



Issued
19/9

National Institute for the Mentally Handicapped, Secunderabad



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



Photograph
of Beneficiary
with Disability

(101)

REGISTRATION FORM

- 1 Name **Akash** Reg No _____ Age/Sex _____
- 2 Address **AT-Post Kolwad Tal - Kamraj**
- 3 Educational Qualification **Churukuru Society Dis - Surat** Occupation _____
- 4 Income _____
- 5 Caste (SC/SI/OBC) _____
- 6 Father Name **Lilagi** Education _____ Occupation _____
- 7 Mother Name _____ Education _____ Occupation _____
- 8 Family monthly income _____
- 9 Category of handicapped **MR**
- 10 Diagnosis **Moderate MR - IQ 35-49.**
- 11 Disability percentage _____

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

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

K-3

Ref No - 3

III. Remarks

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

Received by *[Signature]*

Coord. _____

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



UNDERTAKING

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

Signature / Thumb impression of the beneficiary



Witness

For Office Use Only

Dated
9638063955

Name of the beneficiary Akash Lilaji Sonkar
Registration No.
Age / Gender 9 year / male
Address
AT-Post Koliwad tal - Kambaje
Churukupa Society Dist. surat
Monthly Income
Nature of Disability MR : Moderate IQ 35-49
Type of aid given Kaf-3
Signature of the issuing authority

x Received
x Dated
9638063955



Issued
19/9.

National Institute for the Mentally Handicapped, Secunderabad



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Photograph
of Beneficiary
with Disability

102

REGISTRATION FORM

1. Name Gayathri Kumar Mukundhai Naiky Reg No _____ Age/Sex _____
2. Address M4, PO, Matvad 9924611989
Ta - Gandivi, Navsari
3. Educational Qualification _____ Occupation _____
4. Income _____
5. Caste (SC/ST/OBC) _____
6. Father Name Mukundhai Education _____ Occupation _____
7. Mother Name Dasuben Education _____ Occupation _____
8. Family monthly income ₹ 5,000 / PA
9. Category of handicapped MR
10. Diagnosis med Severe MR
11. Disability percentage 90%

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) ()

TLM kit (3)

III. Remarks

Documents enclosed

1. one 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

Received
Pokhary
9428223701

National Institute for the Mentally Handicapped
(EXTENSION PROGRAMME)

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



UNDERTAKING

I, रावरावकुमार मुकुण्डी नाईक S/o, D/o, W/o,
मु.पो. मातवद गण्देवी मुकुण्डी hereby affirm that I have not obtained
नावसारी 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.

Handwritten signature and thumb impression of the beneficiary.

Signature / Thumb impression of the beneficiary



Witness

Handwritten signature and thumb impression of the witness.

For Office Use Only

Name of the beneficiary रावरावकुमार मुकुण्डी नाईक

Registration No.

Age / Gender

14 / Y / M

Address

मु.पो. मातवद गण्देवी
नावसारी

Monthly Income

15,000 / - PA

Nature of Disability

MR / MOD

Type of aid given

TLM केंद्र. (3)

Signature of the issuing authority

Issued
19/9/16.

National Institute for the Mentally Handicapped, Secunderabad



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103

REGISTRATION FORM

- 1. Name *Rethad Tammany Dhi. Rubhai* Reg No. Age/Sex *10/F*
- 2. Address - *To - Tantiyachala*
Ta - Palasa Dis - S.P. Dist. No. 80007567
- 3. Educational Qualification *Teacher* Occupation
- 4. Income
- 5. Caste (SC/ST/OBC)
- 6. Father Name - *Dhishai* Education Occupation
- 7. Mother Name Education Occupation
- 8. Family monthly income
- 9. Category of handicapped *MR*
- 10. Diagnosis *Mod. MR*
- 11. Disability percentage *75%*

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

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

SLM-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

Issue pl. Co-ordinator


National Institute for the Mentally Handicapped
(EXTENSION PROGRAMME)

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




UNDERTAKING

I, Rathod Jannana S/o, D/o, W/o,
Rathod Dhirubhai 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,

 80002567
Signature / Thumb impression of the beneficiary
S.S.A. B.P. F.E.O.


Witness

For Office Use Only

Name of the beneficiary : Rathod Jannana
Registration No.
Age / Gender : 10 / F
Address : Jathizaghada
Vadadla Sarti
Palsana, Surat.
Monthly Income : 23,000/- per annum
Nature of Disability : MR
Type of aid given : TLM K-3
Signature of the issuing authority : 



