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issued 19/9

National Institute for the Mentally Handicapped, Secunderaba



(Ministry of Social Justice & Empowerment, Govt of India)  
Manovikas Nagar, Secunderabad - 500009, AP, India  
Phone (040-27751741-45, Fax: 040-27750198  
(An ISO Certified Institution)



REGISTRATION FORM

- 1 Name Vasave Nagar Reg No \_\_\_\_\_ Age/Sex M/15
- 2 Address AT - Bharsali Tal - Bharsali Dist - Bharsali
- 3 Educational Qualification \_\_\_\_\_ Occupation Student
- 4 Income 28000/- per year
- 5 Caste (SC/ST/OBC) ST
- 6 Father Name Mahubhai Education \_\_\_\_\_ Occupation Service
- 7 Mother Name Meemba Education \_\_\_\_\_ Occupation H.W
- 8 Family monthly income 2400/- per month
- 9 Category of handicapped MR
- 10 Diagnosis mild mental Retardation
- 11 Disability percentage 50%

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

- 1 Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14 15-18 & above)
- 2 Wheelchair ( )
- 3 Tricycle ( )
- 4 Splint ( )
- 5 Crutches ( )
- 6 Canes ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

Kit - 3

III. Remarks

- Documents enclosed
- 1 Two Photographs - Passport size
  - 2 Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc.)
  - 3 Income Certificate (Issued from Revenue Department only/(MRO))
  - 4 Disability Certificate (40% and above - mandatory)

Recorded by *[Signature]*

Controlled by *[Signature]*

National Institute for the Mentally Handicapped  
(EXTENSION PROGRAMME)

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



UNDERTAKING

I, Vasava Mayya Nuthubani S/o, D/o, W/o,  
hereby affirm that I have not obtained  
TLM (description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use.

Vasava Mahesh S.  
IED. RT  
95/2018024 MSV  
Signature / Thumb impression of the beneficiary

Witness

For Office Use Only

Name of the beneficiary: Vasava Mayya Nuthubani  
Registration No.  
Age / Gender: Male - 15  
Address: Bhadrala post - Bhadrachalam  
Tal - Bhadrachalam Dist - Bhadrachalam  
Monthly Income: 2400/-  
Nature of Disability: MR: Mild  
Type of aid given: Art - 3  
Signature of the issuing authority

Received  
24

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REGISTRATION FORM

- 1 Name Purnima Ketan Reg No \_\_\_\_\_ Age/Sex M/15
- 2 Address At - Pol - Nuvaborsbhetla  
Tal - Anaparthi Dist - Bhadrachalam
- 3 Educational Qualification \_\_\_\_\_ Occupation Student
- 4 Income 28000/- per year
- 5 Caste (SC/ST/OBC) SC
- 6 Father Name Chaturbhat Education \_\_\_\_\_ Occupation Service
- 7 Mother Name Jayabai Education \_\_\_\_\_ Occupation HW
- 8 Family monthly income 2400/-
- 9 Category of handicapped MR
- 10 Diagnosis Mild mental Retardation
- 11 Disability percentage \_\_\_\_\_

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

- 1 Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10-years, 11-14 15-18 & above)
  - 2 Wheelchair ( )
  - 3 Tricycle ( )
  - 4 Splint ( )
  - 5 Crutches ( )
  - 6 Canes ( )
  - 7 Walker ( )
  - 8 Walking Stick ( )
  - 9 Walking Cane ( )
  - 10 Hearing Aids ( )
  - 11 Any other (specify) ( )
- Kit - 4

III. Remarks

- Documents enclosed
- 1 Two Photographs - Passport size
  - 2 Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID-Card etc)
  - 3 Income Certificate (Issued from Revenue Department only/MRO)
  - 4 Disability Certificate (40% and above - mandatory)

Interviewed by [Signature]

Countersignature [Signature]

National Institute for the Mentally Handicapped  
(EXTENSION PROGRAMME)

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



**UNDERTAKING**

I, Parman Ketan S/o, D/o, W/o,  
Parman Chaturbhai hereby affirm that I have not obtained  
\_\_\_\_\_ (description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use,

Parman Ketan  
Signature / Thumb impression of the beneficiary  
CSA Ketan

[Signature]  
Witness

**For Office Use Only**

Name of the beneficiary Parman Ketan Chaturbhai

Registration No. \_\_\_\_\_

Age / Gender Male

Address Bhadrachalam Dist - Bhadrachalam

Monthly Income 2400/-  
Nature of Disability MR - Mild  
Type of aid given Kit - 4

Signature of the issuing authority

Received

[Signature]

Issued 19/9

(3)

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Manovikas Nagar, Secunderabad - 500009, AP, India  
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REGISTRATION FORM

- 1 Name Raymond Sangeetha Reg No \_\_\_\_\_ Age/Sex F / 13Y/F
- 2 Address AT Post - Andada, Anantapur
- 3 Educational Qualification 5<sup>th</sup> Occupation Student
- 4 Income 28000/-
- 5 Caste (SC/ST/OBC) OBC
- 6 Father Name Asvinibhai Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name Savitri Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8 Family monthly income 28000/- per year
- 9 Category of handicapped MR
- 10 Diagnosis mild MR
- 11 Disability percentage 50%

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

- 1 Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)
- 2 Wheelchair ( )
- 3 Tricycle ( )
- 4 Splint ( )
- 5 Crutches ( )
- 6 Canes ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

TLM-K-4

III. Remarks

- Documents enclosed:
- 1 Two Photographs - Passport size
  - 2 Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  - 3 Income Certificate (Issued from Revenue Department only/(MRO))
  - 4 Disability Certificate (40% and above - mandatory)

Received by

Queen

Coord. by

[Signature]

National Institute for the Mentally Handicapped  
(EXTENSION PROGRAMME)

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



**UNDERTAKING**

I, Rajput Sangeeta Arvind S/o, D/o, W/o,

hereby affirm that I have not obtained

TLM

(description of

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

keep it for my bonafide use.

Nusery School S-  
IED - RT  
95/2018018

MSV

Signature / Thumb impression of the beneficiary

Witness

SSA Teacher

**For Office Use Only**

Name of the beneficiary

Rajput Sangeeta Arvind

Registration No.

Age / Gender

13 years / F

Address

AT Post - Andady  
Tal - Ankleshwar Dist - Bharuch

Monthly Income

28000/- per year

Nature of Disability

mild mental retardation

Type of aid given

Kit - 4

Signature of the issuing authority

Beena

[Signature]

Issued 19/19

4



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REGISTRATION FORM

- I. 1 Name Pooja Anitha Reg No \_\_\_\_\_ Age/Sex F 11
- 2 Address AT. Bhairuch  
Tp. Bhairuch Dist - Bhairuch
- 3 Educational Qualification \_\_\_\_\_ Occupation Student
- 4 Income 39000/- per year
- 5 Caste (SC/ST/OBC) OBC
- 6 Father Name Nathubhai Education \_\_\_\_\_ Occupation Service
- 7 Mother Name Nituben Education \_\_\_\_\_ Occupation H.W
- 8 Family monthly income 2500/- per month
- 9 Category of handicapped MR
- 10 Diagnosis Mild mental Retardation
- 11 Disability percentage 50+

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

- I. Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14 15-18 & above)
- 2 Wheelchair ( )
- 3 Tricycle ( )
- 4 Splint ( )
- 5 Crutches ( )
- 6 Camper ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

Kit - 2

III. Remarks

- Documents enclosed:
- 1 Two Photographs - Passport size
  - 2 Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  - 3 Income Certificate (Issued from Revenue Department/ Taluqa (MRO))
  - 4 Disability Certificate (40% and above - mandatory)

Interviewed by

gan

K. J. Patel

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Manovikasnagar, Secunderabad



**UNDERTAKING**

Patel Azeeta Nathabhai

S/o, D/o, W/o,

hereby affirm that I have not obtained

TLM

(description of

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

Patel Kizam Ji  
IED. RT  
95/2018023

Signature / Thumb impression of the beneficiary

Witness

K.J. Patel

**For Office Use Only**

Name of the beneficiary Patel Azeeta Nathabhai

Registration No.

Age / Gender Female - 10

Address Bheerach : post - Bheerach

in Bheerach Dist - Bheerach

Monthly Income 2500/-

Nature of Disability MR - mild

Type of aid given

Kit - 103

Signature of the issuing authority

Received  
K.J. Patel  
95/2018023



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(3)



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REGISTRATION FORM

- 1 Name Padmasri Reg No \_\_\_\_\_ Age/Sex M/8
- 2 Address ATP's - Sarungpur, Tal - Ambleshera  
Dist - Bhadrachalam
- 3 Educational Qualification \_\_\_\_\_ Occupation Student
- 4 Income 26000/-
- 5 Caste (SC/ST/OBC) SC
- 6 Father Name Bhagubheer Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name Manshibe Education \_\_\_\_\_ Occupation H.W
- 8 Family monthly income 22000/-
- 9 Category of handicapped MR
- 10 Diagnosis Severe mental retardation
- 11 Disability percentage 90%

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

- 1 Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)
- 2 Wheelchair ( )
- 3 Tricycle ( )
- 4 Splint ( )
- 5 Crutches ( )
- 6 Camper ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

Kit-2

III. Remarks

- Documents enclosed:
- 1 Two Photographs - Passport size
  - 2 Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  - 3 Income Certificate (Issued from Revenue Department/ MRO)
  - 4 Disability Certificate (40% and above - mandatory)

Entered by [Signature]

Checked by [Signature]

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



**UNDERTAKING**

I, Parmanu Prins Bhagubhai S/o, D/o, W/o,

hereby affirm that I have not obtained

TLM

(description of

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

Nusaqa Mehel S.  
IED. RT

95/20/8027

MSV

Signature / Thumb impression of the beneficiary

MSV

Witness

SSA Teelcher

**For Office Use Only**

Name of the beneficiary

Parmanu Prins Bhagubhai

Registration No.

Age / Gender

Male / 8 years

Address

Sadungpur Ta - Ankhesher  
Dist - Bhadrachal

Monthly Income

2200 / -

Nature of Disability

Severely mented Retardation

Type of aid given

Kit - 2

received

Signature of the issuing authority

x

95/20/8027

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(76)

REGISTRATION FORM

1. Name **Tejash** Reg No \_\_\_\_\_ Age/Sex **14/M**
2. Address **Bharzuch**
3. Educational Qualification **Psi** Occupation **Students.**
4. Income **28,000 / Per year.**
5. Caste (SC/ST/OBC) \_\_\_\_\_
6. Father Name **Memish** Education \_\_\_\_\_ Occupation \_\_\_\_\_
7. Mother Name **Teenu** Education \_\_\_\_\_ Occupation **house wife.**
8. Family monthly income **28,000 /.**
9. Category of handicapped **MR.**
10. Diagnosis **mild MR.**
11. Disability percentage \_\_\_\_\_

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

1. Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14 15-18 & above)
2. Wheelchair ( )
3. Tricycle ( )
4. Splint ( )
5. Crutches ( )
6. Camper ( )
7. Walker ( )
8. Walking Stick ( )
9. Walking Cane ( )
10. Hearing Aids ( )
11. Any other (specify) ( )

Kit - 3

III. Remarks

- Documents enclosed
1. Two Photographs - Passport size
  2. Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  3. Income Certificate (Issued from Revenue Department/ MRO)
  4. Disability Certificate (40% and above - mandatory)

Interviewed by *[Signature]*

Coordinator *[Signature: K.J. Patel]*

National Institute for the Mentally Handicapped  
(EXTENSION PROGRAMME)

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



UNDERTAKING

I, Tejas S/o, D/o, W/o,  
Mamish Patel hereby affirm that I have not obtained  
TLM (description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use,

Patel Kishor J.  
SSA. Bheeruch.  
Signature / Thumb impression of the beneficiary

K. J. Patel  
Witness

For Office Use Only

Name of the beneficiary Tejash Mamish Patel  
Registration No.  
Age / Gender 14 years / m  
Address Bheeruch.  
Monthly Income 28,000 p. year.  
Nature of Disability MR. — MLD  
Type of aid given Kit - 3  
Signature of the issuing authority

Received.  
K. J. Patel

Issued  
19/9

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7

REGISTRATION FORM

- 1 Name Poojaben Nanubhai Rathod 14 yrs. Reg No \_\_\_\_\_ Age/Sex F
- 2 Address Bhadracharya Ta. Chazayasi 7622055108  
Dist: SURAT
- 3 Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
- 4 Income \_\_\_\_\_
- 5 Caste (SC/ST/OBC) ST
- 6 Father Name Nanubhai Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8 Family monthly income ~~20,000/-~~ 1700/- (20,000/- per annum.)
9. Category of handicapped Mild MR
- 10 Diagnosis MR
- 11 Disability percentage 50%

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

- 1 Educational Materials  (Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)
  - 2 Wheelchair ( )
  - 3 Tricycle ( )
  - 4 Splint ( )
  - 5 Crutches ( )
  - 6 Crutches ( ) R-4
  - 7 Walker ( )
  - 8 Walking Stick ( )
  - 9 Walking Cane ( )
  - 10 Hearing Aids ( )
  - 11 Any other (specify) ( )
- 12 and above  
12-18.  
Kit 4.

