



Issued by Kau

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

51

REGISTRATION FORM

1. Name Vasali Veenisha Reg No dhakorBhai Age/Sex 9 yr F
2. Address gandevi  
navasari No 973762/600
3. Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
4. Income 90,000
5. Caste (SC/ST/OBC) ST
6. Father Name dhakorBhai Education \_\_\_\_\_ Occupation \_\_\_\_\_
7. Mother Name Ramabehn Education \_\_\_\_\_ Occupation \_\_\_\_\_
8. Family monthly income 90,000
9. Category of handicapped CP
10. Diagnosis CP - mild
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) ( )

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, Varali Veenisha dhakorbhai S/o, D/o, W/o,  
Jhakur Bhai hereby affirm that I have not obtained  
SILM K-3 (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. Pandey Vinod I  
Signature / Thumb impression of the beneficiary

V.I. Pandey  
Witness

B.R.P  
I.F.O

no. 9737621600

**For Office Use Only**

Name of the beneficiary Varali Veenisha dhakorbhai

Registration No.

Age / Gender 30M

Address Aradevi  
factory-  
Nuvsa

Monthly Income 18000

Nature of Disability MR

Type of aid given SILM K-3

Signature of the issuing authority

V.I. Pandey  
Received.





ISSUED Fair

National Institute for the Mentally Handicapped, Secunderabad



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Photograph of Beneficiary with Disability

52

REGISTRATION FORM

- 1. Name AKASH KUMAR SOKUL Bhai Reg No 9737627600
- 2. Address Dhuldhresa Mahave Suxet
- 3. Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
- 4. Income 20000
- 5. Caste (SC/ST/OBC) ST
- 6. Father Name Sokulbhai Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7. Mother Name Shamila Bai Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8. Family monthly income 20,000
- 9. Category of handicapped MR
- 10. Diagnosis MR MODARSHI
- 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) ( )

K-31

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

Count

National Institute for the Mentally Handicapped  
(EXTENSION PROGRAMME)

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Manovikasnagar, Secunderabad



**UNDERTAKING**

I, AKASH KUMAR GOKULBHAI HALPATI S/o, D/o, W/o,  
Halpati Gokul 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,

V. I. Panayal Minod. I.  
Signature / Thumb impression of the beneficiary

V. I. Panayal  
Witness

B.P.P  
(C.E.D) No - 9737621600

For Office Use Only

Name of the beneficiary - AKASH GOKULBHAI HALPATI

Registration No.

Age / Gender

Address AT - DHUMHESA  
TO - MAHUVVA  
DISE - SURAT

Monthly Income 9000/-

Nature of Disability - MR

Type of aid given JLM - R - 3

Signature of the issuing authority

V. I. Panayal  
Received





Issued 17/9

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Photograph of Beneficiary with Disability

53

REGISTRATION FORM

- 1 Name Bhavisha Patel Reg No Anilkumar
- 2 Address AT- VELVADA  
T- mahuva  
Dist - SUXAT
- 3 Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
- 4 Income 9000
- 5 Caste (SC/ST/OBC) ST
- 6 Father Name Anilbhai Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name SUMITRABEN Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8 Family monthly income 9000
- 9 Category of handicapped CP
- 10 Diagnosis - CP clinically mild
- 11 Disability percentage 50%

Age/Sex (F)  
Mo: 9737621600

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 from Revenue Department only (MRO))
  - 4 Disability Certificate (40% and above - mandatory)

Retrieved by

Country

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Manovikasnagar, Secunderabad



**UNDERTAKING**

I, Bhavishd Anilkumar Patel S/o, D/o, W/o,  
Anil Kumar Patel hereby affirm that I have not obtained  
ILM (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.

V.I. Pundarik Vinod. I  
Signature / Thumb impression of the beneficiary

V.I. Pundarik  
Witness

BBP  
I.E.D. No. 9737621600

For Office Use Only

Name of the beneficiary: Bhavishd Anilkumar. Patel

Registration No.

Age / Gender

21 / M

Address

AT - vaivada  
To - mahuva  
Dist - surat

Monthly Income

96,000

Nature of Disability

MR 14000

Type of aid given

ILM K-3

Signature of the issuing authority

Received  
V.I. Pundarik





issued 19/9

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Photograph of Beneficiary with Disability

54

REGISTRATION FORM

- 1 Name **ROSHMI K. Nayka** Reg No \_\_\_\_\_ Age/Sex **13 ans**
- 2 Address **Baxatad mediyal Paliya** **Manuva** **Surat** **MO- 9737621600**
- 3 Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
- 4 Income **2000**
- 5 Caste (SC/ST/OBC) **ST**
- 6 Father Name **Kahubhai** Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name **Ashben** Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8 Family monthly income **20000** **19,000/- per annum**
- 9 Category of handicapped **MR**
- 10 Diagnosis **MR, moderate**
- 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 Canes ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

FLMK-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 \_\_\_\_\_

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Manovikasnagar, Secunderabad



**UNDERTAKING**

I, Roshni Kanubhai Nayak S/o, D/o, W/o,  
Kanubhai Nayak hereby affirm that I have not obtained  
JLMV (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. Pandya Vinod. I.  
Signature / Thumb impression of the beneficiary

V.I. Pandya  
Witness

B.R.P  
(I.E.O) MO- 9737621600

For Office Use Only

Name of the beneficiary Roshni Kanubhai Nayak

Registration No.

Age / Gender 13 yr

Address At- Bastad  
mediya faliya

T. - Mahuva  
D. - SURAT  
Monthly Income

₹ 2000/-

Nature of Disability MR

Type of aid given JLMV K-3

Signature of the issuing authority

V.I. Pandya  
Received





1 Seena  
19-9-16

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Photograph  
of Beneficiary  
with Disability

REGISTRATION FORM

55

1. Name Divya Reg No \_\_\_\_\_ Age/Sex 17/f
2. Address Swastik Nagar, Chalthan ta. Palsana, Surat
3. Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
4. Income 25000/-
5. Caste (SC/ST/OBC) SC
6. Father Name mahesh Education \_\_\_\_\_ Occupation \_\_\_\_\_
7. Mother Name Sharmila Education \_\_\_\_\_ Occupation \_\_\_\_\_
8. Family monthly income \_\_\_\_\_
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. 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/ Taluqa/MRO)
  4. Disability Certificate (40% and above - mandatory)

Received by [Signature]

Count \_\_\_\_\_

National Institute for the Mentally Handicapped  
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Manovikasnagar, Secunderabad



**UNDERTAKING**

I, Divya S/o, D/o, W/o,  
mahesh Dimmar 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,

Ravindra 9512200869  
Signature / Thumb impression of the beneficiary

RT (IED)

Ravindra  
Witness

**For Office Use Only**

Name of the beneficiary Divya maheshbhai Dimmar

Registration No.

Age / Gender 17 / F

Address Swastik Nagar, Chalthan, Ta. Palsana, Surat

Monthly Income 2500/-

Nature of Disability MR (moderate)

Type of aid given

Signature of the issuing authority

Kit - 4

Received  
Ravindra





(Issued  
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Photograph  
of Beneficiary  
with Disability

56

REGISTRATION FORM

- 1 Name Suvarna Reg No \_\_\_\_\_ Age/Sex 12 / f
- 2 Address Bhanot Nagar, Chaltham, Ta. Palsana Dist Surat
- 3 Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
- 4 Income 22000/-
- 5 Caste (SC/ST/OBC) \_\_\_\_\_
- 6 Father Name Punamchand Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8 Family monthly income \_\_\_\_\_
- 9 Category of handicapped MR
- 10 Diagnosis moderate
- 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 Crutcher ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

Kit - 4  
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/ Taluqa/MRO)
  - 4 Disability Certificate (40% and above - mandatory)

Received by

*[Signature]*

Co-ordinator

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



**UNDERTAKING**

I, Suvarna S/o, D/o, W/o,  
Punamchand Rathod hereby affirm that I have not obtained  
Tim (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.