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Photograph
of Beneficiary
with Disability

109

REGISTRATION FORM

- 1 Name SANJAY KUMAR Reg No _____ Age/Sex 11/m
- 2 Address H No- 75/3, NISTAL FALITU, PALSANA BHUPUR, Suraat Gujarat. 6000756772
Teacher
- 3 Educational Qualification _____ Occupation _____
- 4 Income _____
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name Satish bhai Rathor Education _____ Occupation _____
- 7 Mother Name _____ Education _____ Occupation _____
- 8 Family monthly income _____
- 9 Category of handicapped M. R.
- 10 Diagnosis Severe Mental Retardation
- 11 Disability percentage 90%

Recommendation of Aids and Appliances

(Please tick mark for recommended aids and appliances)

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

TLM - K2

III. Remarks

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

Received by _____

Co-ordinator _____

National Institute for the Mentally Handicapped
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Manovikasnagar, Secunderabad



UNDERTAKING

I, Sanjay Kumar S/o, D/o, W/o,
Satis K. Bhai Rathod 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.

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

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

For Office Use Only

Name of the beneficiary : Sanjay Kumar
Registration No.
Age / Gender : 4 yr. / M.
Address : H/No - 75/3 Nishal Colony
Palkana, Bhutpur, Subd.
Monthly Income : 20,000/- per annum (BPL)
Nature of Disability : MR.
Type of aid given : TLM-K-2
Signature of the issuing authority



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19/5/16.

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Photograph
of Beneficiary
with Disability

105

REGISTRATION FORM

- 1 Name ROHANY harsesh Ramchellu Age/Sex 7y/M
Reg No
- 2 Address SILVER CITY PANDEYSARA
SURAT
- 3 Educational Qualification Occupation gg2573582
- 4 Income
- 5 Caste (SC/ST/OBC)
- 6 Father Name harsesh bh Education Occupation
- 7 Mother Name Gitaben Education Occupation
- 8 Family monthly income 36,000 PA
- 9 Category of handicapped MR
- 10 Diagnosis MRO
- 11 Disability Percentage 75%

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 Canpe ()
 - 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)

Interviewed by

Coordinator

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



UNDERTAKING

I, Roham hares h Panchal S/o, D/o, W/o,
SILVER CITY PANDAYSARA SURAT 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 Roham hares h Panchal

Registration No.

Age / Gender 7 Y / M

Address SILVER CITY PANDAYSARA SURAT

Monthly Income 36000 / PA

Nature of Disability MR mad

Type of aid given

Signature of the issuing authority



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19/9/16.

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Photograph of Beneficiary with Disability

106

REGISTRATION FORM

1. Name Mitkumar Tejushai Reg No. 9662230443 Age/Sex 9 yrs / Male
2. Address MChooli Chodhri
TU - Jdiluipos
3. Educational Qualification _____ Occupation _____
4. Income _____
5. Caste (SC/ST/OBC) _____
6. Father Name Tejusbhai Education _____ Occupation _____
7. Mother Name _____ Education _____ Occupation _____
8. Family monthly income 47,000 / PA
9. Category of handicapped _____
10. Diagnosis SINI Moderate (MR)
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. 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)

Entered by _____

Checked by _____



UNDERTAKING

I, Smittkumar Tejasbhai chodhari 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.

Signature / Thumb impression of the beneficiary



963806395
Witness

For Office Use Only

Name of the beneficiary Smittkumar chodhari

Registration No.

Age / Gender 34/M : 94/M

Address

Monthly Income

47,000/PA

Nature of Disability

Moderate (MR)

Type of aid given

Rat-A

Signature of the issuing authority



18 need
19/5/16.

National Institute for the Mentally Handicapped, Secunderabad



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(An ISO Certified Institution)



Photograph of Beneficiary with Disability

107

REGISTRATION FORM

- Name Urvish Kumar *Ashok Bhai Chaudhari* Reg No Age/Sex *9yr / M.*
- Address *Shangaham Yam, St, Aukha, Dang*
- Educational Qualification Occupation *9374865508*
- Income
- Caste (SC/ST/OBC)
- Father Name *Ashok Bhai Chaudhari* Education Occupation
- Mother Name Education Occupation
- Family monthly income
- Category of handicapped *MR*
- Diagnosis *Mod*
- Disability percentage *75%*

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)
 - Wheelchair
 - Tricycle
 - Splint
 - Crutches
 - Canes
 - Walker
 - Walking Stick
 - Walking Cane
 - Hearing Aids
 - Any other (specify)
- TLM-3*

III. Remarks

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

Received by

Co-ordinator

National Institute for the Mentally Handicapped
(EXTENSION PROGRAMME)

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



UNDERTAKING

I, Urviish Kumar, Ashok bhai Chaudhari S/o, D/o, W/o,
Ashok bhai Chaudhari 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,

Handwritten signature
9638063955

Signature / Thumb impression of the beneficiary



Handwritten signature
Witness

For Office Use Only

Name of the beneficiary Urviish Kumar Ashokbhai Chaudhari

Registration No.