III. Remarks

- Documents enclosed:
- 1  Two Photographs - Passport size
  - 2  Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  - 3  Income Certificate (Issued from Revenue Department only/MRO)
  - 4  Disability Certificate (40% and above - mandatory)

Received by \_\_\_\_\_

Coordinator \_\_\_\_\_

National Institute for the Mentally Handicapped  
(EXTENSION PROGRAMME)

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



**UNDERTAKING**

I, Poojaben Manubhai Rathod, S/o, D/o, W/o,  
Nanubhai Rathod, hereby affirm that I have not obtained  
JLM, (description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use,

[Signature] mo: 8140182919  
Signature / Thumb impression of the beneficiary  
JED BRP

[Signature]  
Witness

**For Office Use Only**

Name of the beneficiary : Poojaben  
Registration No. :  
Age / Gender : 16 / Female  
Address : Bherthema, 50 chorvasi  
Dist: SURAT  
Monthly Income : 1700/- . 20,000/- per annum  
Nature of Disability : M.R.  
Type of aid given : T-L.M. Kit 4.  
Signature of the issuing authority

Received  
[Signature]

Issued.  
19.9.

8

National Institute for the Mentally Handicapped, Secunderabad



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REGISTRATION FORM

- 1 Name Vasava Vinay Reg No \_\_\_\_\_ Age/Sex M/10
- 2 Address AT - Ampulputu past - School (2 yr) Mah
- 3 Educational Qualification 8<sup>th</sup> Occupation Student
- 4 Income 2000/-
- 5 Caste (SC/ST/OBC) ST
- 6 Father Name Satishbhai Education \_\_\_\_\_ Occupation Agriculture
- 7 Mother Name Geetabai Education \_\_\_\_\_ Occupation Housewife
- 8 Family monthly income 2500/- per month
- 9 Category of handicapped \_\_\_\_\_
- 10 Diagnosis Mild mental Retardation
- 11 Disability percentage 50%

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

1 Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)

- 2 Wheelchair ( )
- 3 Tricycle ( )
- 4 Splint ( )
- 5 Crutches ( )
- 6 Canpe ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

TLM-K-4 [Signature]

III. Remarks

- Documents enclosed:
- 1 Two Photographs - Passport size
  - 2 Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  - 3 Income Certificate (Issued from Revenue Department only (MRO))
  - 4 Disability Certificate (40% and above - mandatory)

Refered by

[Signature]

Co-ordinator

[Signature]

National Institute for the Mentally Handicapped  
(EXTENSION PROGRAMME)

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



UNDERTAKING

I, Vasava Vinay S/o, D/o, W/o,  
Vasava Satishbhai hereby affirm that I have not obtained  
\_\_\_\_\_ (description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use.

9512018018

Rajendra Kumar  
Signature / Thumb impression of the beneficiary

[Signature]

Witness

SA Teela

For Office Use Only

Name of the beneficiary Vasava Vinay Satishbhai.

Registration No.

Age / Gender

Male - 10 years

Address

Amrutpuzi Ankleshwar  
Bharat

Monthly Income

2500/-

Nature of Disability

MR

Type of aid given

kit - 4

Received.

Signature of the issuing authority

[Signature]

9898202602



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19.9.

National Institute for the Mentally Handicapped, Secunderabad



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9

REGISTRATION FORM

1. Name Vasava Siddhesh Reg No \_\_\_\_\_ Age/Sex Male
2. Address Amrutpudi 9 years
- Ta - Ankleshwar Dist - Bhadrachalam
3. Educational Qualification \_\_\_\_\_ Occupation Students
4. Income 25000/-
5. Caste (SC/ST/OBC) \_\_\_\_\_
6. Father Name Chamkhi Education \_\_\_\_\_ Occupation Labour
7. Mother Name Niluber Education \_\_\_\_\_ Occupation H.W
8. Family monthly income 2000/-
9. Category of handicapped MR
10. Diagnosis Mild mental retardation
11. Disability percentage 50%

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

1. Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14 15-18 & above)
2. Wheelchair ( )
3. Tricycle ( )
4. Spint ( )
5. Crutches ( )
6. Carpet ( )
7. Walker ( )
8. Walking Stick ( )
9. Walking Cane ( )
10. Hearing Aids ( )
11. Any other (specify) ( )

Kit - 2

III. Remarks

- Documents enclosed:
1. Two Photographs - Passport size
  2. Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  3. Income Certificate (Issued from Revenue Department)
  4. MRO (Mentally Retarded Only) (MRO)
  5. Disability Certificate (40% and above - mandatory)

Received by: [Signature]

Co-ordinator: [Signature]

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



**UNDERTAKING**

I, Vasava Siddharth S/o, D/o, W/o,  
Vasava Champakbhai, hereby affirm that I have not obtained  
(description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use.

Rajendra Kumar  
Signature / Thumb impression of the beneficiary

[Signature]  
Witness

**For Office Use Only**

Name of the beneficiary Vasava Siddharth Champakbhai  
Registration No.  
Age / Gender Male - 9 years / m  
Address Amruthpuda Ta - Ankleshwar  
Dist - Bharuch  
Monthly Income 2200/-  
Nature of Disability MR - mild  
Type of aid given Kit -  
Signature of the issuing authority

[Signature]  
23/20/8024

Issued  
19/9

National Institute for the Mentally Handicapped, Secunderabad



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REGISTRATION FORM

(10)

1. Name Bhojak Belshe Reg No \_\_\_\_\_ Age/Sex 10y Female
2. Address Bharsani Dist - Bharsani
3. Educational Qualification \_\_\_\_\_ Occupation student
4. Income 30,000/-
5. Caste (SC/S1/OBC) OBC
6. Father Name Jayeshbha Education \_\_\_\_\_ Occupation \_\_\_\_\_
7. Mother Name Nitaben Education \_\_\_\_\_ Occupation \_\_\_\_\_
8. Family monthly income 25,000/-
9. Category of handicapped MR
10. Diagnosis mild mental Retardation
11. Disability percentage 50%

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

1. Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)
2. Wheelchair ( )
3. Tricycle ( )
4. Splint ( )
5. Crutches ( )
6. Camper ( )
7. Walker ( )
8. Walking Stick ( )
9. Walking Cane ( )
10. Hearing Aids ( )
11. Any other (specify) ( )

K-J. P. Reddy

III. Remarks

- Documents enclosed:
1. Two Photographs - Passport size
  2. Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  3. Income Certificate (Issued from Revenue Department only/MRO)
  4. Disability Certificate (40% and above - mandatory)

Interviewed by [Signature]

Counted by K-J. P. Reddy  
8512018026

National Institute for the Mentally Handicapped  
(EXTENSION PROGRAMME)

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



UNDERTAKING

I, Bhojale Preksha S/o, D/o, W/o,  
Bhojale Jayashilpa hereby affirm that I have not obtained  
(description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use,

IED-RT  
9512018026  
Preksha  
Signature / Thumb impression of the beneficiary  
S.S.A Teacher

[Signature]  
Witness

For Office Use Only

Name of the beneficiary Bhojale Preksha Jayashilpa  
Registration No. \_\_\_\_\_  
Age / Gender Female 10 years  
Address Bhadrala - District - Bhadrachalam  
Monthly Income 2500/-  
Nature of Disability MR - mild  
Type of aid given Art - 2  
Signature of the issuing authority

[Signature]  
9512018026

Issued  
19/9

National Institute for the Mentally Handicapped, Secunderabad



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REGISTRATION FORM

11

1. Name Patel Dhani - Reg No \_\_\_\_\_ Age/Sex 10 Female
2. Address Sutha  
Bhurulu, Dhuntuzira
3. Educational Qualification \_\_\_\_\_ Occupation Student
4. Income 30,000/-
5. Caste (SC/ST/OBC) OBC
6. Father Name Habesh Education \_\_\_\_\_ Occupation \_\_\_\_\_
7. Mother Name Chamy Education \_\_\_\_\_ Occupation \_\_\_\_\_
8. Family monthly income 2500/-
9. Category of handicapped MR
10. Diagnosis Mild mental Retardation
11. Disability percentage 50%

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

1. Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14 15-18 & above)
2. Wheelchair ( )
3. Tricycle ( )
4. Splint ( )
5. Crutches ( )
6. Cane ( )
7. Walker ( )
8. Walking Stick ( )
9. Walking Cane ( )
10. Hearing Aids ( )
11. Any other (specify) ( )

Kit - 2

III. Remarks

- Documents enclosed:
1. Two Photographs - Passport size
  2. Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  3. Income Certificate (Issued from Revenue Department only/MRO)
  4. Disability Certificate (40% and above - mandatory)

Received by [Signature]

Coordinator

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



**UNDERTAKING**

Patel Dharmistha Hareshbhai S/o, D/o, W/o,  
hereby affirm that I have not obtained  
(description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use.

Patel K. J.  
JEP. RT

95/20/8028

K.J. Patel

Signature / Thumb impression of the beneficiary

SSA Teacher

Witness

**For Office Use Only**

Name of the beneficiary Patel Dharmistha Hareshbhai

Registration No.

Age / Gender Female / 10

Address AT - Dharmistha  
Ta - Anandnagar Dist - Bhadrachalam

Monthly Income 2500/-

Nature of Disability M.R. - Mild

Type of aid given Kit - 2

Signature of the issuing authority

K. J. Patel

α

α

Issued 19/9

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REGISTRATION FORM

1 Name **MAKWANA PRIYANKA SHAILESH KUMAR** Reg No \_\_\_\_\_ Age/Sex **F 12 yrs**  
2 Address **DARJI FALIYU, BHARTHANA, KOSAD** **Surat.** **no: 9825675309**

12

3 Educational Qualification - Occupation

4 Income -

5 Caste (SC/ST/OBC) - **OBC**

6 Father Name **Shailesh K.** Education \_\_\_\_\_ Occupation \_\_\_\_\_

7 Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_

8 Family monthly income **25,000/- (2000 pm)**

9 Category of handicapped **mild MB**

10 Diagnosis **MB**

11 Disability percentage **50%**

Recommendation of Aids and Appliances

(Please tick mark for recommended aids and appliances)

1 Educational Materials  (Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)

2 Wheelchair ( )

3 Tricycle ( )

4 Splint ( )

5 Crutches ( )

6 Cane ( )

7 Walker ( )

8 Walking Stick ( )

9 Walking Cane ( )

10 Hearing Aids ( )

11 Any other (specify) ( )

T. L. M.  
lact 4

III. Remarks

- Documents enclosed:
- 1 Two Photographs - Passport size
  - 2 Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  - 3 Income Certificate (Issued from Revenue Department copy/MRO)
  - 4 Disability Certificate (40% and above - mandatory)

Refered by \_\_\_\_\_

Co-ordinator \_\_\_\_\_


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Manovikasnagar, Secunderabad



**UNDERTAKING**

I, MAKAVANA ARINKA Shaileshbhai S/o, D/o, W/o,  
Shaileshbhai hereby affirm that I have not obtained  
TLM (description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use.

  
Signature / Thumb impression of the beneficiary

IED BRP

Mo. 7069542255



Witness

**For Office Use Only**

Name of the beneficiary

Makwana

Registration No.

Age / Gender

12 years / 12 / Female

Address

ARSI Faliya, Bheethan, KOSTAD.

Monthly Income

25000 / per annum / (20000 pm)

Nature of Disability

M. R.

Type of aid given

T.L.M. Kit 4.