Ravindra 9572200869  
Signature / Thumb impression of the beneficiary  
RT(ED)

Ravindra  
Witness

**For Office Use Only**

Name of the beneficiary Suvarna Punamchand Rathod  
Registration No.  
Age / Gender 12 / f  
Address Bhanut Nagar, Chalthan To - Palsana, Surat  
Monthly Income 22,000/-  
Nature of Disability MR / moderate  
Type of aid given Kit - EP  
Signature of the issuing authority [Signature]  
Ravindra  
[Signature]





Issued  
19.9.16

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Photograph  
of Beneficiary  
with Disability

57

REGISTRATION FORM

1. Name Shivam Reg No \_\_\_\_\_ Age/Sex m/14
2. Address Amalaseid Zi. Palasana Dist. SURGA - 9723 290016
3. Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
4. Income
5. Caste (SC/ST/OBC) \_\_\_\_\_
6. Father Name Helliah mykesh Bhai Education \_\_\_\_\_ Occupation \_\_\_\_\_
7. Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
8. Family monthly income - 2000/-
9. Category of handicapped - MR
10. Diagnosis Sever
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 - 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 only (MRO))
  4. Disability Certificate (40% and above - mandatory)

Received by

*[Signature]*

Count

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



**UNDERTAKING**

I, Shivam S/o, D/o, W/o,  
Mukesh Halpati 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,

A. Vasid - 9723290016

Signature / Thumb impression of the beneficiary

B.R.P. I.F.D.

A. Vasid  
Witness

**For Office Use Only**

Name of the beneficiary: Shivam Mukeshbhai Halpati

Registration No.

Age / Gender

- 10 yrs / m.

Address

: Vamsaha, Pisadler, Ta. Palsana  
Dis - Street.

Monthly Income

- 20000/- Per. year.

Nature of Disability

- Severe mental Retardation.

Type of aid given

- Kit-3

Signature of the issuing authority

Received  
Revind 25





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19-9-16.

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Photograph  
of Beneficiary  
with Disability

58

REGISTRATION FORM

1. Name SANJAYASHMIT Reg No \_\_\_\_\_ Age/Sex 12/Female
2. Address VADAPALLE
3. Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
4. Income 25000/-
5. Caste (SC/ST/OBC) \_\_\_\_\_
6. Father Name Sanjay Kumar Education \_\_\_\_\_ Occupation \_\_\_\_\_
7. Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
8. Family monthly income \_\_\_\_\_
9. Category of handicapped MF
10. Diagnosis moderate M.R.
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/ MRO)
  4. Disability Certificate (40% and above - mandatory)

Entered by

*[Handwritten signature]*

Coordinator

National Institute for the Mentally Handicapped  
(EXTENSION PROGRAMME)

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



**UNDERTAKING**

I, ASHMITA SANJAY BHAI RATHOD 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,

P.H.P. 8006756772  
Signature / Thumb impression of the beneficiary  
B.A.P. I.F.D

P.H.P.  
Witness

**For Office Use Only**

Name of the beneficiary Ashmita Sanjay bhai Rathod  
Registration No.  
Age / Gender : 12 year  
Address : Vadadala P.O. Palasa Dis - Syleet  
Monthly Income : - 25000/- New Income.  
Nature of Disability : m.A.  
Type of aid given : Kit - 3  
Signature of the issuing authority : Recipient  
Ravindra





Issued  
19.9.16.

National Institute for the Mentally Handicapped, Secunderabad



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Manovikas Nagar, Secunderabad - 500009, AP, India  
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(An ISO Certified Institution)



Photograph  
of Beneficiary  
with Disability

REGISTRATION FORM

59

1. Name Komal Kumari Reg No \_\_\_\_\_ Age/Sex 10/f
2. Address Chalthan, Tel: Palsana, Surat.
3. Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
4. Income 15,000/-
5. Caste (SC/ST/OBC) \_\_\_\_\_
6. Father Name modanbhai Education \_\_\_\_\_ Occupation \_\_\_\_\_
7. Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
8. Family monthly income \_\_\_\_\_
9. Category of handicapped mp/mr
10. Diagnosis moderate
11. Disability percentage 80%

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. Crupper ( )
7. Walker ( )
8. Walking Stick ( )
9. Walking Cane ( )
10. Hearing Aids ( )
11. Any other (specify) ( )

kit - 3

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)

Witnessed by

*[Signature]*

Country

National Institute for the Mentally Handicapped  
(EXTENSION PROGRAMME)

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



**UNDERTAKING**

I, Komal Kumari S/o, D/o, W/o,  
Madanbhai Prayapati 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.

Ravindra 9512200869  
Signature / Thumb impression of the beneficiary  
RT. (JED)

Ravindra  
Witness

**For Office Use Only**

Name of the beneficiary Komal Kumari Madanbhai Prayapati

Registration No.

Age / Gender 10 / f

Address Chalan, Ta. Palsana Dist Surat

Monthly Income 10000/-

Nature of Disability MD/mg (moderate)

Type of aid given

Kit - 3

Signature of the issuing authority

Ravindra





Issued-  
19.9.16.



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(An ISO Certified Institution)



Photograph  
of Beneficiary  
with Disability

60

REGISTRATION FORM

1. Name **Vishal** Reg No \_\_\_\_\_ Age/Sex **14/M** **80007367**
2. Address **mq bhinca, Tar Palasand @ ss-surat @**
3. Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
4. Income \_\_\_\_\_
5. Caste (SC/ST/OBC) \_\_\_\_\_
6. Father Name **BHIKHA BHAI** Education \_\_\_\_\_ Occupation \_\_\_\_\_
7. Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
8. Family monthly income \_\_\_\_\_
9. Category of handicapped **MR**
10. Diagnosis \_\_\_\_\_
11. Disability percentage **60%**

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)

Received by *[Signature]*

Coordinator

National Institute for the Mentally Handicapped  
(EXTENSION PROGRAMME)

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



**UNDERTAKING**

I, Rathod Vishal Bhikhabhai 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.

B.R.P. F.F.D.  
Signature / Thumb impression of the beneficiary

B.R.P. F.F.D.  
Witness

**For Office Use Only**

Name of the beneficiary Rathod Vishal Bhikhabhai  
Registration No.  
Age / Gender 14 - M  
Address MAKHINGA Tarakamal Dis - 5482  
Monthly Income ₹5000/- per - year  
Nature of Disability - MILD M.A.  
Type of aid given Kit - 3  
Signature of the issuing authority

Rewari  
Rammore





Issued  
19.9.16.

National Institute for the Mentally Handicapped, Secunderabad



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Manovikas Nagar, Secunderabad - 500009, AP, India  
Phone: 040-27751741-45, Fax: 040-27750198  
(An ISO Certified Institution)



Photograph  
of Beneficiary  
with Disability

REGISTRATION FORM

61

- 1. Name **Abhishek** Reg No \_\_\_\_\_ Age/Sex **9/m**
- 2. Address **Kadodara, Kadodara To Palsana Dist - SURAT**
- 3. Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
- 4. Income **25000/-**
- 5. Caste (SC/ST/OBC) \_\_\_\_\_
- 6. Father Name **Suresh** Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7. Mother Name **Lata** Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8. Family monthly income \_\_\_\_\_
- 9. Category of handicapped **MR**
- 10. Diagnosis **moderate**
- 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 - 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)

Received by *[Signature]*

Center

National Institute for the Mentally Handicapped  
(EXTENSION PROGRAMME)

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



**UNDERTAKING**

I, Abhishek Sureshbhai Rathod S/o, D/o, W/o,  
Sureshbhai Rathod hereby affirm that I have not obtained  
TM (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.