Age / Gender 45/M

Address Shangaham Yan, TL, Aukwa,
Dahg.

Monthly Income - 45,000/- per annum.

Nature of Disability

Type of aid given TLM-K-3

Signature of the issuing authority *Handwritten signature*



Issued
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(An ISO Certified Institution)



Photograph
of Beneficiary
with Disability

108

REGISTRATION FORM

- 1 Name Zyzar Hussainibhai W089 Age/Sex 9 year/male
- 2 Address Khergam road, Chikhi, Dist: Narsara
- 3 Educational Qualification _____ Occupation _____
- 4 Income _____
- 5 Caste (SC/ST/OBC) OBC
- 6 Father Name Hussainibhai Education _____ Occupation _____
- 7 Mother Name Fatemabai Education _____ Occupation _____
- 8 Family monthly income 34,000/-
- 9 Category of handicapped _____
- 10 Diagnosis _____
- 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 Caster ()
- 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)

Accepted by

Coordinator

National Institute for the Mentally Handicapped
(EXTENSION PROGRAMME)

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



UNDERTAKING

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

Signature / Thumb impression of the beneficiary



Witness

For Office Use Only

Name of the beneficiary Zuzar huseinbhai voru

Registration No.

Age / Gender 18 years

Address Rhorgam Road, Chikhli Dist: Navsari

Monthly Income 34,000/-
yearly

Nature of Disability

Type of aid given

K-3

Signature of the issuing authority



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19.9.16.

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Phone 040-27751741-45, Fax 040-27750198
(An ISO Certified Institution)



Photograph
of Beneficiary
with Disability

109

REGISTRATION FORM

- 1 Name Sagar Kumar Gupta Age/Sex 10yrs / M.
- 2 Address Nirjaganj, Pl. No-8, Vaadana Society, Bhestan Road, Bhestan, Surat
- 3 Educational Qualification _____ Occupation _____
- 4 Income _____ 9909638998
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name Sanjay Gupta Education _____ Occupation _____
- 7 Mother Name _____ Education _____ Occupation _____
- 8 Family monthly income _____
- 9 Category of handicapped MR
- 10 Diagnosis old 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) ()

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
(EXTENSION PROGRAMME)

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



UNDERTAKING

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

Signature / Thumb impression of the beneficiary



Witness

For Office Use Only

Name of the beneficiary

Sagar Kumar Jypta

Registration No.

Age / Gender

10 yrs / M

Address

Pt. No- 8, Vandana Society,
Bhesla, Surat

Monthly Income

39,000/- per annum

Nature of Disability

MR

Type of aid given

JLM-K-3

Signature of the issuing authority

HR



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19.9.16.

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(An ISO Certified Institution)



Photograph
of Beneficiary
with Disability

100

REGISTRATION FORM

- I. 1 Name Amishkumar Bharathbhai Prasad Age/Sex 7 YIM
- 2 Address Dumun
- 3 Educational Qualification _____ Occupation _____
- 4 Income _____
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name Bharathbhai Education _____ Occupation _____
- 7 Mother Name _____ Education _____ Occupation _____
- 8 Family monthly income 42,000 / PA
- 9 Category of handicapped MOD
- 10 Diagnosis MR
- 11 Disability percentage 40%

846968712

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

Entered by _____

Co-ordinator _____

ational Institute for the Mentally Handicapped
(EXTENSION PROGRAMME)

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



UNDERTAKING

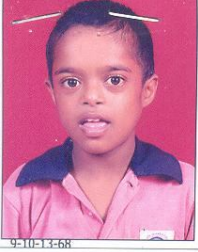
I, Anishkumar bharatbhui Prasad S/o, D/o, W/o,
Dammam hereby affirm that I have not obtained
_____ (description of
the aid / appliances) form any other agency / source during the last three years, I further assure that I will
keep it for my bonafide use.