Signature of the issuing authority



Issued / 19/9

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REGISTRATION FORM

12 yr

12 yr

1. Name **ANUP VINODBHAI GUPTA** Reg No \_\_\_\_\_ Age/Sex **M**
2. Address **180, VISHAL NAGAR, TALANGPORGAM, SURAT**  
**MO 706954225**
3. Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
4. Income \_\_\_\_\_
5. Caste (SC/ST/OBC) **OBC**
6. Father Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
7. Mother Name **VINODBHAI** Education \_\_\_\_\_ Occupation \_\_\_\_\_
8. Family monthly income ~~10000~~ **1700/-** (**20,000/- per annum**)
9. Category of handicapped \_\_\_\_\_
10. Diagnosis **MR**
11. Disability percentage **50%**

13

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

1. Educational Materials  (Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)
  2. Wheelchair ( )
  3. Tricycle ( )
  4. Splint ( )
  5. Crutches ( )
  6. Canpe ( )
  7. Walker ( )
  8. Walking Stick ( )
  9. Walking Cane ( )
  10. Hearing Aids ( )
  11. Any other (specify) ( )
- 7-11 yrs. kit 3**

III. Remarks

- Documents enclosed
1. Two Photographs - Passport size
  2. Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  3. Income Certificate (Issued from Revenue Department only/(MRO))
  4. Disability Certificate (40% and above - mandatory)

Entered by \_\_\_\_\_

Co-ordinator \_\_\_\_\_

National Institute for the Mentally Handicapped  
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Manovikasnagar, Secunderabad



**UNDERTAKING**

I, ANUP VINOD BHAI GUPTA S/o, D/o, W/o,  
VINOD BHAI hereby affirm that I have not obtained  
TLM (description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use.

BRP. I.S.D.  
Cheshta Cent. J.  
8/401/2979.  
Signature / Thumb impression of the beneficiary

Ajit  
Witness

**For Office Use Only**

Name of the beneficiary : Anup Vinod Bhai Gupta  
Registration No.  
Age / Gender : 12 years  
Address : Talgaup. TA: Cheshta Dist: BURGA  
Monthly Income : 1700/- 20,000/- per annum.  
Nature of Disability : M.R.  
Type of aid given : T.L.M. kit 3.  
Signature of the issuing authority

Received.  
Ajit

Issued 19/9

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14

REGISTRATION FORM

1 Name Nayanbhei Palsotambhei Reg No 11yrs. makava Age/Sex M  
2 Address Dharathuna Kosadgam Surat State

no. 814018291

- 3 Educational Qualification - Occupation -
- 4 Income -
- 5 Caste (SC/ST/OBC) OBC
- 6 Father Name - Education - Occupation -
- 7 Mother Name - Education - Occupation -
- 8 Family monthly income 25000-20000/-
- 9 Category of handicapped -
- 10 Diagnosis ep. MR TLP
- 11 Disability percentage 90%

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

- 1 Educational Materials  (Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)
- 2 Wheelchair ( ) 7-11yrs. kit 3.
- 3 Tricycle ( )
- 4 Splint ( )
- 5 Crutches ( )
- 6 Canes ( )
- 7 Walker ( ) K-2
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

III. Remarks

- Documents enclosed:
- 1 Two Photographs - Passport size
  - 2 Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc.)
  - 3 Income Certificate (Issued from Revenue Department only/MRO)
  - 4 Disability Certificate (40% and above - mandatory)

Received by

Co-ordinator

National Institute for the Mentally Handicapped  
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Manovikasnagar, Secunderabad



**UNDERTAKING**

I, Nayanbhai Purasotambhai Makvan S/o, D/o, W/o,  
Parshottam Bhai hereby affirm that I have not obtained  
TLM (description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use.

JED DPP  
Handwritten signature no: 8140182919.  
Signature / Thumb impression of the beneficiary  
Handwritten thumb impression

Handwritten signature  
Witness

**For Office Use Only**

Name of the beneficiary Nayanbhai Purasotambhai Makvan.  
Registration No.  
Age / Gender Handwritten ~~Age~~ 11 yrs. / male  
Address 3. vi. near (8140182919) M. Secunderabad Dist 502002  
Monthly Income ~~2500/-~~ 2000/- PM  
Nature of Disability EP, MR  
Type of aid given T.L.M. Kit 3.  
Signature of the issuing authority

Received  
Handwritten signature

Issued 19/9

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REGISTRATION FORM

13y / Male

15

1 Name **DEVKUMAR CHANDUBHAI RATHOD**

Reg No Age/Sex

2 Address **VADI FALIYU BANAND SACHIN CHORITSHI**

MO. 8140182919

3 Educational Qualification - Occupation

4 Income -

5 Caste (SC/ST/OBC) - **ST**

6 Father Name **Chandubhai** Education Occupation

7 Mother Name Education Occupation

8 Family monthly income **1700/-**

9 Category of handicapped **SEVERE**

10 Diagnosis **CP & MR**

11 Disability percentage **90%**

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

1 Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14 15-18 & above)

- 2 Wheelchair ( )
- 3 Tricycle ( )
- 4 Splint ( )
- 5 Crutches ( )
- 6 Crutcher ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

12 to 18 yrs.

K-2

III. Remarks

- Documents enclosed
- 1 Two Photographs - Passport size
  - 2 Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  - 3 Income Certificate (Issued from Revenue Department only/MRO)
  - 4 Disability Certificate (40% and above - mandatory)

Interviewed by

Co-interviewer

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



**UNDERTAKING**

I, DEVKUMAR CHANUBHAI RATHOD. S/o, D/o, W/o,  
Chandu Bhai hereby affirm that I have not obtained  
TLM (description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use.

Red Shilpa M.  
Signature / Thumb impression of the beneficiary  
IED BRP MO. 7069542255

Shilpa  
Witness

**For Office Use Only**

Name of the beneficiary : Dev Kr. Rathod  
Registration No. :  
Age / Gender : 13 / male.  
Address : Vadi jalgaon Bonand  
Monthly Income : 1700/- (20,000/- per annum)  
Nature of Disability : M.R.  
Type of aid given : T.L.M. Kit-?  
Signature of the issuing authority :

Received  
Shilpa

Deemed  
19.9.16.

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REGISTRATION FORM

76

- 1 Name Vasava Ravina Reg No \_\_\_\_\_ Age/Sex F/18
- 2 Address Bhaner Dist Bhaner
- 3 Educational Qualification Primary Occupation Student
- 4 Income 26000/-
- 5 Caste (SC/ST/OBC) ST
- 6 Father Name Govindbhu Education \_\_\_\_\_ Occupation Labour
- 7 Mother Name Sitabai Education \_\_\_\_\_ Occupation H.W
- 8 Family monthly income 2100/- P.A.
- 9 Category of handicapped MR
- 10 Diagnosis mild mental Retardation
- 11 Disability percentage 50%

IV. Recommendation of Aids and Appliances  
(Please tick-mark for recommended aids and appliances)

- 1 Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14 15-18 & above)
- 2 Wheelchair ( )
- 3 Tricycle ( )
- 4 Splint ( )
- 5 Crutches ( )
- 6 Canes ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

Kit - 4

III. Remarks

- Documents enclosed
- 1 Two Photographs - Passport size
  - 2 Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  - 3 Income Certificate (Issued from Revenue Department only (MRO))
  - 4 Disability Certificate (40% and above - mandatory)

Interviewed by

[Signature]

Co-interviewed by

K. J. Patel

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



UNDERTAKING

I, Vasang Ravinaben S/o, D/o, W/o,  
Vasang Govindbhai hereby affirm that I have not obtained  
TLM. (description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use,

Signature / Thumb impression of the beneficiary

*Rajendra Kumar*  
*S.A. Teerth*

Witness

*[Signature]*

For Office Use Only

Name of the beneficiary . Vasang Ravinaben Govindbhai

Registration No.

Age / Gender FEMALE - 18 years

Address Bhaskar - Ta - Bhaskar  
Dist - Bhaskar

Monthly Income 2100 / - P.A.

Nature of Disability MR - Mild

Type of aid given KIT - 4

Signature of the issuing authority

*Rajendra*  
*X K.S. Patel*



Issued  
19.9.16

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REGISTRATION FORM

1. Name Patel Kanishk Reg No \_\_\_\_\_ Age/Sex M/16
2. Address Ankleshwar Cm Dist. Bhadrachal
3. Educational Qualification \_\_\_\_\_ Occupation Student
4. Income 31000/- per year
5. Caste (SC/ST/OBC) OBC
6. Father Name Ramesh Education \_\_\_\_\_ Occupation service
7. Mother Name Tinuben Education \_\_\_\_\_ Occupation H.W
8. Family monthly income 2500/- P.A.
9. Category of handicapped MR
10. Diagnosis mild mental Retardation
11. Disability percentage 50%

17

Recommendation of Aids and Appliances

(Please tick mark for recommended aids and appliances)

1. Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14 15-18 & above)
2. Wheelchair ( )
3. Tricycle ( )
4. Splint ( )
5. Crutches ( )
6. Canes ( )
7. Walker ( )
8. Walking Stick ( )
9. Walking Cane ( )
10. Hearing Aids ( )
11. Any other (specify) ( )
- Kit - 4

III. Remarks

- Documents enclosed
1. Two Photographs - Passport size
  2. Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  3. Income Certificate (Issued from Revenue Department only/(MRO))
  4. Disability Certificate (40% and above - mandatory)

Interviewed by

Geetha

Co-interviewer

K. J. Prasad

National Institute for the Mentally Handicapped  
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Manovikasnagar, Secunderabad



UNDERTAKING

I, Patel: Kayshal Rameshbhai S/o, D/o, W/o,

hereby affirm that I have not obtained

TLM

(description of

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

keep it for my bonafide use,

Vesalby Mehals  
IED. RT

95/2018027

Signature / Thumb impression of the beneficiary

SSA Teacher

MSV

MSV  
Witness

For Office Use Only

Name of the beneficiary

Patel Kayshal Rameshbhai

Registration No.

Age / Gender

Male / 16

Address

Amleshwar CM

Ta - Amleshwar Dist - Bhandra

Monthly Income

2500/- P.A.

Nature of Disability

MR - Mild

Type of aid given

Signature of the issuing authority

Received

K. J. Patel

95/2018027

Issued  
19.9.16.

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REGISTRATION FORM

- 1 Name **Bhavik** Reg No \_\_\_\_\_ Age/Sex **M/16**
- 2 Address **Amod  
Bhavuzh**
- 3 Educational Qualification **Puzi** Occupation **Students**
- 4 Income \_\_\_\_\_
- 5 Caste (SC/ST/OBC) **OBC**
- 6 Father Name **Sambhai** Education - Occupation \_\_\_\_\_
- 7 Mother Name **Santiben** Education - Occupation **house wife.**
- 8 Family monthly income **31,000/- Per year.**
- 9 Category of handicapped **MR.**
- 10 Diagnosis **mild MR.**
- 11 Disability percentage \_\_\_\_\_

78

IV. Recommendation of Aids and Appliances  
(Please tick mark (x) recommended aids and appliances)

- 1 Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)
- 2 Wheelchair ( )
- 3 Tricycle ( )
- 4 Splint ( )
- 5 Crutches ( )
- 6 Camper ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )
- Kit-4**

V. Remarks

- Documents enclosed:
- Two Photographs - Passport size
  - Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  - Income Certificate (Issued from Revenue Department only/MRO)
  - Disability Certificate (40% and above - mandatory)

Submitted by

*[Signature]*

Co-ordinator

*[Signature]*

National Institute for the Mentally Handicapped  
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Manovikasnagar, Secunderabad



**UNDERTAKING**

I, Bhavik S/o, D/o, W/o,  
Sanubhai Gohil. hereby affirm that I have not obtained  
TLM. (description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will

keep it for my bonafide use.

Muzam Pathan  
IED-BRP

Amod.  
SSA Teacher - Bhuruch

Signature / Thumb impression of the beneficiary

[Signature]  
Witness

9898202802

For Office Use Only

Name of the beneficiary Bhavik Sanubhai Gohil.

Registration No.

Age / Gender 16 years.

Address Amod, Bhuruch

Monthly Income 31,000 Per year.

Nature of Disability MR. - Mild

Type of aid given Kit - 4

Signature of the issuing authority

Revised

X k J. Red

Issued.  
19.9.16

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REGISTRATION FORM

19

- 1. Name Janvi Reg No. \_\_\_\_\_ Age/Sex \_\_\_\_\_
- 2. Address 2 Bhuzuch \_\_\_\_\_
- 3. Educational Qualification pri Occupation Students.
- 4. Income 25,000-1PA
- 5. Caste (SC/ST/OBC) \_\_\_\_\_
- 6. Father Name Maresh Education - \_\_\_\_\_ Occupation \_\_\_\_\_
- 7. Mother Name Meenu Education - \_\_\_\_\_ Occupation house wife
- 8. Family monthly income 25,000 / P. year.
- 9. Category of handicapped MR.
- 10. Diagnosis MR.
- 11. Disability percentage 50%

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

- 1. Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)
- 2. Wheelchair ( )
- 3. Tricycle ( )
- 4. Splint ( )
- 5. Crutches ( )
- 6. Camper ( )
- 7. Walker ( )
- 8. Walking Stick ( )
- 9. Walking Cane ( )
- 10. Hearing Aids ( )
- 11. Any other (specify) ( )

Kit - 4

III. Remarks

- Documents enclosed
- 1. Two Photographs - Passport size
  - 2. Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc.)
  - 3. Income Certificate (Issued from Revenue Department only/MRO)
  - 4. Disability Certificate (40% and above - mandatory)

Refered by

*[Signature]*

Co-ordinator

*[Signature]*

National Institute for the Mentally Handicapped  
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Manovikasnagar, Secunderabad



UNDERTAKING

I, Janavi S/o, D/o, W/o,  
Mahesh Vasava hereby affirm that I have not obtained  
TLM (description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use.