Ravindra 9512200869  
Signature / Thumb impression of the beneficiary  
(RT) (IED)

Ravindra  
Witness

**For Office Use Only**

Name of the beneficiary Abhishek Sureshbhai

Registration No.

Age / Gender 9 / m

Address Kadodra, Ta - Palsana, Surat

Monthly Income - 25000

Nature of Disability MR - Moderate

Type of aid given Bit - 3

Signature of the issuing authority

Received

X Ravindra





Issued  
19.9.16.

62

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Photograph  
of Beneficiary  
with Disability

REGISTRATION FORM

1. 1 Name **Sruti** Reg No \_\_\_\_\_ Age/Sex **9/f**
- 2 Address **Amalsadi Ta. Palsana Dist. Surrat**
- 3 Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
- 4 Income **20,000/-**
- 5 Caste (SC/ST/OBC) \_\_\_\_\_
- 6 Father Name **Mahesh** Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8 Family monthly income \_\_\_\_\_
- 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 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)

Received by

Co-ordinator

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**UNDERTAKING**

I, Sruti S/o, D/o, W/o  
maheshbhai halpati 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.

Ravindra 9512200869  
Signature / Thumb-impression of the beneficiary

RT(ED)

Ravindra  
Witness

**For Office Use Only**

Name of the beneficiary Sruti maheshbhai Halpati

Registration No.

Age / Gender 9 / f

Address Amalsadi Topalsana, Dist Surat

Monthly Income 2000/- A.A.

Nature of Disability MR — Moderate

Type of aid given

kit - 3

Signature of the issuing authority

Ravindra





Issued  
19.9.16

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Photograph  
of Beneficiary  
with Disability

63

REGISTRATION FORM

1. Name **PARTH** Reg No \_\_\_\_\_ Age/Sex **M/10**
2. Address **PLSHAD - TAL. PULSTANI - DIST. SURAT**  
**9825238186**
3. Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
4. Income **20000/-**
5. Caste (SC/ST/OBC) \_\_\_\_\_
6. Father Name **PARANESH** Education \_\_\_\_\_ Occupation \_\_\_\_\_
7. Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
8. Family monthly income **- 20000/-**
9. Category of handicapped **- MR**
10. Diagnosis **- MODRAT**
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)

Noted by

Count

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



**UNDERTAKING**

I, PARTH S/o, D/o, W/o,  
PRAGNESH DHIMAR hereby affirm that I have not obtained  
\_\_\_\_\_ (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,

DAVESH - 9723240016  
Signature / Thumb impression of the beneficiary

BRPLFD

DAVESH  
Witness

**For Office Use Only**

Name of the beneficiary Parth Pragadesh bhai Dimmar

Registration No.

Age / Gender - m / 10 years

Address PISHAD TE-PALSABAI DIST- SURAT

Monthly Income 20000/-

Nature of Disability MR / moderate

Type of aid given Kit-3

Signature of the issuing authority Revised  
X Rainel





Issued  
19.9.16

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Photograph  
of Beneficiary  
with Disability

REGISTRATION FORM

67

64

1. Name **Yogiraj** Reg No \_\_\_\_\_ Age/Sex **19/M**  
2. Address **Swastik Nagar, Chaltham To. Palsana, Dist. Surat**

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

4. Income **25000/-**

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

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

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

8. Family monthly income \_\_\_\_\_

9. Category of handicapped **MR**

10. Diagnosis **mild fmr**

11. Disability percentage **40%**

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)

Noted by

*[Signature]*

Co-ordinator

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Manovikasnagar, Secunderabad



**UNDERTAKING**

I, Yogiraj Narendra Jadega 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.

Ravindra 95.122.00.869  
Signature / Thumb impression of the beneficiary  
(RT) IED

Ravindra  
Witness

**For Office Use Only**

Name of the beneficiary: Yogiraj Narendra

Registration No.

Age / Gender: 12 year / m.

Address: Swastik Nagar, Chaitram Ta - Palasa, Sukt

Monthly Income: 25000/-

Nature of Disability: MR - mild

Type of aid given: Kit - 3

Signature of the issuing authority

Ravindra  
X Ravindra





Issued  
19.9.

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Photograph  
of Beneficiary  
with Disability

REGISTRATION FORM

65

- 1. Name Nisraj Reg No \_\_\_\_\_ Age/Sex 18 / m
- 2. Address Kumbhar farsiyu, chalthan, Tar. Palasana, Surat
- 3. Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
- 4. Income 15,000/-
- 5. Caste (SC/ST/OBC) \_\_\_\_\_
- 6. Father Name Prakash Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7. Mother Name Jagruti Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8. Family monthly income \_\_\_\_\_
- 9. Category of handicapped MR
- 10. Diagnosis MODERATE
- 11. Disability percentage 75%

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. Crupper ( )
- 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 copy/MRO)
  - 4. Disability Certificate (40% and above - mandatory)

Interviewed by [Signature]

Country \_\_\_\_\_

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



**UNDERTAKING**

I, Niraj Prakashbhai 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.

Ravindra. 9512200869  
Signature / Thumb impression of the beneficiary  
(RTCIED)

Ravindra  
Witness

**For Office Use Only**

Name of the beneficiary Niraj Prakashbhai .m HESUDEYA

Registration No.

Age / Gender 18 / m

Address Kumbhar fariga, chalthan Ta. Palsana, Surat

Monthly Income 15000/-

Nature of Disability MR : -Moderat

Type of aid given

Rs 4

Signature of the issuing authority

Ree

Ravindra





Issued

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Photograph  
of Beneficiary  
with Disability

66

REGISTRATION FORM

- I. 1 Name - LILA Reg No \_\_\_\_\_ Age/Sex - 13/F
- 2 Address - Vahesha, Tq. Palsana Dis - 54 East
- 3 Educational Qualification \_\_\_\_\_ Occupation <9825238186
- 4 Income \_\_\_\_\_
- 5 Caste (SC/ST/OBC) \_\_\_\_\_
- 6 Father Name Sukubai Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8 Family monthly income 24000/-
- 9 Category of handicapped MR
- 10 Diagnosis SV SEVERE
- 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 - 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 Gan

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

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



**UNDERTAKING**

I, Liza Sukabai Rathod 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] 9723240016  
Signature / Thumb impression of the beneficiary

BAP (CEO)

[Signature]  
Witness

**For Office Use Only**

Name of the beneficiary LIZA Sukabai Rathod  
Registration No. \_\_\_\_\_  
Age / Gender F- / 13  
Address - VCAESHU - Tee - Kalsana - Dis - Street  
Monthly Income - 24000/-  
Nature of Disability - Severe M.R.  
Type of aid given Kit - 4  
Signature of the issuing authority [Signature]

[Signature]  
\_\_\_\_\_



Issued 19/9

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67

REGISTRATION FORM

- 1. Name Tejash Ujjwal Reg No - \_\_\_\_\_ Age/Sex M
- 2. Address Ankleshwar Di-Bharuch 2015
- 3. Educational Qualification - \_\_\_\_\_ Occupation Student
- 4. Income 48000/- Per Year
- 5. Caste (SC/ST/OBC) OBC
- 6. Father Name - Ketanbhai Education - \_\_\_\_\_ Occupation - \_\_\_\_\_
- 7. Mother Name Ketanaben Education - \_\_\_\_\_ Occupation H.W
- 8. Family monthly income 4000/- Per Year month
- 9. Category of handicapped mental retardation
- 10. Diagnosis 50% mild
- 11. Disability percentage 50% mental retardation

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 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

National Institute for the Mentally Handicapped  
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Manovikasnagar, Secunderabad



**UNDERTAKING**

I, Telar Utasav bhai S/o, D/o, W/o,  
Telar Ketambhai 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.