Signature / Thumb impression of the beneficiary



For Office Use Only

Name of the beneficiary: A : Anishkumar bharatbhui Prasad
Registration No. :
Age / Gender : 7 y / M
Address : Dammam
Monthly Income : 42,000 / PA
Nature of Disability : MR / MOD
Type of aid given :
Signature of the issuing authority :



9-10-13-68

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19.9.16.

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(An ISO Certified Institution)



Photograph
of Beneficiary
with Disability

111

REGISTRATION FORM

1. Name Roshan J. Gunda Reg No 1514 Age/Sex 7y 1M
2. Address క.పి. లాస్ (వారి కిచ్చి)
చి. హిల్లు శ. 232
3. Educational Qualification _____ Occupation _____
4. Income _____ 972745881
5. Caste (SC/ST/OBC) _____
6. Father Name Jadesh bhai Education _____ Occupation _____
7. Mother Name Simben Education _____ Occupation _____
8. Family monthly income 48,000/PA
9. Category of handicapped Mod / MR
10. Diagnosis 35-49. MR
11. Disability percentage 35-49.

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

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

V. Remarks

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

Reviewed by _____

Co-ordinator _____

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



UNDERTAKING

I, Roshan J. Goudasiya S/o, D/o, W/o,
MU.Po - bastald (Talav Falliyu) hereby affirm that I have not obtained
Td - Mahuva, Dist - Surat (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

Roshan J. Goudasiya
9638263955

Name of the beneficiary Roshan J. Goudasiya

Registration No.

Age / Gender 47 y / M

Address MU.Po - bastald (Talav Falliyu)
Td - Mahuva, Dist - Surat

Monthly Income : 48,000 / PA

Nature of Disability : MR / MOD

Type of aid given

Signature of the issuing authority



Issued.
19.9.16.

National Institute for the Mentally Handicapped, Secunderabad

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



Photograph
of Beneficiary
with Disability

REGISTRATION FORM

112

- 1 Name **RUCHITA** Reg No Age/Sex **16 / F**
- 2 Address **VAV DEJAZ** **95K200825**
KOMPLES
- 3 Educational Qualification Occupation
- 4 Income
- 5 Caste (SC/ST/OBC)
- 6 Father Name **SATISHBHARZ** Education Occupation
- 7 Mother Name Education Occupation
- 8 Family monthly income **23000**
- 9 Category of handicapped **MRB**
- 10 Diagnosis **Mod.**
- 11 Disability percentage **75%**

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 Camper () **K-4**
- 7 Walker ()
- 8 Walking Stick ()
- 9 Walking Cane ()
- 10 Hearing Aids ()
- 11 Any other (specify) ()

checked

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))
- Disability Certificate (40% and above - mandatory)

Interviewed by

Coordinator

Recive

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Manovikasnagar, Secunderabad



UNDERTAKING

I, RUCHITA S/o, D/o, W/o,
SATISHBHAR PASBHAR hereby affirm that I have not obtained
T.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.

Signature / Thumb impression of the beneficiary

9662338204

[Handwritten signature]
(I E D R T)

[Handwritten signature]
Witness

For Office Use Only

Name of the beneficiary : Ruchita
Registration No.
Age / Gender : 16 / F
Address : VAK, DESAZ FALIVU,
KAMPET
Monthly Income : 23600 per annum
Nature of Disability : MR 75%
Type of aid given : K-2p
Signature of the issuing authority



S. Aswath
19.9.16

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Photograph of Beneficiary with Disability

113

REGISTRATION FORM

1 Name	Divya	Reg No		Age/Sex	8/1 F
2 Address	NARAYAN KUMRE				9879178984
3 Educational Qualification		Occupation			9879178984
4 Income					
5 Caste (SC/ST/OBC)					
6 Father Name	Dilip Kumar	Education		Occupation	
7 Mother Name		Education		Occupation	
8 Family monthly income	1000/-				
9 Category of handicapped	MR				
10 Diagnosis	Mild MR				
11 Disability percentage	50%				

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

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

Kit - 3

III. Remarks

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

Received by

Count

Received

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UNDERTAKING

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

Signature / Thumb impression of the beneficiary

[Handwritten Signature]
9662398104

[Handwritten Signature]
Witness
(IEA R9)

For Office Use Only

Name of the beneficiary

Divya

Registration No.

Age / Gender

14yr / F

Address

NAVANABAR, KAMREJ

Monthly Income

19000

(15,000/- Per annum)

Nature of Disability

MR

Type of aid given

JLM

Signature of the issuing authority

Issued
14.9.16.

