diagnosis Moderate M.R.
- 10. Disability percentage 75%

II. Recommendation of Aids and Appliances:
(Please tick mark for recommended aids and appliances)

- 1. Educational Materials: (Educational materials are available age wise. You may get age wise kit as per the need)
 - a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()
- 2. Mobility Material:
 - a) Wheel chair () b) Tricycle ()
 - c) Crutches () d) Calipers () e) Walker ()
 - f) Walking stick () g) Prosthesis: (Specify) _____
 - h) Any other: (specify) _____
- 3. Visual Impairment:
 - a) Walking Cane () b) Braille slate () c) Tape recorder ()
 - c) Any other ()

III. Remarks:

Kit (9)

Referred By Farrell 23/10 District Officer

Coord ADIP, Scheme

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Manovikasnagar, Secunderabad

UNDERTAKING

I, Sayeed Md. Arkan. S/o, D/o, V
Sayeed Sokeet Ali hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further undertake to keep it for my bonafide use.

12
9722044135



Signature / Thumb Impression of the beneficiary



Witness

For-Office Use Only

Name of the beneficiary : Sayeed Md. Arkan.
Registration No. :
Age / Gender : M / 12
Address : vatave,
Ahmednagar 4.
Monthly Income :
Nature of Disability : MA.
Type of aid given : Kit 4 (9)
Signature of the Issuing authority : Galle
23/10/12
Received

03 11 2016

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E-mail: dirnimh@hd2.vsnl.net.in

Fax : 040-7750198

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NIMH/Camps/2001/

REGISTRATION FORM

I. 1. Name Achalya banu Reg No. _____ Age/Gender 22y/F
2. Address 2890 Kalyan Nagar, gate no. 13, Vada, Ahmedabad
3. Educational Qualification _____ Occupation _____
4. Income APL-2 Card
5. Father Name Mohd Yousuf Education _____ Occupation _____
6. Mother Name _____ Education _____ Occupation _____
7. Family monthly Income _____
8. Category of Disability MR
9. Diagnosis _____
10. Disability percentage 90%

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may get age wise kit as per the need)
a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above

2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Protheses: (Specify) _____
h) Any other: (specify) T.C.M. Kit

3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
c) Any other ()

III. Remarks:

T.C.M. Kit no. 4

Referred By: [Signature] District Officer

Reward

Coord.
ADIP, Scheme

03 11 2016



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 Manovikasnagar, Secunderabad

W6

UNDERTAKING

I, Ashafiya banu D/o Mohd Yunush S/o, D/o, Y


_____ hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further

keep it for my bonafide use.

TCM kit

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9722044125

X  Signature / Thumb impression of the beneficiary

X Zussung Witness

For-Office Use Only

Name of the beneficiary : Ashafiya banu
 Registration No. :
 Age / Gender : 40 y / F
 Address : 284, Kutubnagar
 gali no. 13
 Vatra, Ahmedabad
 Monthly Income : APL - I Card.
 Nature of Disability : MR 90%
 Type of aid given : TCM kit no. 4
 Signature of the issuing authority : galle
 23/6
 Received

03 11 2016

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E-mail: dirnimh@hd2.vsnl.net.in

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Manovikas Nagar, Secunderabad - 500 009

Fax :



NIMH/Camps/2001/

REGISTRATION FORM

- 1. Name *Fuzil* Reg No. Age/Gender *16/M*
- 2. Address *India colony
Basel market Melaj Abad*
- 3. Educational Qualification..... Occupation.....
- 4. Income.....
- 5. Father Name *Shahid* Education..... Occupation.....
- 6. Mother Name..... Education..... Occupation.....
- 7. Family monthly Income.....
- 8. Category of Disability *Ap-I*
- 9. Diagnosis *moderate MR*
- 10. Disability percentage *MR 75%*

ii. Recommendation of Aids and Appliances:

- (Please tick mark for recommended aids and appliances)
- 1. Educational Materials: (Educational materials are available age wise. You may get age wise kit as per the need)
a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()
 - 2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Prostheses: (Specify)
 - h) Any other: (specify).....
 - 3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
c) Any other ()

03 11 2016

Remarks:

14/4

Approved By *[Signature]* District Officer.....

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Manovikasnagar, Secunderabad

45

UNDERTAKING

I, Fazil Bhai S/o. Bhai
Shahid Bhai hereby affirm that I have

the aid / appliances) from any other agency / source during the last three years. I further
keep it for my bonafide use.