Deviya Narsenabhai D  
Signature / Thumb impression of the beneficiary  
m-9427669440

Deviya  
Witness

**For Office Use Only**

Name of the beneficiary

Telar Utasav bhai.

Registration No.

Age / Gender

m-20 yrs

Address

Ankleshwar Di-Bharuch

Monthly Income

4000/- per year month  
(48,000/- per annum)

Nature of Disability

mh

Type of aid given

K - 3 -

Signature of the issuing authority

Received  
Deviya



Issued 19/9

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68

REGISTRATION FORM

- 1 Name Vasava Tejasbhai Reg No \_\_\_\_\_ Age/Sex m / 11 yrs
- 2 Address Bhala Vada Ta-Vality 9427669440  
Di-Blaruch
- 3 Educational Qualification \_\_\_\_\_ Occupation student
- 4 Income ~~\_\_\_\_\_~~
- 5 Caste (SC/ST/OBC) ST
- 6 Father Name sureshbhai Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name malaben Education \_\_\_\_\_ Occupation H.W
- 8 Family monthly income 1200/- Per Year month
- 9 Category of handicapped MR
- 10 Diagnosis with 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) ( )

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 \_\_\_\_\_

Checked by \_\_\_\_\_

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



**UNDERTAKING**

I, Vasava Tejashbhai Sureshbhai S/o, D/o, W/o,  
Vasava Sureshbhai hereby affirm that I have not obtained  
JLH (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,

S.P. SSA  
Devirani  
Signature / Thumb impression of the beneficiary  
9429669440

Devirani  
Witness

**For Office Use Only**

Name of the beneficiary : Vasava Tejashbhai Sureshbhai  
Registration No. :  
Age / Gender : M - 11  
Address : Bhalavadi  
Monthly Income : ~~₹200/- Per month~~  
~~₹2000/- Per month~~  
Nature of Disability : MR 25,000/- per annum  
Type of aid given :  
Signature of the issuing authority :

Received  
Devirani



issued 19/9

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69

REGISTRATION FORM

1. Name Vasava Subhag Reg No 14 yrs Age/Sex M
2. Address Jesya Tarvalita Di-Bharuch  
m-9427669410
3. Educational Qualification — Occupation STUDENT
4. Income 4000/- Per Year
5. Caste (SC/ST/OBC) ST
6. Father Name Hasa Mukhbari Education — Occupation —
7. Mother Name Sitaben Education — Occupation H.W
8. Family monthly income 4000/- Per Year month
9. Category of handicapped MR
10. Diagnosis mental retardation
11. Disability percentage Sox. mild Mod. MR 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)

Refered by

Coord. ...

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Manovikasnagar, Secunderabad



**UNDERTAKING**

I, Vasava Sadharabhai S/o, D/o, W/o,  
Vasava Hashmukhbhai 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.

Devirao Narasimha  
Signature / Thumb impression of the beneficiary  
M-9427669446

Devirao  
Witness

**For Office Use Only**

Name of the beneficiary : Vasava Sadharabhai Hashmukhbhai  
Registration No.  
Age / Gender : m - 15  
Address : Desad Ta-Vadiva Di-Bharukh  
Monthly Income : 4000/- (Pay 1000/- per month per annum)  
Nature of Disability : MR  
Type of aid given : TLM - K - 37  
Signature of the issuing authority

Received.

Devirao



Issued 19/9

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REGISTRATION FORM

- 1 Name Patel Greshbhai Reg No \_\_\_\_\_ Age/Sex m/18yr.
- 2 Address Ankleshwara Paradiwada  
Ankeshwara, Bharuch 9427669440
- 3 Educational Qualification \_\_\_\_\_ Occupation Student
- 4 Income ₹ 500/- per year
- 5 Caste (SC/ST/OBC) OBC
- 6 Father Name Sumanben Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name Savitribai Education \_\_\_\_\_ Occupation HW
- 8 Family monthly income ₹ 500/- per year month
- 9 Category of handicapped MR
- 10 Diagnosis Mild MR
- 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 Camper ( )
  - 7 Walker ( )
  - 8 Walking Stick ( )
  - 9 Walking Cane ( )
  - 10 Hearing Aids ( )
  - 11 Any other (specify) ( )
- 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)

Date issued by \_\_\_\_\_

Count \_\_\_\_\_

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Manovikasnagar, Secunderabad



**UNDERTAKING**

Patel Jigneshbhai Jayatibhai  
I, Devendra Anant Shinde S/o, D/o, W/o,  
Patel Jayatibhai 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.

Devendra  
Signature / Thumb impression of the beneficiary  
M. 9427669480

Devendra  
Witness

**For Office Use Only**

Name of the beneficiary : Patel Jigneshbhai  
Registration No. :  
Age / Gender : 38  
Address : Ankleshwar  
Monthly Income : ₹ 4000/- per month  
Nature of Disability : MR  
Type of aid given : TLM K-4  
Signature of the issuing authority : Devendra  
M-9427669440

Received  
Devendra



11

Issued 19/19

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71

**REGISTRATION FORM**

1. Name Mohamed SAHAN Reg No 9424669440 Age/Sex M
2. Address Amkle Shwara Di-Bhara Ch
3. Educational Qualification Student Occupation Student
4. Income ~~20000~~ Per Year
5. Caste (SC/ST/OBC) memory
6. Father Name Irachha Education - Occupation -
7. Mother Name Nasumbani Education - Occupation H.W
8. Family monthly income 2000 Per Year month
9. Category of handicapped MR
10. Diagnosis mental retardation
11. Disability percentage 50% mild

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. Carpet ( )
7. Walker ( )
8. Walking Stick ( )
9. Walking Cane ( )
10. Hearing Aids ( )
11. Any other (specify) ( )

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)

Entered by

Cell No

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UNDERTAKING

I, Nazir Mohamed Inaam S/o, D/o, W/o,  
Nazir Zaqshad 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.

Deviraj Narasimhan D.  
Signature / Thumb impression of the beneficiary  
m-9429669440

Deviraj Narasimhan D.  
Witness

For Office Use Only

Name of the beneficiary : Nazir Muhamad Inaam  
Registration No. :  
Age / Gender : m-16  
Address : Ankleshwar  
Monthly Income : 2000/- per ~~year~~ month  
Nature of Disability : 50%  
Type of aid given : ILM-4  
Signature of the issuing authority

Received  
Deviraj Narasimhan D.



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72

REGISTRATION FORM

- I. 1 Name sekh Nimondin Reg No \_\_\_\_\_ Age/Sex m 26
- 2 Address Ankleshwar
- 3 Educational Qualification \_\_\_\_\_ Occupation - student
- 4 Income - 25000/- Per Year
- 5 Caste (SC/ST/OBC) \_\_\_\_\_
- 6 Father Name SASID Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name SABITHA Education \_\_\_\_\_ Occupation H.W
- 8 Family monthly income - 2000/- Per month
- 9 Category of handicapped mh
- 10 Diagnosis 50% 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 Cane ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

JLM - 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)

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

Covered by \_\_\_\_\_

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UNDERTAKING

I, Seikh NI mudin S/o, D/o, W/o,  
Seikh NASSIR hereby affirm that I have not obtained  
SI 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.