Patel Rina. J.  
9512018023  
SSA - Bheeruch  
Signature / Thumb impression of the beneficiary

K. J. Patel  
Witness

For Office Use Only

Name of the beneficiary

Janvi Mahesh Vasava

Registration No.

Age / Gender

12 years / F

Address

Bheeruch  
Gujarat

Monthly Income

25,000 P. year.

Nature of Disability

MR.

Type of aid given

Signature of the issuing authority

Received

9512018023

Issued  
19-9-16.

National Institute for the Mentally Handicapped, Secunderabad



(Ministry of Social Justice & Empowerment, Govt of India)  
Manovikas Nagar, Secunderabad - 500009, AP, India  
Phone: 040-27751741-45, Fax: 040-27750198  
(An ISO Certified Institution)



REGISTRATION FORM

- 1. Name Parvath Akshay Reg No \_\_\_\_\_ Age/Sex M/13
- 2. Address Bharsula  
Dist - Bharsula
- 3. Educational Qualification \_\_\_\_\_ Occupation - Student
- 4. Income 27000/-
- 5. Caste (SC/ST/OBC) OBC
- 6. Father Name Ambubhai Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7. Mother Name Sitalben Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8. Family monthly income 2000/- P.A.
- 9. Category of handicapped MR
- 10. Diagnosis Mild mental Retardation
- 11. Disability percentage 50%

20

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

- 1. Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14-15-18 & above)
- 2. Wheelchair ( )
- 3. Tricycle ( )
- 4. Splint ( )
- 5. Crutches ( )
- 6. Camper ( )
- 7. Walker ( )
- 8. Walking Stick ( )
- 9. Walking Cane ( )
- 10. Hearing Aids ( )
- 11. Any other (specify) ( )

Kit - 3

III. Remarks

- Documents enclosed:
- 1. Two Photographs - Passport size
  - 2. Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  - 3. Income Certificate (issued from Revenue Department/ Taluqa/MRO)
  - 4. Disability Certificate (40% and above - mandatory)

Entered by

*[Signature]*

Coordinator

*[Signature]*

National Institute for the Mentally Handicapped  
(EXTENSION PROGRAMME)

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



**UNDERTAKING**

I, Pd. Akshay Amburbhai S/o, D/o, W/o,  
hereby affirm that I have not obtained  
TLM (description of  
the aid / appliances) form any other agency / source during the last three years, I further assure that I will

keep it for my bonafide use.

Peetal Bheelben

JED. RT

95/2018027

Signature / Thumb impression of the beneficiary

SSA - Student

(Thumb)

(Signature)  
Witness

**For Office Use Only**

Name of the beneficiary Parman Akshay Amburbhai

Registration No.

Age / Gender Male - 13

Address Bhadral  
District Bhadrachalam

Monthly Income 2000/- P.A.

Nature of Disability MR

Type of aid given Kit - 2

Signature of the issuing authority

Received

95/2018027



Kesled  
19.9.16

National Institute for the Mentally Handicapped, Secunderabad



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REGISTRATION FORM

21

1. Name Karmlesh Reg No \_\_\_\_\_ Age/Sex \_\_\_\_\_
2. Address Bhanuch (M) 12/m
3. Educational Qualification - Occupation \_\_\_\_\_
4. Income 30,000/-
5. Caste (SC/ST/OBC) \_\_\_\_\_
6. Father Name Suresh Education - Occupation \_\_\_\_\_
7. Mother Name Santi Education \_\_\_\_\_ Occupation house wife.
8. Family monthly income 30,000/- P. year.
9. Category of handicapped MR
10. Diagnosis Mild MR.
11. Disability percentage 50 %

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

1. Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years; 6-10 years; 11-14; 15-18 & above)
  2. Wheelchair ( )
  3. Tricycle ( )
  4. Splint ( )
  5. Crutches ( )
  6. Canes ( )
  7. Walker ( )
  8. Walking Stick ( )
  9. Walking Cane ( )
  10. Hearing Aids ( )
  11. Any other (specify) ( )
- Kit - 3

III. Remarks

- Documents enclosed
1. Two Photographs - Passport size
  2. Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  3. Income Certificate (Issued from Revenue Department only/(MRO))
  4. Disability Certificate (40% & above - mandatory)

Entered by [Signature]

COO

National Institute for the Mentally Handicapped  
(EXTENSION PROGRAMME)

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



UNDERTAKING

Kemlesh S/o, D/o, W/o,  
Suresh bhai Vasava hereby affirm that I have not obtained  
TLM (description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use.

Padel Kiran J. 9512018025  
SSA - Bhavrukh  
Signature / Thumb impression of the beneficiary

K. J. Pate  
Witness

For Office Use Only

Name of the beneficiary : Kemlesh Suresh Vasava  
Registration No. :  
Age / Gender : 12 years  
Address : Bhavrukh  
Gujarat  
Monthly Income : 30,000 P. years  
Nature of Disability : MR -  
Type of aid given : KIT-3  
Signature of the issuing authority : Received,

951201802

Issued  
19.9.16.

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REGISTRATION FORM

22

- 1. Name Vasava Rashik Reg No \_\_\_\_\_ Age/Sex M/11
- 2. Address Bhaisnelli  
Dist - Bhaisnelli
- 3. Educational Qualification \_\_\_\_\_ Occupation Student
- 4. Income 26000/- per month
- 5. Caste (SC/ST/OBC) ST
- 6. Father Name Pandubhai Education \_\_\_\_\_ Occupation Labour work
- 7. Mother Name Ramibai Education \_\_\_\_\_ Occupation H.W
- 8. Family monthly income 22000/- P.A.
- 9. Category of handicapped Mild mental Retardation
- 10. Diagnosis MR
- 11. Disability percentage 50%

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

- 1. Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)
- 2. Wheelchair ( )
- 3. Tricycle ( )
- 4. Splint ( )
- 5. Crutches ( )
- 6. Camper ( )
- 7. Walker ( )
- 8. Walking Stick ( )
- 9. Walking Cane ( )
- 10. Hearing Aids ( )
- 11. Any other (specify) ( )

Kit - 3

III. Remarks

- Documents enclosed
- 1. Two Photographs - Passport size
  - 2. Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  - 3. Income Certificate (Issued from Revenue Department only/(MRO))
  - 4. Disability Certificate (40% and above - mandatory)

Received by [Signature]

Coordinate [Signature]

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



**UNDERTAKING**

I, Vasava Rasik Pandubhai S/o, D/o, W/o,  
hereby affirm that I have not obtained  
TLM. (description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use.

P. Pritya Nitelbani  
IED. RT

95/2018024

Signature / Thumb impression of the beneficiary

[Signature]  
Witness

**For Office Use Only**

Name of the beneficiary Vasava Rasik Pandubhai

Registration No.

Age / Gender Male / 11

Address Bharnak Dist. Bhavnagar,

Monthly Income 2200/- P.A.

Nature of Disability MR - Mild

Type of aid given RT - 3

Signature of the issuing authority

Renewal  
95/2018024

Issued.  
19.9.16

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REGISTRATION FORM

- I. 1 Name Rathawa Reg No \_\_\_\_\_ Age/Sex 6 year  
 2 Address Mayaben Female  
 3 Educational Qualification \_\_\_\_\_ Occupation Student  
 4 Income 28000/- per year  
 5 Caste (SC/ST/OBC) OBC  
 6 Father Name Jshwas Education \_\_\_\_\_ Occupation Labour  
 7 Mother Name Nitaba Education \_\_\_\_\_ Occupation H.W  
 8 Family monthly income 2200/- P.A.  
 9 Category of handicapped MR  
 10 Diagnosis mild mental Retardation  
 11 Disability percentage 50%

23

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

- 1 Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14 15-18 & above)
- 2 Wheelchair ( )
  - 3 Tricycle ( )
  - 4 Splint ( )
  - 5 Crutches ( )
  - 6 Cane ( )
  - 7 Walker ( )
  - 8 Walking Stick ( )
  - 9 Walking Cane ( )
  - 10 Hearing Aids ( )
  - 11 Any other (specify) ( )

Kit - 2

III. Remarks

- Documents enclosed
- 1 Two Photographs - Passport size
  - 2 Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  - 3 Income Certificate (Issued from Revenue Department only/MRO)
  - 4 Disability Certificate (40% and above - mandatory)

Entered by

*[Signature]*

Checked by

*[Signature]*

National Institute for the Mentally Handicapped  
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Manovikasnagar, Secunderabad



UNDERTAKING

I, Rathawa Mayaben S/o, D/o, W/o,  
hereby affirm that I have not obtained  
TLM. (description of  
the aid / appliances) from any other agency / source during the last three years. I further assure that I will

keep it for my bonafide use,

Patel Kiran S.

IED. RT

9512618023

K.S. Patel

Signature / Thumb impression of the beneficiary

Witness

For Office Use Only

Name of the beneficiary

Rathawa Mayaben Ishwarbhai,

Registration No.

Age / Gender

6 years

Address

Bhadra  
Dist. Bhadrachal.

Monthly Income

2200/- P.A.

Nature of Disability

MR - mild

Type of aid given

Art-3

Signature of the issuing authority

Received

X

X

Received  
19.5.16

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REGISTRATION FORM

1. Name **URVIKA YOGESHBHAI RATHOD.**  
Reg No \_\_\_\_\_ Age/Sex **F**

2. Address **KAUSHNKUNJ SOC. KANSAI - 10**  
**12 col.**

MO. 7698248101

3. Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_

4. Income \_\_\_\_\_

5. Caste (SC/ST/OBC) \_\_\_\_\_

6. Father Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_

7. Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_

8. Family monthly income **25,000/- PA/-**

9. Category of handicapped **MILD MODERATE**

10. Diagnosis **50%**

11. Disability percentage \_\_\_\_\_

24

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

- 1. Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14 15-18 & above)
- 2. Wheelchair ( )
- 3. Tricycle ( )
- 4. Splint ( )
- 5. Crutches ( )
- 6. Camper ( )
- 7. Walker ( )
- 8. Walking Stick ( )
- 9. Walking Cane ( )
- 10. Hearing Aids ( )
- 11. Any other (specify) ( )

Kit 2

III. Remarks

- Documents enclosed:
  - 1. Two Photographs - Passport size
  - 2. Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  - 3. Income Certificate (Issued from Revenue Department only/(MRO))
  - 4. Disability Certificate (40% and above - mandatory)

Interviewed by

*Green*

Counsellor

*Acid*  
*SRS*

National Institute for the Mentally Handicapped  
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Manovikasnagar, Secunderabad



**UNDERTAKING**

I, URVIKA YOGESHBHAI RATHOD. S/o, D/o, W/o,  
α hereby affirm that I have not obtained  
\_\_\_\_\_ (description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use.

UR  
Signature / Thumb impression of the beneficiary

Witness

IED BRP

MO. 7069542255

For Office Use Only

Name of the beneficiary URVIKA YOGESHBHAI RATHOD.

Registration No.

Age / Gender

F / 6 years.

Address

KANAKUNTS SO. KANAKAL. -10

Monthly Income

Rs. 25,000/- P-A

Nature of Disability

Kit-2

Type of aid given

Signature of the issuing authority

Received  
α UR

7069542255



Received  
19.9.16.

25



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REGISTRATION FORM

1. Name **NAYNESH JAYANTIBHAI PATEL** Reg No \_\_\_\_\_ Age/Sex **M**
2. Address **NISHAL FALIYU, BHATIPOR.** **MO. 706942255**
3. Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
4. Income \_\_\_\_\_
5. Caste (SC/ST/OBC) **V**
6. Father Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
7. Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
8. Family monthly income **22,000/- PA**
9. Category of handicapped **MODERAT MILD**
10. Diagnosis **75+**
11. Disability percentage \_\_\_\_\_

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

1. Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)
2. Wheelchair ( )
3. Tricycle ( )
4. Splint ( )
5. Crutches ( )
6. Crupper ( )
7. Walker ( )
8. Walking Stick ( )
9. Walking Cane ( )
10. Hearing Aids ( )
11. Any other (specify) ( )

kit-3

III. Remarks

- Documents enclosed
1.  Two Photographs - Passport size
  2.  Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  3.  Income Certificate (Issued from Revenue Department only/(MRO))
  4.  Disability Certificate (40% and above - mandatory)

Entered by **Javell**

Code: \_\_\_\_\_

Recd  
**SNS**

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



**UNDERTAKING**

I, Maynesh Jyantibhai Patel. S/o, D/o, W/o,  
hereby affirm that I have not obtained  
(description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use.