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97220 44125



Signature / Thumb impression of the beneficiary

शहीद

Witness

For Office Use Only

Name of the beneficiary : Fazil Bhai
Registration No. :
Age / Gender : 16 / M
Address : 6 Indira Colony
Befata market, Mesof
A. Bad
Monthly Income :
Nature of Disability : Moderate MR
Type of aid given : PAF
Signature of the issuing authority : Shahid Bhai
22/10/2016

03 11 2016



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E-mail: dirnimh@hd2.vsnl.net.in

Fax : 040-7750198

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Manovikas Nagar, Secunderabad - 500 009



NIMH/Camps/2001/

REGISTRATION FORM

1. Name Azeuhdinniya Reg No. _____ Age/Gender 24y/M
2. Address 929, Kutubnagar
Gali no 2, Vafra
Secunderabad
3. Educational Qualification _____ Occupation _____
4. Income APL-2
5. Father Name ABBAS HAI MALIK Education _____ Occupation _____
6. Mother Name _____ Education _____ Occupation _____
7. Family monthly Income APL-2 Card
8. Category of Disability M.R
9. Diagnosis _____
10. Disability percentage 75%

II. Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may have an age wise kit as per the need)
 - a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above
2. Mobility Material:
 - a) Wheel chair () b) Tricycle ()
 - c) Crutches () d) Calipers () e) Walker ()
 - f) Walking stick () g) Prostheses: (Specify) _____
 - h) Any other: (specify) TLM, C.I.T
3. Visual Impairment:
 - a) Walking Cane () b) Braille slate () c) Tape recorder ()
 - c) Any other ()

III. Remarks:

Kit no. 4

Referred By: [Signature] District Officer, _____

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Manovikasnagar, Secunderabad

UNDERTAKING

I, Azshuddinmiya S/o Abbasbhai Malek S/o, D/o, V
hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further
keep it for my bonafide use.



Signature / Thumb Impression of the beneficiary

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9722044125
x 0225/101

Witness

For Office Use Only

Name of the beneficiary : Azshuddinmiya
Registration No. :
Age / Gender : 24 y / M
Address : 999 Kutub Nagar
Gali No. 2
Vakra, Ahmedabad
Monthly Income : APL-2 card
Nature of Disability : MR 75%
Type of aid given : J.M. kit no. 4
Signature of the issuing authority : hallee
23/10/16

Received

03 11 2016

Website : www.nimhindia.org
E-mail: dirnimh@hd2.vsnl.net.in

Fax : 040-7750198

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Manovikas Nagar, Secunderabad - 500 009



NIMH/Camps/2001/

REGISTRATION FORM

1. Name mehein Reg No. _____ Age/Gender 17/F
2. Address 3- pipalay soci mandia mayid
Daltmabud N bad
3. Educational Qualification _____ Occupation _____
4. Income _____
5. Father Name J. S. S. S. Education _____ Occupation _____
6. Mother Name _____ Education _____ Occupation _____
7. Family monthly Income _____
8. Category of Disability MR
9. Diagnosis mild MR
10. Disability percentage 50%

II. Recommendation of Aids and Appliances:
(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may select age wise kit as per the need)
a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above ()

2. Mobility Material: a) Wheel chair () b) Tricycle ()
c) Crutches () d) Calipers () e) Walker ()
f) Walking stick () g) Prostheses: (Specify) _____
h) Any other: (specify) _____

3. Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
c) Any other ()

Remarks:

Kit - 4

Referred By Queller District Officer _____
23/01

Coord
ADIP, Scheme

Received

03 11 2016

Website: www.nimhIndia.org
E-mail: dunnimh@bbs.ymail.net.in

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Manovikas Nagar, Secunderabad - 506 002

NIMH/Camps/2001/

REGISTRATION FORM

1. Name Mindkshi Reg No. _____ Age/Gender F/17
2. Address 763, Indira Nagar - 1
Lambhel - Ahmedabad
9428999795
3. Educational Qualification _____ Occupation _____
4. Income - 3000/- per month
5. Father Name 8 sh Education Utkal bhuil Occupation Company work
6. Mother Name 2 sh Education Home Occupation Home work
7. Family monthly Income - 3000/- ASHA
8. Category of Disability M.R. = CP
9. Diagnosis MR
10. Disability percentage 75%

ii Recommendation of Aids and Appliances:

(Please tick mark for recommended aids and appliances)

1. Educational Materials: (Educational materials are available age wise. You may select one age wise kit as per the need)
 - a) 0-5 years () b) 6-10 years () c) 11-14 years () d) 15 and above
2. Mobility Material:
 - a) Wheel chair () b) Tricycle ()
 - c) Crutches () d) Calipers () e) Walker ()
 - f) Walking stick () g) Prostheses: (Specify) _____
 - h) Any other: (specify) _____

- Visual Impairment: a) Walking Cane () b) Braille slate () c) Tape recorder ()
d) Any other ()

03
11
2016

Remarks:

kit - 4

Approved By: Jaleel District Officer

23/11

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Coord.
ADIP, Sec

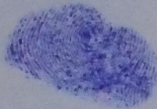


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 Manovikasnagar, Secunderabad

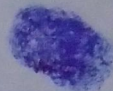
UNDERTAKING

I, Yttambhai Patil S/o, D/o, V
Patil Meenaxi hereby affirm that I have not obtained

the aid / appliances) from any other agency / source during the last three years, I further undertake to keep it for my bonafide use.



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9722044125
 X



X
 Signature / Thumb impression of the beneficiary

For Office Use Only

Name of the beneficiary Patil Meenaxi Yttambhai

Registration No.

Age / Gender 15 years / Female

Address 763, Indiranagar Part 1,
 Lambhai, Ahmedabad, Contact NO. 8128241197

Monthly Income 7000/-

Nature of Disability M-R + C.P.

Type of aid given M.R. Kit - 4

Signature of the issuing authority
Speller
23/11
Revised

03 11 2016