Deviyasa Narendran D.  
Signature / Thumb impression of the beneficiary

Deviyasa  
Witness

Pr. Co-ordinator, M. Chaitan Patel. - 9428 772505

For Office Use Only

Name of the beneficiary

Seikh NAIMUDIN

Registration No.

Age / Gender

M - 26

Address

Ankleshwar, Di-Bharuch

Monthly Income

2000/- Per month

Nature of Disability

MR (24,000/- per annum)

Type of aid given

SLM-4

Signature of the issuing authority

Received  
Deviyasa



Issued  
19/9/16

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Photograph  
of Beneficiary  
with Disability

73

REGISTRATION FORM

- 1 Name Jayesh bhai Rakeshbhai Grawat Reg No.                      Age/Sex 9yr/M
- 2 Address Velanga, Kamrej, 468722 Elang
- 3 Educational Qualification                      Occupation
- 4 Income
- 5 Caste (SC/ST/OBC)
- 6 Father Name - Rakeshbhai Gulabbhai Education                      Occupation
- 7 Mother Name                      Education                      Occupation
- 8 Family monthly income 17,000/- per annum
- 9 Category of handicapped MR
- 10 Diagnosis MR of 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) ( )
- TLM  
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)

Retrieved by

Code: 01

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Manovikasnagar, Secunderabad



**UNDERTAKING**

I, Jayeshbhai Rakeshbhai Gramit S/o, D/o, W/o,  
Rakeshbhai Yerabhi 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.

Tsivesh N.H -> 4687220438 S.S.A. THEKHEK  
Signature / Thumb impression of the beneficiary

Tsivesh N.H  
Witness

**For Office Use Only**

Name of the beneficiary Jayeshbhai Rakeshbhai Gramit  
Registration No.  
Age / Gender 9 yr / M  
Address Velanya, Kamrej, Surod  
Monthly Income 17,000/- per annum  
Nature of Disability MR  
Type of aid given TLM K-3  
Signature of the issuing authority





Issued  
19/9/16.

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Photograph  
of Beneficiary  
with Disability

74

REGISTRATION FORM

1. Name JAMBIT PARESH Reg No \_\_\_\_\_ Age/Sex 10y. 10y / male
2. Address R.K. COLONY KHOLKAD
3. Educational Qualification \_\_\_\_\_ Occupation CG8722438
4. Income \_\_\_\_\_
5. Caste (SC/ST/OBC) \_\_\_\_\_
6. Father Name JAYANTHAI Education \_\_\_\_\_ Occupation \_\_\_\_\_
7. Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
8. Family monthly income 10,000 per annum
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-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)

Noted by \_\_\_\_\_

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

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**UNDERTAKING**

I, SAMIT PARESH S/o, D/o, W/o,  
JAYNTE BHAI hereby affirm that I have not obtained  
TLH. (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.

T. N. H. - 4687224138

Signature / Thumb impression of the beneficiary

T. N. H.

Witness

**For Office Use Only**

Name of the beneficiary : SAMIT PARESH

Registration No.

Age / Gender : 10 / MALE

Address : R. K. Colony, Khotwad,  
Ranrej, Surat

Monthly Income : 10,000 per annum.

Nature of Disability : MR

Type of aid given : TLH-3

Signature of the issuing authority



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75

REGISTRATION FORM

- 1 Name Tak Jal Kumar Reg No \_\_\_\_\_ Age/Sex 15y/male
- 2 Address GAYTRI NAGAR  
RHOLVAD 468722003
- 3 Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
- 4 Income \_\_\_\_\_
- 5 Caste (SC/ST/OBC) \_\_\_\_\_
- 6 Father Name T.B. Velthai Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8 Family monthly income 24000/-
- 9 Category of handicapped \_\_\_\_\_
- 10 Diagnosis Mental retardation
- 11 Disability percentage 40%

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 Canpel ( )
  - 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)

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

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

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Manovikasnagar, Secunderabad



**UNDERTAKING**

I, TAK JALAKKUMAR S/o, D/o, W/o,  
BHAGVASINI BHAI 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.

Tak Jalakumar SSA Teacher  
Signature / Thumb impression of the beneficiary  
Tak Jalakumar  
Witness

**For Office Use Only**

Name of the beneficiary : Tak Jalakumar  
Registration No. :  
Age / Gender : 15y / male  
Address : Jayatri Nagar  
Kholwad  
Monthly Income : ~~24,000/-~~ 25,000/-  
Nature of Disability : MR  
Type of aid given : K-4  
Signature of the issuing authority



Issued  
19/9/16.

76



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REGISTRATION FORM

- 1 Name Pinal Kumari Reg No 164/F Age/Sex
- 2 Address Vill Kori Bhalkane, Ten Kamej St. Surat Anjaral
- 3 Educational Qualification - Occupation -
- 4 Income -
- 5 Caste (SC/ST/OBC) -
- 6 Father Name Dinesh Bhai Lambhai Education - Occupation -
- 7 Mother Name - Education - Occupation -
- 8 Family monthly income 15000/-
- 9 Category of handicapped Mild Retardation
- 10 Diagnosis 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) ( )

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)

Refered by

Co-ordinator

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**UNDERTAKING**

I, Pinal Kumari S/o, D/o, W/o,  
Dipakjyoti 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.

Signature / Thumb impression of the beneficiary

Witness

**For Office Use Only**

Name of the beneficiary

Pinal Kumari

Registration No.

Age / Gender

16 / Female

Address

Kori Bakhana, Teh Kamej,  
Dt. Surat, Gujarat.

Monthly Income

15000/-

Nature of Disability

Mental Retardation

Type of aid given

TLM. K - 2p.

Signature of the issuing authority





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Photograph  
of Beneficiary  
with Disability

77

REGISTRATION FORM

1. Name Haradik Kumar maheshbhai Chavakara Reg No.                      Age/Sex 16/M
2. Address chikar faliyu  
vamsda Umargui Barsda Navsari 942822370
3. Educational Qualification                      Occupation
4. Income
5. Caste (SC/ST/OBC)
6. Father Name maheshbhai Education                      Occupation
7. Mother Name                      Education                      Occupation
8. Family monthly income 38,000/PA
9. Category of handicapped - MR
10. Diagnosis MRD
11. Disability percentage 50%

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) ( )

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)

Reviewed by

Coordinator

National Institute for the Mentally Handicapped  
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Manovikasnagar, Secunderabad



**UNDERTAKING**

I. Haradikkumar Maheshbhai Chavadhaj S/o, D/o, W/o,  
Chikar faliyy Vansda Umargki Navsari 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



**For Office Use Only**

*Janard*  
9638063955

Name of the beneficiary Haradikkumar maheshbhai chavadhaj

Registration No.

Age / Gender 15y/M

Address Chikar faliyy Vansda Umargki Navsari

Monthly Income 38,000/-

Nature of Disability

Type of aid given

Signature of the issuing authority





Issued.  
19/9/16.

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Photograph  
of Beneficiary  
with Disability

78

REGISTRATION FORM

- I. 1 Name Jignesh Ramamohan Reg No \_\_\_\_\_ Age/Sex 19/M
- 2 Address mamta mandir  
navsari
- 3 Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
- 4 Income \_\_\_\_\_
- 5 Caste (SC/ST/OBC) \_\_\_\_\_
- 6 Father Name Ramamohan Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8 Family monthly income 38,000/-
- 9 Category of handicapped MR
- 10 Diagnosis MRD
- 11 Disability percentage 75%

9913493719

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) ( )

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)

Initiated by \_\_\_\_\_

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

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Manovikasnagar, Secunderabad



**UNDERTAKING**

I, Jignesh Ramanbhai Oad S/o, D/o, W/o,  
mamta mandir Navsari 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



**For Office Use Only**

Name of the beneficiary Jignesh Ramanbhai Oad

Registration No.