SR Patel Shile S.  
Signature / Thumb impression of the beneficiary

Witness

JED BRP MO. 7069342255

For Office Use Only

Name of the beneficiary : P Maynesh Jyanti Bhai Patel  
Registration No.  
Age / Gender : male / 13 yr  
Address : Hishal Faliyu BHADPOOR.  
Monthly Income : Rs. 22,000/- P.A.  
Nature of Disability : MR - Moderate  
Type of aid given : Kit - 13  
Signature of the issuing authority

Received.

X. SR  
MO. 7069342255

Issued  
19-5-16

26



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REGISTRATION FORM

- 1 Name **SANGITA CHANDUBHAI RATHOD** Reg No \_\_\_\_\_ Age/Sex **F/6**
- 2 Address **VADI FALYUBONDGAM CHORASHI** no: **9879231**
- 3 Educational Qualification \_\_\_\_\_ Occupation **1881**
- 4 Income \_\_\_\_\_
- 5 Caste (SC/ST/OBC) **✓**
- 6 Father Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8 Family monthly income **20,000/- PA/-**
- 9 Category of handicapped **MR+CP**
- 10 Diagnosis **60%**
- 11 Disability percentage \_\_\_\_\_

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

- 1 Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14 15-18 & above)
- 2 Wheelchair ( )
- 3 Tricycle ( )
- 4 Splint ( )
- 5 Crutches ( )
- 6 Cane ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

Kit-3

III Remarks

- Documents enclosed
- 1 Two Photographs - Passport size
  - 2 Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  - 3 Income Certificate (Issued from Revenue Department only/MRO)
  - 4 Disability Certificate (40% and above - mandatory)

Refered by *[Signature]*

County *[Signature]*  
Accid. *[Signature]*

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



**UNDERTAKING**

I, Sangita Chandubhai Rothed S/o, D/o, W/o,  
hereby affirm that I have not obtained  
(description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use,

SB Patel shilpa s.  
Signature / Thumb impression of the beneficiary

Witness

IED BRP

Mo. 7069542255

For Office Use Only

Name of the beneficiary Sangita Chandubhai Rothed.

Registration No.

Age / Gender

F / 4 years.

Address

vadi Faliya Btd.

Monthly Income

Rs. 2000/- P.A.

Nature of Disability

M.R - Severe.

Type of aid given

Kit - 3

Signature of the issuing authority

Receiver

X SB  
Mo. 7069542255

Handed  
19.9.

27

National Institute for the Mentally Handicapped, Secunderabad



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REGISTRATION FORM

- 1 Name GUPTA SURABHA VINODKUMAR Reg No Age/Sex M/15y
- 2 Address VISALNAGAR SACHIN SURAT.
- 3 Educational Qualification Occupation
- 4 Income
- 5 Caste (SC/ST/OBC)
- 6 Father Name Education Occupation
- 7 Mother Name Education Occupation
- 8 Family monthly income 25,000/- PA/-
- 9 Category of handicapped milde moderate.
- 10 Diagnosis 50/-
- 11 Disability percentage

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

- 1 Educational Materials (Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14 15-18 & above)
- 2 Wheelchair ( )
- 3 Tricycle ( )
- 4 Splint ( )
- 5 Crutches ( )
- 6 Cane ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

Kit - 4

III. Remarks

- Documents enclosed:
- 1 Two Photographs - Passport size
  - 2 Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  - 3 Income Certificate (Issued from Revenue Department only/(MRO))
  - 4 Disability Certificate (40% and above - mandatory)

Received by *[Signature]*

Co. *[Signature]*  
Recib  
SRS

National Institute for the Mentally Handicapped  
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Manovikasnagar, Secunderabad



**UNDERTAKING**

I, GUPTA Sobarhee Vinodkumar. S/o, D/o, W/o,  
hereby affirm that I have not obtained  
(description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use,

SD Rajd shilee S.  
Signature / Thumb impression of the beneficiary

Witness

IED BAP Mo. 7069542255

**For Office Use Only**

Name of the beneficiary GUPTA Sobarhee Vinodkumar

Registration No.

Age / Gender M / 16 years

Address VISALNAGG SETH SACHIN.

Monthly Income

Nature of Disability

Type of aid given

Signature of the issuing authority

X SD  
Mo. 7069542255



Issued  
19/9

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Photograph  
of Beneficiary  
with Disability

28

REGISTRATION FORM

1. Name VASAVA PAYALBEN Reg No \_\_\_\_\_ Age/Sex 6'00
2. Address BALALBUVA, MOTA FALYA, UMARPADA, SURAT 21 9625352892
3. Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
4. Income \_\_\_\_\_
5. Caste (SC/ST/OBC) ✓
6. Father Name VASATBHAI Education \_\_\_\_\_ Occupation \_\_\_\_\_
7. Mother Name SAVITABEN Education \_\_\_\_\_ Occupation \_\_\_\_\_
8. Family monthly income 1000/-
9. Category of handicapped MR
10. Diagnosis Mod. MR.
11. Disability percentage 75%

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

1. Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)
  2. Wheelchair ( )
  3. Tricycle ( )
  4. Splint ( )
  5. Crutches ( )
  6. Camper ( )
  7. Walker ( )
  8. Walking Stick ( )
  9. Walking Cane ( )
  10. Hearing Aids ( )
  11. Any other (specify) ( )
- K-2

III. Remarks

- Documents enclosed
1. Two Photographs - Passport size
  2. Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  3. Income Certificate (Issued from Revenue Department only/(MRO))
  4. Disability Certificate (40% and above - mandatory)

Received by \_\_\_\_\_

Co-ordinator \_\_\_\_\_



**UNDERTAKING**

I, VASAVA VASANTBHAI Payal Ben S/o, D/o, W/o,  
Vasant Bhai hereby affirm that I have not obtained  
TLM (description of  
the aid / appliances) form any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use.

ni. 9825352892

  
Signature / Thumb impression of the beneficiary  
BRP-2ED

  
Witness

**For Office Use Only**

Name of the beneficiary: Payal Ben  
Registration No.  
Age / Gender: 6 yrs / F  
Address: At post Beharukonda, Tal-Venkatapur, Dist Sircilla  
Monthly Income: 11000/- per annum  
Nature of Disability: moderate (MR)  
Type of aid given: TLM K-2  
Signature of the issuing authority

Received  



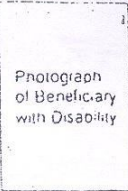



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Photograph of Beneficiary with Disability

29

REGISTRATION FORM

1. Name VASAVA VARDHMAN Reg No \_\_\_\_\_ Age/Sex 10 yrs
2. Address VADGAM, POST - KHOTARAMPURA, VMARDADA
3. Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
4. Income \_\_\_\_\_
5. Caste (SC/ST/OBC) \_\_\_\_\_
6. Father Name BHATBHAT Education \_\_\_\_\_ Occupation \_\_\_\_\_
7. Mother Name MOTIBEN Education \_\_\_\_\_ Occupation \_\_\_\_\_
8. Family monthly income ₹ 11,000/-
9. Category of handicapped MR
10. Diagnosis Mild MR
11. Disability percentage 50%

SI 982538  
2892

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

1. Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)
2. Wheelchair ( )
3. Tricycle ( )
4. Splint ( )
5. Crutches ( )
6. Cane ( )
7. Walker ( )
8. Walking Stick ( )
9. Walking Cane ( )
10. Hearing Aids ( )
11. Any other (specify) ( )

K-3

III. Remarks

- Documents enclosed
1. Two Photographs - Passport size
  2. Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  3. Income Certificate (Issued from Revenue Department only/(MRO))
  4. Disability Certificate (40% and above - mandatory)

Received by \_\_\_\_\_

Counted by \_\_\_\_\_



**UNDERTAKING**

I, ~~VASAVA BALVANBHAI~~ Vardhaman Vasva S/o, D/o, W/o,  
Bhatbhai Vasva hereby affirm that I have not obtained  
TLM (description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use,

9525382892  
[Signature]  
Signature / Thumb impression of the beneficiary  
BRP-IED

[Signature]  
Witness

**For Office Use Only**

Name of the beneficiary Vardhaman Vasva  
Registration No.  
Age / Gender 10 years / M  
Address At Post - Veldargam, Tal - Umrapada, Dist Surat  
Monthly Income 11000/- per annum  
Nature of Disability mild (MR)  
Type of aid given  
Signature of the issuing authority

Received  
[Signature]



Issued  
19/9

National Institute for the Mentally Handicapped, Secunderabad



(Ministry of Social Justice & Empowerment, Govt of India)  
Manovikas Nagar, Secunderabad - 500009, AP, India  
Phone 040-27751741-45. Fax: 040-27750198  
(An ISO Certified Institution)



Photograph  
of Beneficiary  
with Disability

30

REGISTRATION FORM

1. Name NASAVA MAHESH Reg No \_\_\_\_\_ Age/Sex 9 years / M
2. Address ANBIDARDA, UMARPADA SURAT
3. Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
4. Income 2000/-
5. Caste (SC/ST/OBC) ST
6. Father Name KUNVAR BHAI Education \_\_\_\_\_ Occupation \_\_\_\_\_
7. Mother Name KUNTA BEN Education \_\_\_\_\_ Occupation \_\_\_\_\_
8. Family monthly income 20,000/-
9. Category of handicapped MR
10. Diagnosis mild MR
11. Disability percentage 50%

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

1. Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)
2. Wheelchair ( )
3. Tricycle ( )
4. Splint ( )
5. Crutches ( )
6. Camper ( )
7. Walker ( )
8. Walking Stick ( )
9. Walking Cane ( )
10. Hearing Aids ( )
11. Any other (specify) ( )

JLM-3

III. Remarks

- Documents enclosed.
1. Two Photographs - Passport size
  2. Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  3. Income Certificate (Issued from Revenue Department only/(MRO))
  4. Disability Certificate (40% and above - mandatory)

Interviewed by \_\_\_\_\_

Co-interviewed by \_\_\_\_\_


National Institute for the Mentally Handicapped  
(EXTENSION PROGRAMME)

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



**UNDERTAKING**

I, VASAVA KUNVAR BHAJI S/o, D/o, W/o,  
Kunwar Rupji hereby affirm that I have not obtained  
\_\_\_\_\_ (description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use,

ni 9825352892  
  
Signature / Thumb impression of the beneficiary  
BAP - IED

  
Witness

**For Office Use Only**

Name of the beneficiary Vasava Kunwar Bhai  
Registration No. \_\_\_\_\_  
Age / Gender 94 / M.  
Address A-Post, Amliabhadra - Unwarpede, Dist Surat  
Monthly Income ~~20000~~ 20,000 / per annum  
Nature of Disability mild (MP)  
Type of aid given JLM + 3  
Signature of the issuing authority \_\_\_\_\_

Received  




Issued  
19/19

National Institute for the Mentally Handicapped, Secunderabad



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Photograph  
of Beneficiary  
with Disability

31

REGISTRATION FORM

- 1 Name YASAVA AMIT BHAI Reg No \_\_\_\_\_ Age/Sex 10yrs
- 2 Address GHAHADANA, UMARPADA, SURAT  
*no 9125352894*
- 3 Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
- 4 Income 22500/-
- 5 Caste (SC/ST/OBC) ST
- 6 Father Name PRATAPBHAI Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name VARSHA Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8 Family monthly income 7500/-
- 9 Category of handicapped MR
- 10 Diagnosis \_\_\_\_\_
- 11 Disability percentage 75%

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

- 1 Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)
- 2 Wheelchair ( )
- 3 Tricycle ( )
- 4 Splint ( )
- 5 Crutches ( )
- 6 Cane ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

FLM-K-3

iii. Remarks

- Documents enclosed
- 1 Two Photographs - Passport size
  - 2 Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  - 3 Income Certificate (Issued from Revenue Department only/(MRO))
  - 4 Disability Certificate (40% and above - mandatory)

Refered by \_\_\_\_\_

Co-ordinator \_\_\_\_\_

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



**UNDERTAKING**

I, VASAVA PRATAPBHAI S/o, D/o, W/o,  
Pratap Bhai hereby affirm that I have not obtained  
(description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use.

mt-98253624R

Signature / Thumb impression of the beneficiary

Witness

**For Office Use Only**

Name of the beneficiary

Amit Bhai

Registration No.