Age / Gender 18 Y/M

Address mamta mandir Navsari

Monthly Income 38,000

Nature of Disability MR: | MOD

Type of aid given

Signature of the issuing authority





Issued.  
dt. 19.5.16.

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Photograph  
of Beneficiary  
with Disability

79

REGISTRATION FORM

- 1 Name Smt Aswin Bhai Kanani Reg No \_\_\_\_\_ Age/Sex 17 yrs/M
- 2 Address Kanani  
234, Kantha Society, Parthana Takatnaki
- 3 Educational Qualification Kanrej, Savat Occupation \_\_\_\_\_
- 4 Income \_\_\_\_\_
- 5 Caste (SC/ST/OBC) \_\_\_\_\_
- 6 Father Name Aswin Bhai Kanani Education \_\_\_\_\_ Occupation Kanani
- 7 Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8 Family monthly income \_\_\_\_\_
- 9 Category of handicapped MR
- 10 Diagnosis 75% Mod. MR
- 11 Disability percentage 35-40% 75%

9638063955

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-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

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



**UNDERTAKING**

I, Smt Asewubhai Kanani S/o, D/o, W/o,  
Asewubhai Kanani 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



Witness

**For Office Use Only**

Name of the beneficiary

Smt. Asewubhai Kanani

Registration No.

Age / Gender

17 yrs (M)

Address

234, Kavita Society, Sarkhana  
Jakatnaka, Kamrej, Surat.

Monthly Income

- 37,000/- per annum.

Nature of Disability

MR

Type of aid given

TLM K-4.

Signature of the issuing authority



રપાલિકા

: નવસારી.

ભાવ શાંતિ

પુરાની છે.

આપવામાં આવે છે.



મુખ  
નગરપાલિકા  
નવસારી

19/1/16

Institute for the Mentally Handicapped, Secunderabad  
Ministry of Social Justice & Empowerment, Govt of India  
Anovikas Nagar, Secunderabad - 500009, AP, India  
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Photograph  
of Beneficiary  
with Disability

REGISTRATION FORM

Name: Dimple Kohli  
Reg No: 9978328096  
Age/Sex: 16yrs / F  
Address: Bld. 1st Floor, Kolbat Lean, Kolbatdevi,

Educational Qualification: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Caste (SC/ST/OBC): \_\_\_\_\_  
Father Name: Bharat R. Kohli. Education: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Mother Name: \_\_\_\_\_ Education: \_\_\_\_\_ Occupation: \_\_\_\_\_

Family monthly income: \_\_\_\_\_  
Category of handicapped: MR  
Diagnosis: Mild  
Disability percentage: 50%

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

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 Canpel ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

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/ Taluqa/MRO)
  - 4 Disability Certificate (40% and above - mandatory)

Received by

Coordinate

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Manovikasnagar, Secunderabad



UNDERTAKING

I, Dimple Kohli S/o, D/o, W/o,  
Bharat R Kohli 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.

Dimple  
9638063955

Signature / Thumb impression of the beneficiary



Witness

For Office Use Only

Name of the beneficiary : Dimple Kohli  
Registration No. :  
Age / Gender : 16yrs / F  
Address : Bld. 1st floor, Kolbat Lan, Kalbadevi  
Monthly Income : 35,000/- per annum  
Nature of Disability : MR  
Type of aid given : 16yrs  
Signature of the issuing authority : AR





Issued  
19-9-16

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Photograph of Beneficiary with Disability



REGISTRATION FORM

1. Name Dhruv Brijesh Chavhan Age/Sex 15 year - male  
Reg No
2. Address  
H/O NO - A/P Shirpur Tel - Shirpur  
Village - Shirpur post office main Shirpur Dist - Phule
3. Educational Qualification Occupation
4. Income - 40000/-
5. Caste (SC/ST/OBC)
6. Father Name Brijesh Chavhan Occupation
7. Mother Name Education Occupation
8. Family monthly income 40000/- per year
9. Category of handicapped Mild MR
10. Diagnosis
11. Disability percentage 75%

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

1. Educational Materials  
(Educational materials 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

Coordinator

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Manovikasnagar, Secunderabad



**UNDERTAKING**

I, Dhruv Brijesh chavhan S/o, D/o, W/o,  
Brijesh chavhan 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

**For Office Use Only**

Name of the beneficiary

Dhruv Brijesh chavhan

Registration No.

Age / Gender

15 year / male

Address

Ho No - Shirpur, Tal-shirpur village-shirpur  
post office main shirpur dist- Dhule

Monthly Income

40,000/- (per year)

Nature of Disability

Mild MR

Type of aid given

TLM.  
K4

Signature of the issuing authority





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Photograph  
of Beneficiary  
with Disability

82

REGISTRATION FORM

- 1 Name Ratul S/O Reg No \_\_\_\_\_ Age/Sex 23 yrs M
- 2 Address - 60 - Manab Kalyan Trust, Mantla Mandi, Navasari
- 3 Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
- 4 Income \_\_\_\_\_
- 5 Caste (SC/ST/OBC) \_\_\_\_\_
- 6 Father Name Navroddan Bhai Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8 Family monthly income 45000/- (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 Camper ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

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)

Noted by \_\_\_\_\_

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

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Manovikasnagar, Secunderabad



**UNDERTAKING**

I, Rahul S/o, D/o, W/o,  
Narorattan 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;

Rahul

Signature / Thumb impression of the beneficiary



Rahul

Witness

JAYBHAI N. RAHA  
J.S. DOK  
9978805873

**For Office Use Only**

Name of the beneficiary

Rahul

Registration No.

Age / Gender

23 yrs / M

Address

C/o - Manab Kalyan Trust,  
Maanta Mandir,  
Navsari

Monthly Income

- 48,000/- per annum

Nature of Disability

MR mild

Type of aid given

K-4

Signature of the issuing authority

[Signature]





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Photograph of Beneficiary with Disability

83

REGISTRATION FORM

- 1. Name Vishal Kumar Reg No \_\_\_\_\_ Age/Sex 18 years M
- 2. Address Tulsivan Society  
Chappa Road Mansarovar
- 3. Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
- 4. Income \_\_\_\_\_
- 5. Caste (SC/ST/OBC) \_\_\_\_\_
- 6. Father Name Lakshmanbhai Gupta Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7. Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8. Family monthly income 26000 (Per year)
- 9. Category of handicapped MR Mode
- 10. Diagnosis FSF
- 11. Disability percentage 75%

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) ( )

K G TLM

iii. Remarks

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

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

\_\_\_\_\_

Natio



e for the Mentally Handicapped  
ENSION PROGRAMME)  
(Justice & Empowerment, Govt. of India)  
ovikasnagar, Secunderabad



**UNDERTAKING**

Vishal Kumar Gupta S/o, D/o, W/o,  
Laxmanbhai Gupta hereby affirm that I have not obtained  
TKM (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]

Signature / Thumb impression of the beneficiary



907880583

[Signature]

Witness

JAYSH N. RAMH  
Jr. clerk

**For Office Use Only**

Name of the beneficiary

Vishal Kumar Gupta

Registration No.

Age / Gender

18 years / M

Address

Tulsiram society  
Chhapra Road, Navsari

Monthly Income

36000 (per year)

Nature of Disability

MR mode

Type of aid given

TKM K-4 KH

Signature of the issuing authority





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Photograph of Beneficiary with Disability

REGISTRATION FORM

- I.
- 1 Name Hemanshu Nayala, Reg No \_\_\_\_\_ Age/Sex 28yrs / M
  - 2 Address Gopal Nayala  
Vijalpare ch  
Jadalapore
  - 3 Educational Qualification Navasari, Occupation mo. 997880583
  - 4 Income \_\_\_\_\_
  - 5 Caste (SC/ST/OBC) \_\_\_\_\_
  - 6 Father Name Gulab Nayala, Education \_\_\_\_\_, Occupation \_\_\_\_\_
  - 7 Mother Name \_\_\_\_\_, Education \_\_\_\_\_, Occupation \_\_\_\_\_
  - 8 Family monthly income 32,000/- per annum
  - 9 Category of handicapped MR
  - 10 Diagnosis mild MR
  - 11 Disability percentage 50%

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) ( )
- 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)

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

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



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Manovikasnagar, Secunderabad



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19/9/16

84

**UNDERTAKING**

I, Hemangshu Jay Nayak S/o, D/o, W/o,  
Jyoti Nayak hereby affirm that I have not obtained  
JEM (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



[Signature]

Witness

JAYESH N. KAN  
J.S. Clerk  
9978805883

**For Office Use Only**

Name of the beneficiary : Hemangshu Nayak  
Registration No. :  
Age / Gender : 28 yrs / M  
Address : Jyoti Nagar,  
Vijalpure, Talalpure, Navsari.  
Monthly Income : 32,000/- per annum  
Nature of Disability : MR mild  
Type of aid given : JEM-4  
Signature of the issuing authority : [Signature]





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Photograph  
of Beneficiary  
with Disability

85

REGISTRATION FORM

1. Name Pareshbhai Reg No \_\_\_\_\_ Age/Sex 26 yrs / M.
2. Address Karashandas Katariya  
8/10 - Karshan Das  
Surya Nagar, Vijalpore, Navasari
3. Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_ Mob: 9978805873
4. Income \_\_\_\_\_
5. Caste (SC/ST/OBC) \_\_\_\_\_
6. Father Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
7. Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
8. Family monthly income 45000/- per year
9. Category of handicapped MR
10. Diagnosis Mild MR
11. Disability percentage 50%

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) ( )

TLM-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 \_\_\_\_\_

Coordinator \_\_\_\_\_

National Institute for the Mentally Handicapped  
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Manovikasnagar, Secunderabad



**UNDERTAKING**

I, Paresh Bhai S/o, D/o, W/o,  
Karshandas Katariya 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



Witness

JAYESH N. RANA  
J.S. Clerk  
99786 9573

**For Office Use Only**

Name of the beneficiary : Paresh Bhai  
Registration No.  
Age / Gender : 26 yr / M  
Address : Suroga Nagar, Vijai Pore  
Navsari  
Monthly Income : 45000 (per year)  
Nature of Disability : MR mild  
Type of aid given : TLM 4 (KIT 4)  
Signature of the issuing authority





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Photograph of Beneficiary with Disability

REGISTRATION FORM

86

- 1 Name Souvanik Kar Reg No \_\_\_\_\_ Age/Sex 20 M years
- 2 Address Atulya shanti Apartment  
Pastulana Nagar, Manohar MO 9978805873
- 3 Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
- 4 Income \_\_\_\_\_
- 5 Caste (SC/ST/OBC) \_\_\_\_\_
- 6 Father Name Sunit/Bhai Kar Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8 Family monthly income 45000/- (per year)
- 9 Category of handicapped MR
- 10 Diagnosis AKLD (M.R)
- 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 Caliper ( )
  - 7 Walker ( )
  - 8 Walking Stick ( )
  - 9 Walking Cane ( )
  - 10 Hearing Aids ( )
  - 11 Any other (specify) ( )
- TLM  
KL

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 - manjara)

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

Signature \_\_\_\_\_

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**UNDERTAKING**

I, Sourav Kar S/o, D/o, W/o,  
Sumitbhai Kar here by 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.

[Signature]



[Signature]

Signature / Thumb impression of the beneficiary

Witness

JAYBH N. KANA  
Jr. Clerk

**For Office Use Only**

Name of the beneficiary

Sourav Sumitbhai Kar 9978605878

Registration No.

Age / Gender

20 years male

Address

A/304, Shanti Building  
Kar Fuling, Navsari

Monthly Income

45000/- (per year)

Nature of Disability

MR MILD

Type of aid given

TLM 4 (KIE-4)

Signature of the issuing authority





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Photograph  
of Beneficiary  
with Disability

87

REGISTRATION FORM

- 1 Name Manoj Kumar K Patel Reg No \_\_\_\_\_ Age/Sex 20 years M
- 2 Address At - peruru - ramesh family  
Tel - peruru Dist - vaizal MO. 907880558B
- 3 Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
- 4 Income \_\_\_\_\_
- 5 Caste (SC/ST/OBC) \_\_\_\_\_
- 6 Father Name Kishan Babu Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8 Family monthly income 42000/- per year
- 9 Category of handicapped MR MOD
- 10 Diagnosis \_\_\_\_\_
- 11 Disability percentage 75%

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 ( ) TLM
- 6 Camper ( )
- 7 Walker ( ) K-4
- 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 by Revenue Department only/(MRO))
  - 4 Disability Certificate (40% and above - mandatory)

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

\_\_\_\_\_

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UNDERTAKING

I, manojkumar kishanbhai patel S/o, D/o, W/o,  
kishanbhai patel hereby affirm that I have not obtained  
TEM (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

JAYESH N. RANA  
Jr. Clerk

For Office Use Only

Name of the beneficiary

manojkumar kishanbhai patel - 99788 05873

Registration No.

Age / Gender

20 years / M

Address

MT 7 PG- Parda  
musa faliya, Tal. pardi  
Dist. valad

Monthly Income

4000/PA

Nature of Disability

MR mod

Type of aid given

TEM-4 (KIE-4)

Signature of the issuing authority





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Photograph  
of Beneficiary  
with Disability

88

REGISTRATION FORM

- 1 Name Patel Vinod Kumar Reg No \_\_\_\_\_ Age/Sex 22yrs/M
- 2 Address 40 - Pratul J. Patel, Khergaon, Navasari
- 3 Educational Qualification \_\_\_\_\_ Occupation Agriculture
- 4 Income 40,000 per annum. MO. 99788 05873
- 5 Caste (SC/ST/OBC) V
- 6 Father Name Pratul J. Patel Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name Patel Jyoti Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8 Family monthly income \_\_\_\_\_
- 9 Category of handicapped MR
- 10 Diagnosis Mod. MR
- 11 Disability percentage 65%

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 Spline ( )
  - 5 Crutches ( )
  - 6 Camper ( )
  - 7 Walker ( )
  - 8 Walking Stick ( )
  - 9 Walking Cane ( )
  - 10 Hearing Aids ( )
  - 11 Any other (specify) ( )
- 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% & above - mandatory)

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

\_\_\_\_\_

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Manovikasnagar, Secunderabad



**UNDERTAKING**

I, Patel Vinit Kumar. S/o, D/o, W/o,  
Pragati y. 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.

Signature / Thumb impression of the beneficiary



Witness

JAYESH N. RANA  
JX. CLOAK  
997880587E

**For Office Use Only**

Name of the beneficiary

Patel Vinit Kumar

Registration No.