Age / Gender

10 yrs

10 yrs / M

Address

At Post - Ghumal Vadi, Tal - Umarsa, Dist - Surat

Monthly Income

18000/- per annum

Nature of Disability

moderate (MR)

Type of aid given

JLM-K-3

Signature of the issuing authority

Received



Issued  
19/9

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Photograph  
of Beneficiary  
with Disability

32

REGISTRATION FORM

1. Name VASAVA AMITBHAI Reg No \_\_\_\_\_ Age/Sex 8 YR
2. Address NISHAR POLYA UMARPADA, UMARPADA, SURT  
NI 9526352892
3. Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
4. Income 10,000/-
5. Caste (SC/ST/OBC) ST
6. Father Name SUDESH BHAI Education \_\_\_\_\_ Occupation \_\_\_\_\_
7. Mother Name SANJANA BAI Education \_\_\_\_\_ Occupation \_\_\_\_\_
8. Family monthly income 10,000/-
9. Category of handicapped MR
10. Diagnosis moder MR
11. Disability percentage 75%

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

1. Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14 15-18 & above)
2. Wheelchair ( )
3. Tricycle ( )
4. Splint ( )
5. Crutches ( )
6. Camper ( )
7. Walker ( )
8. Walking Stick ( )
9. Walking Cane ( )
10. Hearing Aids ( )
11. Any other (specify) ( )

K-3

III. Remarks

- Documents enclosed:
1. Two Photographs - Passport size
  2. Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  3. Income Certificate (Issued from Revenue Department only/(MRO))
  4. Disability Certificate (40% and above - mandatory)

Received by \_\_\_\_\_

Co-ordinator \_\_\_\_\_



**UNDERTAKING**

I, Amrit Bhai S/o, D/o, W/o,  
~~VASAKA SANDESH BHAI~~  
Indesh Bhai <sup>Patil</sup> ~~Patil~~ hereby affirm that I have not obtained  
TLM. (description of  
the aid / appliances) form any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use.


77 962535 202

  
Signature / Thumb impression of the beneficiary  
BRP-LED

  
Witness

**For Office Use Only**

Name of the beneficiary Amrit Bhai  
Registration No.  
Age / Gender 50M  
Address At post - Umurdey, Tal - Umurdey, Dist - Surat  
Monthly Income 10000/- (10,000/- per annum)  
Nature of Disability moderate (MR)  
Type of aid given TLM K-2  
Signature of the issuing authority

Received!  




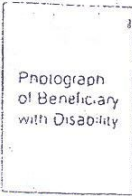


Issued:  
19.9.16.

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33

REGISTRATION FORM

- 1 Name VASAVA SNEHALBEN Reg No \_\_\_\_\_ Age/Sex Female
- 2 Address NARSAPUR, UMAR PADA, SURAT
- 3 Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
- 4 Income 2000/-
- 5 Caste (SC/ST/OBC) ST
- 6 Father Name AMRUTBEN Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name MANIBEN Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8 Family monthly income 2000/-
- 9 Category of handicapped MR
- 10 Diagnosis \_\_\_\_\_
- 11 Disability percentage 50%

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

- 1 Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)
- 2 Wheelchair ( )
- 3 Tricycle ( )
- 4 Splint ( )
- 5 Crutches ( )
- 6 Camper ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

Kit - 2

III. Remarks

- Documents enclosed
- 1 Two Photographs - Passport size
  - 2 Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  - 3 Income Certificate (Issued by Revenue Department/ MRO)
  - 4 Disability Certificate (40% and above - mandatory)

Refered by

*Handwritten signature*

Co-ordinator

*Handwritten signature*

National Institute for the Mentally Handicapped  
(EXTENSION PROGRAMME)


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



**UNDERTAKING**

I, Vasava Snehaben A. S/o, D/o, W/o,  
hereby affirm that I have not obtained  
(description of  
the aid / appliances) from any other agency / source during the last three years. I further assure that I will  
keep it for my bonafide use.

ni. 9825382892

  
Signature / Thumb impression of the beneficiary



  
Witness

**For Office Use Only**

Name of the beneficiary: Vasava Snehaben A.

Registration No.

Age / Gender: 7yr / Female


Address: At post - Venki, Tal - Umrota, Dist - Srisa

Monthly Income: 2000/-

Nature of Disability: moderate (MR)

Type of aid given: Kit-2

Signature of the issuing authority

Received  


9825382892



Issued  
19.9.16.

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Photograph  
of Beneficiary  
with Disability

34

REGISTRATION FORM

- 1 Name VAKAVA ASHESH KUMAR Reg No \_\_\_\_\_ Age/Sex 7yrs / male
- 2 Address KHABA BALALI UMRPADA, SURT
- 3 Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
- 4 Income 11000/-
- 5 Caste (SC/ST/OBC) ST
- 6 Father Name DHRUBHAI Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name SAVITABAI Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8 Family monthly income 11000/-
- 9 Category of handicapped MR
- 10 Diagnosis MODERATE MR
- 11 Disability percentage 75%

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

- 1 Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)
- 2 Wheelchair ( )
- 3 Tricycle ( )
- 4 Splint ( )
- 5 Crutches ( )
- 6 Cane ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

Kit-2

III. Remarks

- Documents enclosed:
- 1 Two Photographs - Passport size
  - 2 Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  - 3 Income Certificate (Issued from Revenue Department only)/(MRO)
  - 4 Disability Certificate (40% and above - mandatory)

Entered by

quell

Country

India  
(R)

National Institute for the Mentally Handicapped  
(EXTENSION PROGRAMME)

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



UNDERTAKING

I, NASAVA DHEERUNHAI S/o, D/o, W/o,  
hereby affirm that I have not obtained  
(description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use,

SI-9825382892

Signature / Thumb impression of the beneficiary

Witness

For Office Use Only

Name of the beneficiary: NASAVA ASHISH KUMAR DHIRUBHAI

Registration No.

Age / Gender: 7 year

Address: Af post - Khabla bungli, tel - Umurpala, dist Sircar

Monthly Income: 11000/-

Nature of Disability: moderate MR

Type of aid given

Signature of the issuing authority

Received  
X

9825382892



Issued  
19.9.16.

National Institute for the Mentally Handicapped, Secunderabad



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(An ISO Certified Institution)



Photograph of Beneficiary with Disability

35

REGISTRATION FORM

- 1 Name YASAVA AMISHABEN Reg No \_\_\_\_\_ Age/Sex 7 years
- 2 Address BIJALYADI, UMARPADA, SURAT
- 3 Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
- 4 Income 20,000/-
- 5 Caste (SC/ST/OBC) ST -
- 6 Father Name UMEDBHAI Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name BHARJI Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8 Family monthly income 20,000/-
- 9 Category of handicapped MR
- 10 Diagnosis NOB - MR
- 11 Disability percentage 75%

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

- 1 Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14 15-18 & above)
- 2 Wheelchair ( )
- 3 Tricycle ( )
- 4 Splint ( )
- 5 Crutches ( )
- 6 Cane ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

Kit - 2

III. Remarks

- Documents enclosed:
- 1 Two Photographs - Passport size
  - 2 Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  - 3 Income Certificate (Issued from Revenue Department/ City/MRO)
  - 4 Disability Certificate (40% and above - mandatory)

Entered by

Ganes

Checked by

Recd  
[Signature]

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



**UNDERTAKING**

I, VASAVA UMEDBHAI S/o, D/o, W/o,  
hereby affirm that I have not obtained  
\_\_\_\_\_ (description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use,

  
Signature / Thumb impression of the beneficiary  
BVP JED

  
Witness

**For Office Use Only**

Name of the beneficiary

Registration No.

Age / Gender 4 yrs

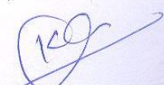
Address At Post - Bijalvadi, Tal - Unwarpada Dist - Surat

Monthly Income 2000/- 1700/- pm.

Nature of Disability moderate (MR)

Type of aid given Kit - 2

Signature of the issuing authority

Received  




Issued.  
19.9.16.

National Institute for the Mentally Handicapped, Secunderabad



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Photograph of Beneficiary with Disability

36

REGISTRATION FORM

1. Name VASAVA JADIBHAI Reg No \_\_\_\_\_ Age/Sex 9 yrs / Male
2. Address NASARPUR, UMAPADA
3. Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
4. Income 2000/-
5. Caste (SC/ST/OBC) ST
6. Father Name MANGALDAS VASAVA Education \_\_\_\_\_ Occupation \_\_\_\_\_
7. Mother Name SAGITA BEN Education \_\_\_\_\_ Occupation \_\_\_\_\_
8. Family monthly income 2000/-
9. Category of handicapped MR (Severe)
10. Diagnosis \_\_\_\_\_
11. Disability percentage 90%

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

1. Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)
2. Wheelchair ( )
3. Tricycle ( )
4. Splint ( )
5. Crutches ( )
6. Cane ( )
7. Walker ( )
8. Walking Stick ( )
9. Walking Cane ( )
10. Hearing Aids ( )
11. Any other (specify) ( )

Kit-3

III. Remarks

- Documents enclosed
1. Two Photographs - Passport size
  2. Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  3. Income Certificate (Issued from Revenue Department/ MRO)
  4. Disability Certificate (40% and above - mandatory)

Reviewed by [Signature]

County [Signature]

National Institute for the Mentally Handicapped  
(EXTENSION PROGRAMME)

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



**UNDERTAKING**

I, Vasava Jayadeepbheer m. S/o, D/o, W/o,  
hereby affirm that I have not obtained  
\_\_\_\_\_  
(description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use,

ni. 9825382892

Signature / Thumb impression of the beneficiary

BRP - TED

Witness

**For Office Use Only**

Name of the beneficiary NASAVA JAYDEEP KUMAR MANGLOBS

Registration No.

Age / Gender 9 yrs

Address At - Post - Yamki, Tel - Ummapada, Dist - Surur

Monthly Income 2000/-

Nature of Disability Severe MR

Type of aid given

Signature of the issuing authority

  
9825382892





Issued  
19.9.16.

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Photograph  
of Beneficiary  
with Disability

37

REGISTRATION FORM

1. Name VASAVA SANJANA BEN Reg No. 9/F Age/Sex 9 years Female
2. Address KATADVADI, UMARPADA, SURAT
3. Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
4. Income 2000/-
5. Caste (SC/ST/OBC) ST
6. Father Name ISHVAR BHAI Education \_\_\_\_\_ Occupation \_\_\_\_\_
7. Mother Name SHEETA Education \_\_\_\_\_ Occupation \_\_\_\_\_
8. Family monthly income 2000/-
9. Category of handicapped MR (moderate)
10. Diagnosis \_\_\_\_\_
11. Disability percentage 75%

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

1. Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)
  2. Wheelchair ( )
  3. Tricycle ( )
  4. Splint ( )
  5. Crutches ( )
  6. Camper ( )
  7. Walker ( )
  8. Walking Stick ( )
  9. Walking Cane ( )
  10. Hearing Aids ( )
  11. Any other (specify) ( )
- Kit-3

III. Remarks

- Documents enclosed:
1. Two Photographs - Passport size
  2. Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  3. Income Certificate (Issued from Revenue Department only (MRO))
  4. Disability Certificate (40% and above - mandatory)

Registered by

*[Signature]*

Co-ordinator

*[Signature]*

National Institute for the Mentally Handicapped  
(EXTENSION PROGRAMME)

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



**UNDERTAKING**

I, VASAVA ISHAVARSHAI S/o, D/o, W/o,  
hereby affirm that I have not obtained  
(description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use,

ni - 9825382892

  
Signature / Thumb impression of the beneficiary  
BRP-IED

  
Witness

**For Office Use Only**

Name of the beneficiary: VASAVA SANJANABEN ISHAVARSHAI

Registration No. 9-111

Age / Gender 9 year : 9 years - Female

Address At Post - Katamvadi, ta - Unwarpada, Dist - Suryapet

Monthly Income 2000/-

Nature of Disability moderate MR

Type of aid given

Rit - 3

Signature of the issuing authority

Revised

X



Issued  
17.9.16



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Photograph  
of Beneficiary  
with Disability

38

REGISTRATION FORM

- 1 Name Rajani Kant Reg No \_\_\_\_\_ Age/Sex 30yrs/Male
- 2 Address B/o: Subhakarai Patel  
Sambaji Nagar, Navasani.
- 3 Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
- 4 Income \_\_\_\_\_
- 5 Caste (SC/ST/OBC) \_\_\_\_\_
- 6 Father Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8 Family monthly income \_\_\_\_\_
- 9 Category of handicapped \_\_\_\_\_
- 10 Diagnosis \_\_\_\_\_
- 11 Disability percentage \_\_\_\_\_

IV. Recommendation of Aids and Appliances

(Please tick mark for recommended aids and appliances)

- 1 Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)
  - 2 Wheelchair
  - 3 Tricycle
  - 4 Splint
  - 5 Crutches
  - 6 Cane
  - 7 Walker
  - 8 Walking Stick
  - 9 Walking Cane
  - 10 Hearing Aids
  - 11 Any other (specify)
- Kit - 4

V. Remarks

- Documents enclosed:
- 1 Two Photographs - Passport size
  - 2 Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  - 3 Income Certificate (Issued from Revenue Department only/(MRO))
  - 4 Disability Certificate (40% and above - mandatory)

Interviewed by Jeeva

Code: \_\_\_\_\_

National Institute for the Mentally Handicapped  
(EXTENSION PROGRAMME)

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



**UNDERTAKING**

I, Rajani Kant S/o: Sambhaji Patel S/o, D/o, W/o,  
hereby affirm that I have not obtained  
\_\_\_\_\_ (description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use.