Age / Gender

22 yrs / M

Address

Uhergaon, Navsari

Monthly Income

40,000 per annum

Nature of Disability

Mod MR

Type of aid given

Signature of the issuing authority



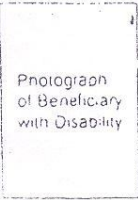


Issued  
19/09/16

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Manovikas Nagar, Secunderabad - 500009, AP, India  
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(An ISO Certified Institution)



89

REGISTRATION FORM

- 1 Name **Manisha** Reg No \_\_\_\_\_ Age/Sex **19/F**
- 2 Address **Vijalpore** **5460141455**
- 3 Educational Qualification **Navsuri, Ta. Jaldapore. Dist: Navsuri** Occupation **Students**
- 4 Income **2,000/-**
- 5 Caste (SC/S1/OBC) **OBC**
- 6 Father Name **Ashok** Education - Occupation
- 7 Mother Name **Asha** Education - Occupation **house wife**
- 8 Family monthly income **2,000**
- 9 Category of handicapped **MR.**
- 10 Diagnosis **Mild 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 Canes ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

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)

Interviewed by

MR

Co-interviewed by

ational Institute for the Mentally Handicapped  
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Manovikasnagar, Secunderabad



**UNDERTAKING**

I, ~~Bereend~~ Manisha S/o, D/o, W/o,  
Ashok 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.

Jalalpore  
SSA Teacher  
Signature / Thumb impression of the beneficiary

8460141485

Jhes B...  
Witness

**For Office Use Only**

Name of the beneficiary : Manisha Ashok Patil  
Registration No. :  
Age / Gender : 15<sup>19</sup> years / F  
Address : Vijalpore  
Ta: Jalalpore Di: Nawsari  
Monthly Income : 20000 / per annum  
Nature of Disability : MR.  
Type of aid given :  
Signature of the issuing authority :



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19.9.16

90

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REGISTRATION FORM

- 1. Name **PRIYANKA BEN** Reg No **14 yrs.** Age/Sex **F**
- 2. Address **Malā Faliyu, Balleshwar, Palsana, Surat, Gujarat.** **98200687**
- 3. Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
- 4. Income **-**
- 5. Caste (SC/ST/OBC) \_\_\_\_\_
- 6. Father Name **Hasmukhbhai Rathod** Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7. Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8. Family monthly income **BPL**
- 9. Category of handicapped **Mental Retardation**
- 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. Canpe. ( ) **K-3.**
- 7. Walker ( )
- 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 by Revenue Department only/(MRO)) **BPL card**
  - 4. Disability Certificate (40% and above - mandatory)

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

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

Issued

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**UNDERTAKING**

I, PRIYANKA BEN S/o, D/o, W/o,  
Hasmukh Bai Rathod 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.

B.R.P. F.E.D. 5000756773  
Signature / Thumb impression of the beneficiary

B.R.P. F.E.D.  
Witness

**For Office Use Only**

Name of the beneficiary : Priyanka Ben  
Registration No. :  
Age / Gender : 14 / Female  
Address : Mata Paliyu, Baleshwar,  
Palsana, Surat, Gujarat.  
Monthly Income : BPL.  
Nature of Disability : Mental Retardation  
Type of aid given :  
Signature of the issuing authority :



17  
19/5/16

91



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REGISTRATION FORM

- 1 Name ILAYARAT SHEIKH Reg No \_\_\_\_\_ Age/Sex M/12
- 2 Address Maha Falls AT Babeshwan  
P.O. Babeshwan, Distt. Surat 80007567
- 3 Educational Qualification \_\_\_\_\_ Occupation Teacher
- 4 Income \_\_\_\_\_
- 5 Caste (SC/ST/OBC) \_\_\_\_\_
- 6 Father Name Labir Sheikh Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8 Family monthly income \_\_\_\_\_
9. Category of handicapped \_\_\_\_\_
- 10 Diagnosis Moderate M.R.
- 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 Canes ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

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)

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

\_\_\_\_\_

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Manovikasnagar, Secunderabad



**UNDERTAKING**

I, Ilayakat Jabir S/o, D/o, W/o,  
Jabir Sheikh 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.

Bnd 8000786773  
Signature / Thumb impression of the beneficiary  
B.R.P. I.R.D

Bnd  
Witness

**For Office Use Only**

Name of the beneficiary

ILAYAKAT

Registration No.

Age / Gender

12 / Male

Address

Molie Fahiya, AT Baleshwar  
P.O. Baleshwar, Dist. Surat,  
Gujarat.

Monthly Income

25,000/-

Nature of Disability

Mental Retardation

Type of aid given

K-4

Signature of the issuing authority

NR



Issued

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92

REGISTRATION FORM

- 1 Name **JAYSHRI** Reg No \_\_\_\_\_ Age/Sex **13/F**
- 2 Address **NAVU FALIYU, Village- KHOLVAD, Teh- KAMREJ, Dist- SURAT - mob. 9887224438**
- 3 Educational Qualification \_\_\_\_\_ Occupation **S.S.U. Teacher**
- 4 Income \_\_\_\_\_
- 5 Caste (SC/ST/OBC) \_\_\_\_\_
- 6 Father Name **KISHAN C. VASAVA** Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8 Family monthly income **3750/- per month**
- 9 Category of handicapped **M.R**
- 10 Diagnosis **Moderate**
- 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 Canes ( )
- 7 Walker ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

K - Bp

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 only) (MRO) **(Taluka)**
  - Disability Certificate (40% and above - mandatory)

Reviewed by

Issued by \_\_\_\_\_

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Manovikasnagar, Secunderabad



**UNDERTAKING**

I, JAYSHRI S/o, D/o, W/o,  
KISHAN C. 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.

Jayshri M.H. → 46872201038  
Signature / Thumb impression of the beneficiary

Jayshri M.H.  
Witness

**For Office Use Only**

Name of the beneficiary : Jayshri  
Registration No. :  
Age / Gender : 13yrs / Female  
Address : Navu Faliyu, Vill Kholwad,  
Teh: Kamrej, Dist. Surat.  
Monthly Income : 8750/- per month (per annum  
income - 45,000/-)  
Nature of Disability : Mental Retardation.  
Type of aid given : TLM - K - B  
Signature of the issuing authority : MS



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19/09/16

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100

REGISTRATION FORM

- 1 Name Muskan Banu malek Reg No \_\_\_\_\_ Age/Sex 11/F
- 2 Address H.No-1120, Bazar Fabiyv  
Baleshwari & Pabana  
Surat Gujarat
- 3 Educational Qualification \_\_\_\_\_ Occupation \_\_\_\_\_
- 4 Income \_\_\_\_\_
- 5 Caste (SC/ST/OBC) \_\_\_\_\_
- 6 Father Name Asifamiya Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 7 Mother Name \_\_\_\_\_ Education \_\_\_\_\_ Occupation \_\_\_\_\_
- 8 Family monthly income APL 1 card holder.
- 9 Category of handicapped M.R
- 10 Diagnosis Mild M.R
- 11 Disability percentage 50%

901652074

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

- 1 Educational Materials  7-11 yrs.
- 2 Wheelchair ( )
- 3 Tricycle ( )
- 4 Splint ( )
- 5 Crutches ( )
- 6 Camper ( )
- 7 Walker K-3 ( )
- 8 Walking Stick ( )
- 9 Walking Cane ( )
- 10 Hearing Aids ( )
- 11 Any other (specify) ( )

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) APL Card holder
  - 4 Disability Certificate (40% and above - mandatory)

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

Country \_\_\_\_\_

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Manovikasnagar, Secunderabad



**UNDERTAKING**

I, Muskanbanu Malek S/o, D/o, W/o,  
Asifamiya 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,

B.L. 000756773  
Signature / Thumb impression of the beneficiary  
B.R.P I.E.D.

Radhu  
Witness

**For Office Use Only**

Name of the beneficiary. Muskanbanu Malek

Registration No.

Age / Gender 11yrs / F.

Address 1120, Bazaar Faliya,  
Baleshwar, Palsana, Surat,  
Gujarat.

Monthly Income APL 1

Nature of Disability Mental Retardation

Type of aid given

Signature of the issuing authority