Signature / Thumb impression of the beneficiary

Witness

**For Office Use Only**

Name of the beneficiary

Rajani Kant

Registration No

Age / Gender

30yrs / male

Address

Sambhaji Patel  
Sambhaji Nagar  
Narayan

Monthly Income

Rs. 3500/- AA

Nature of Disability

mild - MR

Type of aid given

Kit - G

Signature of the issuing authority

Received  
X. [Signature]  
no: 9714836304

Issued / 9.9.21

39



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REGISTRATION FORM

- 1. Name Vasava Rahul Reg No \_\_\_\_\_ Age/Sex Male 11 Year
- 2. Address Bhadrakodav Dst - Bhadrachalam
- 3. Educational Qualification \_\_\_\_\_ Occupation Student
- 4. Income 27000/- P.A.
- 5. Caste (SC/ST/OBC) st
- 6. Father Name Azvintho Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7. Mother Name Tinaben Education \_\_\_\_\_ Occupation HW
- 8. Family monthly income 2000/-
- 9. Category of handicapped CP
- 10. Diagnosis Hemiparesis
- 11. Disability percentage 61%

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

- 1 Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14 15-18 & above)
- 2 Wheelchair ( )
- 3 Tricycle ( )
- 4 Splint ( )
- 5 Crutches ( )
- 6 Camper ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

Kit - B

III. Remarks

- Documents enclosed
- 1 Two Photographs - Passport size
  - 2 Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  - 3 Income Certificate (Issued from Revenue Department/ MRO)
  - 4 Disability Certificate (40% and above - mandatory)

*[Handwritten signature]*

Received  
*[Handwritten signature]*  
21/09/2021

National Institute for the Mentally Handicapped  
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Manovikasnagar, Secunderabad



UNDERTAKING

I, Vasava Rahul A S/o, D/o, W/o,  
hereby affirm that I have not obtained  
TLM (description of

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

Patel Binuben M  
JEP. BPP  
9512018018  
(Binu)  
Signature / Thumb impression of the beneficiary  
SSA Teelal

9512018024  
R  
Witness

For Office Use Only

Name of the beneficiary Vasava Rahul Arvindbhai  
Registration No.  
Age / Gender male - 11 years.  
Address Bhadkodary - Ankleshwar  
Bhadra.  
Monthly Income 2000 / -  
Nature of Disability CP.  
Type of aid given  
Signature of the issuing authority

9512018024  
Received  
R

Issued  
19.12.16.

40

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of Beneficiary  
with Disability

REGISTRATION FORM

- 1 Name Vasabhi Hemashu Reg No \_\_\_\_\_ Age/Sex 11 - 10 Year
- 2 Address Desai Taravali Di-Bhawan
- 3 Educational Qualification \_\_\_\_\_ Occupation Student
- 4 Income 2000
- 5 Caste (SC/ST/OBC) ST
- 6 Father Name Khunanbhai Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name Samben Education \_\_\_\_\_ Occupation W.H.W
- 8 Family monthly income 2000/- Per Year month
- 9 Category of handicapped MR
- 10 Diagnosis mental retardation
- 11 Disability percentage 50% mild

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

- 1 Educational Materials  
(Educational material is available age wise You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)
- 2 Wheelchair ( )
- 3 Tricycle ( )
- 4 Splint ( )
- 5 Crutches ( )
- 6 Cane ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

Kit-3

III. Remarks

- Documents enclosed
- 1 Two Photographs - Passport size
  - 2 Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  - 3 Income Certificate (Issued from Revenue Department/ City/MRO)
  - 4 Disability Certificate (40% and above - mandatory)

Refered by [Signature]

Co-ordinator



**UNDERTAKING**

I, Vasava Hemashubhai Khumanbhai S/o, D/o, W/o,  
Khuman Bhai hereby affirm that I have not obtained  
\_\_\_\_\_ (description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use,

Deviya Narendraubhai D.

Deviya

Signature / Thumb impression of the beneficiary

m-9429669440

Deviya  
Witness

**For Office Use Only**

Name of the beneficiary: Vasava Hemashubhai Khumanbhai  
Registration No.:  
Age / Gender: m - 10 yrs  
Address: Desad Ta-Valiya Di-Bhanuch  
Monthly Income: 2200/- per year  
Nature of Disability: 2600/- mR 2000/- P.m.  
Type of aid given: RT-3  
Signature of the issuing authority: Issued  
Deviya





Issued  
10-9-16.

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Photograph  
of Beneficiary  
with Disability

41

REGISTRATION FORM

- 1 Name Patel Krish Girishbhai Reg No \_\_\_\_\_ Age/Sex 14 / male
- 2 Address Admar, olpad, surat 9825238186
- 3 Educational Qualification 0th Occupation —
- 4 Income —
- 5 Caste (SC/ST/OBC) —
- 6 Father Name Girishbhai Education 4th Occupation —
- 7 Mother Name Mujabai Education — Occupation —
- 8 Family monthly income — 20,000 / —
- 9 Category of handicapped MR
- 10 Diagnosis — Severe MR —
- 11 Disability percentage — 90% —

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

- 1 Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)
- 2 Wheelchair ( )
- 3 Tricycle ( )
- 4 Splint ( )
- 5 Crutches ( )
- 6 Camper ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

K-3  
Kit-3

III. Remarks

- Documents enclosed:
- 1 Two Photographs - Passport size
  - 2 Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  - 3 Income Certificate (Issued from Revenue Department only/(MRO))
  - 4 Disability Certificate (40% and above - mandatory)

Received by Open

Coord. \_\_\_\_\_

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Manovikasnagar, Secunderabad



UNDERTAKING

I, KRISH GIRISH PATEL S/o, D/o, W/o,  
Girishbhai Patel hereby affirm that I have not obtained  
JLM (description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use.

Krishdasamp mo: 9861931  
Signature / Thumb impression of the beneficiary

Krishdasamp  
Witness  
Chudasamp Kailash

For Office Use Only

Name of the beneficiary KRISH GIRISHBHAI PATEL  
Registration No.  
Age / Gender M / 14  
Address ADMORE TAL. OLLAPAD. DIST SURUT  
Monthly Income RR 20000 - D.A  
Nature of Disability MR  
Type of aid given Kit-3  
Signature of the issuing authority

Received  
D.A. received



Issued.  
19.9.16.

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Photograph  
of Beneficiary  
with Disability

42

REGISTRATION FORM

6' / female  
Age/Sex

1. Name VASAVA PRITHKA <sup>BSA</sup> Reg No
2. Address VADISAM, UMARPADA
3. Educational Qualification Occupation
4. Income 20,000/-
5. Caste (SC/ST/OBC) ST
6. Father Name GANSIRBHAI Education Occupation
7. Mother Name Education Occupation
8. Family monthly income 20,000/- PA
9. Category of handicapped MR
10. Diagnosis MORDERD - MR
11. Disability percentage 75%

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

1. Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)
2. Wheelchair ( )
3. Tricycle ( )
4. Splint ( )
5. Crutches ( )
6. Cane ( )
7. Walker ( )
8. Walking Stick ( )
9. Walking Cane ( )
10. Hearing Aids ( )
11. Any other (specify) ( )

TLM Kale - 1

III. Remarks

- Documents enclosed -
1. Two Photographs - Passport size
  2. Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  3. Income Certificate (Issued from Revenue Department only/MRO)
  4. Disability Certificate (40% and above - mandatory)

Interviewed by

*[Signature]*

Counted by

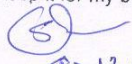
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Manovikasnagar, Secunderabad




UNDERTAKING

I, VASAVA PRITIKABEN S/o, D/o, W/o,  
hereby affirm that I have not obtained  
TLM (description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use,

  
9512200876

Signature / Thumb impression of the beneficiary  
RT UMARPADA

  
Witness  
CHAUDHARI SURESHBHAI

For Office Use Only

Name of the beneficiary: VASAVA PRITIKABEN GANBIK DHAS

Registration No.

Age / Gender: 6 Yr


Address: 1/101 VADIGAM, UMARPADA

Monthly Income: 20,000/-

Nature of Disability: MODERED-OR 25%

Type of aid given: Kit-①

Signature of the issuing authority: Issued

  
9512200876

Issued.  
19.9.16.

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43

REGISTRATION FORM

- 1. Name **DIPAKKUMAR AMITBHAI Chetasi** Reg No \_\_\_\_\_ Age/Sex **M/C**
- 2. Address **AMROLI kosad chetashi 17-cud.**  
**no: 8/40/82919**
- 3. Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
- 4. Income \_\_\_\_\_
- 5. Caste (SC/ST/OBC) \_\_\_\_\_
- 6. Father Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7. Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8. Family monthly income **25,000/- PA/-**
- 9. Category of handicapped **CP. wither homsting**
- 10. Diagnosis **40%**
- 11. Disability percentage \_\_\_\_\_

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

- 1. Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)
- 2. Wheelchair ( )
- 3. Tricycle ( )
- 4. Splint ( )
- 5. Crutches ( )
- 6. Canpe ( )
- 7. Walker ( )
- 8. Walking Stick ( )
- 9. Walking Cane ( )
- 10. Hearing Aids ( )
- 11. Any other (specify) ( )

Kit - 4

III. Remarks

- Documents enclosed:
  - ✓ 1. Two Photographs - Passport size
  - 2. Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  - ✓ 3. Income Certificate (Issued from Revenue Department only/(MRO))
  - ✓ 4. Disability Certificate (40% and above - mandatory)

Received by *[Signature]*

Coord. \_\_\_\_\_

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Manovikasnagar, Secunderabad

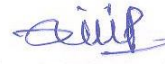


**UNDERTAKING**

I, Dipakkumar Amitabhui chetshi S/o, D/o, W/o,  
CP + Homstias hereby affirm that I have not obtained  
JLM. (description of  
the aid / appliances) form any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use,

Signature / Thumb impression of the beneficiary

IED BRP No. 7069542255

  
Witness

**For Office Use Only**

Name of the beneficiary Dipakkumar Amitabhui chetshi

Registration No.

Age / Gender M / 17 years.


Address Amoli Kasad, Chabashi.

Monthly Income 25000/- PA/-

Nature of Disability CP + Homstias.

Type of aid given KIT-4

Signature of the issuing authority

  
No. 7069542255

Issued  
19.9.16.

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44

REGISTRATION FORM

- 1 Name Vandana Ashokbhai Ray Age/Sex F 10 years
- 2 Address Bhathund Street MO. 9069542255
- 3 Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
- 4 Income \_\_\_\_\_
- 5 Caste (SC/ST/OBC) ✓
- 6 Father Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8 Family monthly income 20,000/- PA/-
- 9 Category of handicapped moderately MPA.
- 10 Diagnosis 75%
- 11 Disability percentage \_\_\_\_\_

Recommendation of Aids and Appliances

(Please tick mark for recommended aids and appliances)

- 1 Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)
- 2 Wheelchair ( )
- 3 Tricycle ( )
- 4 Splint ( )
- 5 Crutches ( )
- 6 Camper ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

K-3.

III. Remarks

- Documents enclosed  1 Two Photographs - Passport size  
 2 Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)  
 3 Income Certificate (Issued from Revenue Department only/(MRO))  
 4 Disability Certificate (40% and above - mandatory)

Received by

Coordinator

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Manovikasnagar, Secunderabad



**UNDERTAKING**

I, Vardana Ashokbhai Ray S/o, D/o, W/o,  
Raj Ashok Bhai hereby affirm that I have not obtained  
JLM. (description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use.

RB Raj Ashok Bhai  
Signature / Thumb impression of the beneficiary  
IED BAP 7069542255

RB

Witness

For Office Use Only

Name of the beneficiary Vardana Ashokbhai Ray

Registration No

Age / Gender F / 10 years

Address Bharthmand SURAT.

Monthly Income 20,000/- PAL

Nature of Disability Moderate MR

Type of aid given

Signature of the issuing authority

RB

Received

MO 7069542255



Issued  
19.9.16.

45

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REGISTRATION FORM

1. Name Vasu ki kishor bai Reg No \_\_\_\_\_ Age/Sex m, 13 years
2. Address Kotha Ta. A. Vallur, Di-Bheruch Bheruch.
3. Educational Qualification \_\_\_\_\_ Occupation student
4. Income ~~24000/-~~
5. Caste (SC/ST/OBC)
6. Father Name Suresh bai Education \_\_\_\_\_ Occupation \_\_\_\_\_
7. Mother Name Sangitaben Education \_\_\_\_\_ Occupation H.W
8. Family monthly income 1000/- Per year ~~year~~ month
9. Category of handicapped mental retardation
10. Diagnosis 50% mild
11. Disability percentage

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

1. Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14 15-18 & above)
2. Wheelchair ( )
3. Tricycle ( )
4. Splint ( )
5. Crutches ( )
6. Canes ( )
7. Walker ( )
8. Walking Stick ( )
9. Walking Cane ( )
10. Hearing Aids ( )
11. Any other (specify) ( )

K-3.

III. Remarks

- Documents enclosed
1. Two Photographs - Passport size
  2. Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  3. Income Certificate (Issued from Revenue Department only/(MRO))
  4. Disability Certificate (40% and above - mandatory)

Entered by

Coord. by

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**UNDERTAKING**

I, Vaisava Krishan Ghai S/o, D/o, W/o,  
Vaisava Suresh Ghai hereby affirm that I have not obtained  
J.M. (description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use.

Devaiva Narayana D.  
Signature / Thumb impression of the beneficiary  
m.9427669440

Devaiva  
Witness

**For Office Use Only**

Name of the beneficiary: Vaisava Krishan Ghai  
Registration No.: -  
Age / Gender: m. 13  
Address: no. 101, Ta-Vaiva Di-Bharuch  
Monthly Income: 2000/- per month  
Nature of Disability: MR (24,000/- per annum)  
Type of aid given: J.M. - 3  
Signature of the issuing authority: \_\_\_\_\_

Received  
Devaiva

1 Sealed  
19.9.16.

46

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REGISTRATION FORM

1. Name SHAHU, Pravi Hari Prasad Reg No \_\_\_\_\_ Age/Sex \_\_\_\_\_
2. Address 44, Khodiyar nagar, OIPad, Surala 8 / female Mo: 9586193151
3. Educational Qualification = 3<sup>th</sup> Occupation \_\_\_\_\_
4. Income \_\_\_\_\_
5. Caste (SC/ST/OBC) \_\_\_\_\_
6. Father Name Hari Prasad Education 9<sup>th</sup> Occupation \_\_\_\_\_
7. Mother Name meendhan Education \_\_\_\_\_ Occupation \_\_\_\_\_
8. Family monthly income - 20,000 / RA
9. Category of handicapped MR
10. Diagnosis moderate MR
11. Disability percentage 75%

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

1. Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)
2. Wheelchair ( )
3. Tricycle ( )
4. Splint ( )
5. Crutches ( )
6. Camper ( )
7. Walker ( )
8. Walking Stick ( )
9. Walking Cane ( )
10. Hearing Aids ( )
11. Any other (specify) ( )

TLM Kar (3)

III. Remarks

- Documents enclosed:
1. Two Photographs - Passport size
  2. ~~Proof~~ Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  3. Income Certificate (Issued from Revenue Department only/MRO)
  4. Disability Certificate (40% and above - mandatory)

Received by

*Green*

Co-ordinator

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



**UNDERTAKING**

I, Shahu, Druvi Hari Prasad ✓  
Hari Prasad S/o, D/o, W/o,  
TLM hereby affirm that I have not obtained  
(description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use.

[Signature]  
Signature / Thumb impression of the beneficiary  
IEP - RI

MO :- 9586193151

[Signature]  
Witness  
CHOPASAMA  
KAILASH .N

For Office Use Only

Name of the beneficiary: Shahu, druvi Hari Prasad  
Registration No. -  
Age / Gender: 8 / female  
Address: old pad, surat  
Monthly Income: 20,000 / - P.A  
Nature of Disability: Mbr,  
Type of aid given: TLM kit (B)  
Signature of the issuing authority

Received  
[Signature]



Issued 19/6

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Photograph of Beneficiary with Disability

47

REGISTRATION FORM

13 years  
Age/Sex

Mobile 9737621600

- 1 Name Milamma Maheshwari Anilbhai Reg No
- 2 Address Tajav Paliya  
At - Kuchcheliya  
T - Mahuva Dist - Suryat
- 3 Educational Qualification Occupation
- 4 Income 20,000
- 5 Caste (SC/ST/OBC) ST
- 6 Father Name Anilbhai Education Occupation
- 7 Mother Name Ashben Education Occupation
- 8 Family monthly income 20,000 per annum
- 9 Category of handicapped MR
- 10 Diagnosis Spaced - MR Mild I
- 11 Disability percentage 50%

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

- 1 Educational Materials  
(Educational material is available age wise You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14 15-18 & above)
- 2 Wheelchair ( )
- 3 Tricycle ( )
- 4 Splint ( )
- 5 Crutches ( )
- 6 Camper ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

JLM-4

III. Remarks

- Documents enclosed
- 1 Two Photographs - Passport size
  - 2 Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  - 3 Income Certificate (Issued from Revenue Department only/(MRO))
  - 4 Disability Certificate (40% and above - mandatory)

Entered by

Checked by

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**UNDERTAKING**

I, Milam Ahilbhai Mahiyaranshi S/o, D/o, W/o,  
Mahiyaranshi Ant Kumar hereby affirm that I have not obtained  
JLM. (description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use.

V.I. Pandye Vinod I.  
Signature / Thumb impression of the beneficiary  
B.R.P. MO- 9737621600  
(I.E.)

V.I. Pandye  
Witness

**For Office Use Only**

Name of the beneficiary Milam Ahilbhai

Registration No.

Age / Gender 13 years (M)

Address Taluk Fal'ya  
AT Karcheliya  
To - Mahuva  
Dist - Surat

Monthly Income 20,000

Nature of Disability : MR

Type of aid given : JLM-K-4

Signature of the issuing authority

V.I. Pandye  
Received  
MO-9737621600

1st round  
19.9.16

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National Institute for the Mentally Handicapped, Secunderab  
(Ministry of Social Justice & Empowerment, Govt of India)  
Manovikas Nagar, Secunderabad - 500009, AP, India  
Phone: 040-27751741-45, Fax: 040-27750198  
(An ISO Certified Institution)



REGISTRATION FORM

1. Name **SHUSHILA NANUBHAI PATEL** Reg No \_\_\_\_\_ Age/Sex **F**
2. Address **BHATPOR, TA. CHORAYASI** **11/22**  
**MO: 70695422**
3. Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
4. Income **✓**
5. Caste (SC/ST/OBC) \_\_\_\_\_
6. Father Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
7. Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
8. Family monthly income **20,000/- PA**
9. Category of handicapped **moderet MR**
10. Diagnosis \_\_\_\_\_
11. Disability percentage **75%**

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

1. Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)
  2. Wheelchair ( )
  3. Tricycle ( )
  4. Splint ( )
  5. Crutches ( )
  6. Canpe ( )
  7. Walker ( )
  8. Walking Stick ( )
  9. Walking Cane ( )
  10. Hearing Aids ( )
  11. Any other (specify) ( )
- K-3.**

III. Remarks

- Documents enclosed
- ✓ 1. Two Photographs - Passport size
  - ✓ 2. Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  - ✓ 3. Income Certificate (Issued by Revenue Department only/MRO)
  - ✓ 4. Disability Certificate (40% and above - mandatory)

Interviewed by \_\_\_\_\_

Coordinator \_\_\_\_\_

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



**UNDERTAKING**

I, SHILAKUMARI NANUBHAI PATEL. S/o, D/o, W/o,  
MA Nanubhai Patel hereby affirm that I have not obtained  
JLM. (description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use.

mo: 8140182919  
Signature / Thumb impression of the beneficiary

[Signature]

[Signature]  
Witness

**For Office Use Only**

Name of the beneficiary SUSHILA NANUBHAI PATEL

Registration No.

Age / Gender F / 11 years.

Address BHATPOA TO. CHORAYASHI

Monthly Income 20,000/- per annum.

Nature of Disability modest MA. J.S.T.

Type of aid given JLM K-3.

Signature of the issuing authority

[Signature] Received  
MO. 7069542255



Issued.  
19.9.16

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(Ministry of Social Justice & Empowerment, Govt of India)  
Manovikas Nagar, Secunderabad - 500009, AP, India  
Phone 040-27751741-45, Fax 040-27750198  
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REGISTRATION FORM

1. 1 Name Poem Reddy Rupalbhai Age/Sex M
- 2 Address Kaisham Nagar Chhapabhethe Surad.  
mob 8140182919
- 3 Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
- 4 Income
- 5 Caste (SC/ST/OBC) \_\_\_\_\_
- 6 Father Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8 Family monthly income 25,000/- PA PA/-
- 9 Category of handicapped MILD MA
- 10 Diagnosis 50%
- 11 Disability percentage \_\_\_\_\_

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

- 1 Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years; 6-10 years; 11-14 15-18 & above)
- 2 Wheelchair ( )
- 3 Tricycle ( )
- 4 Splint ( )
- 5 Crutches ( )
- 6 Canes ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

K-3

III. Remarks

- Documents enclosed
- 1 Two Photographs - Passport size
  - 2 Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
  - 3 Income Certificate (Issued from Revenue Department only/(MRO))
  - 4 Disability Certificate (40% and above - mandatory)

Refered by \_\_\_\_\_

Coord. by \_\_\_\_\_

National Institute for the Mentally Handicapped  
(EXTENSION PROGRAMME)

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



UNDERTAKING

I, Przem Jodiya Rupabheei S/o, D/o, W/o,  
MA Jodiya Rupabheei hereby affirm that I have not obtained  
JLM (description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use.

Patel Shilpa S.  
Signature / Thumb impression of the beneficiary

Shilpa  
Witness

IEO BAP no. 7069542255

For Office Use Only

Name of the beneficiary Jodiya Przem Rupabheei

Registration No.

Age / Gender M / 9 years

Address Keesmatagal Chheerabheetha.  
Subet.

Monthly Income 25000/- PA.

Nature of Disability MR.

Type of aid given JLM - 3.

Signature of the issuing authority

Patel Shilpa S.  
no. 7069542255

Issued.

National Institute for the Mentally Handicapped, Secunderabad

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(Ministry of Social Justice & Empowerment, Govt of India)  
Manovikas Nagar, Secunderabad - 500009, AP, India  
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(An ISO Certified Institution)



REGISTRATION FORM

- 1 Name **JAYKUMAR AJITbhaji Patel** Reg No \_\_\_\_\_ Age/Sex **M/16 years**
- 2 Address **BHATHal, SurRed,** no: **2140182949**
- 3 Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
- 4 Income \_\_\_\_\_
- 5 Caste (SC/ST/OBC)
- 6 Father Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8 Family monthly income **25000/- PA/-**
- 9 Category of handicapped **MODERET MA**
- 10 Diagnosis **75+**
- 11 Disability percentage \_\_\_\_\_

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

- 1 Educational Materials  
(Educational material is available age wise. You may indicate the age wise kit as per the need 0-5 years, 6-10 years, 11-14, 15-18 & above)
- 2 Wheelchair ( )
- 3 Tricycle ( )
- 4 Splint ( )
- 5 Crutches ( )
- 6 Camper ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

K-3

III. Remarks

- Documents enclosed  Two Photographs - Passport size
- Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
- Income Certificate (Issued from Revenue Department/ Taluqa/MRO)
- Disability Certificate (40% and above - mandatory)

Refered by \_\_\_\_\_

Code No. \_\_\_\_\_

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



**UNDERTAKING**

I, JAYKUMAR AJITBHAI Patel S/o, D/o, W/o,  
Ajit Bhai ~~Moderat~~ MR Patel hereby affirm that I have not obtained  
\_\_\_\_\_  
(description of  
the aid / appliances) from any other agency / source during the last three years, I further assure that I will  
keep it for my bonafide use.

Signature / Thumb impression of the beneficiary

IED BAP

MO. 7069542255

**For Office Use Only**

[Signature]  
Witness

Name of the beneficiary JAYKUMAR AJITBHAI Patel

Registration No.

Age / Gender M / 16 years

Address Bhathel surcet

Monthly Income 25000 PA

Nature of Disability MR

Type of aid given K-3

Signature of the issuing authority

[Signature]  
MO. 7069542255