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REGISTRATION FORM

114

1. Name Rajubhai Reg No. _____ Age/Sex _____
2. Address Kumbhal SURAT, GURUKRUPA SOS, 9522200825
3. Educational Qualification _____ Occupation _____
4. Income _____
5. Caste (SC/ST/OBC) _____
6. Father Name Laxman Bhai Education _____ Occupation _____
7. Mother Name _____ Education _____ Occupation _____
8. Family monthly income 23000/-
9. Category of handicapped Moderate Rehabilitation
10. Diagnosis Mental Rehabilitation
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) ()

JLM-3

III. Remarks

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

Received by

[Signature]

Co-ordinator

Received

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UNDERTAKING

I, 218 Raju S/o, D/o, W/o,
Laxmubhai 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.

Laxmubhai 966 2598102
Signature / Thumb impression of the beneficiary

Laxmubhai
Witness
IED RTJ

For Office Use Only

Name of the beneficiary : Rajubhai
Registration No. :
Age / Gender : 8 yrs / M.
Address : 203 GURUKRUPA, KHOLKOT
& KUMRE
Monthly Income : 23000/- per annum
Nature of Disability : Mental Retardation
Type of aid given : TLM - 3.
Signature of the issuing authority

Received.
2



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19.9.16.

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Photograph
of Beneficiary
with Disability

REGISTRATION FORM

115

- 1 Name JSHIKA HITESH PURUMUR Reg No _____ Age/Sex 1R
- 2 Address HARIOM NUTAR
KURUP
- 3 Educational Qualification _____ Occupation _____
- 4 Income _____
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name HITESH PURUMUR Education _____ Occupation _____
- 7 Mother Name _____ Education _____ Occupation _____
- 8 Family monthly income 24000 24,000/- per annum
- 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 - 3

III. Remarks

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

Received by

Coordinator

Proive Proive

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UNDERTAKING

I, ISHIKA S/o, D/o, W/o,
HITESH PURMUR hereby affirm that I have not obtained
ALM (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.

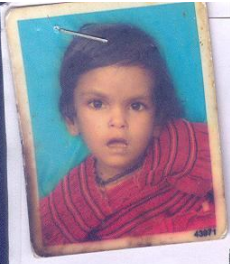
ISHIKA KUMAR
Signature / Thumb impression of the beneficiary

HITESH PURMUR
Witness
(ISHIKA)

For Office Use Only

Name of the beneficiary : Ishika Kumar
Registration No. :
Age / Gender : 12
Address : HARJOM NAGAR KOMPES
Monthly Income : 2000/- per annum
Nature of Disability : MR
Type of aid given :
Signature of the issuing authority

SMUR

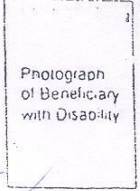


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L16

REGISTRATION FORM

- 1 Name Kasulben Reg No _____ Age/Sex 24/ -
- 2 Address Deled, Kamrej, Kamrej, Sec 6A
- 3 Educational Qualification _____ Occupation _____
- 4 Income _____
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name Madhujinbhi Education _____ Occupation _____
- 7 Mother Name _____ Education _____ Occupation _____
- 8 Family monthly income 20,000 per annum
- 9 Category of handicapped _____
- 10 Diagnosis MR Mod. MR
- 11 Disability percentage 75%

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

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

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)

Interviewed by _____

Coordinates _____

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Manovikasnagar, Secunderabad



UNDERTAKING

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

Signature / Thumb impression of the beneficiary

Kasabben

9652398104
Kasabben
Witness
(E R F)

For Office Use Only

Name of the beneficiary

Kasabben

Registration No.

Age / Gender

13 / F

Address

9652398104, Sured

Monthly Income

2000/- per annum

Nature of Disability

MR

Type of aid given

JLM K-3

Signature of the issuing authority

Kasabben



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Photograph
of Beneficiary
with Disability

117

REGISTRATION FORM

- 1 Name Uman Y. Patil Reg No _____ Age/Sex 20 yrs / M
- 2 Address Sainroad, Palsana, Surat no. 997880587B
- 3 Educational Qualification _____ Occupation _____
- 4 Income _____
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name Yashabhai M. Patil 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) ()
- 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]

Received [Signature]
9879159155

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Manovikasnagar, Secunderabad



UNDERTAKING

I, Usman Y Patti S/o, D/o, W/o,
Yahiabhai Patti 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. KANIA
Jr. clerk
99788 0583

For Office Use Only

Name of the beneficiary : Usman Y. Patti

Registration No. :

Age / Gender : 20 yrs / M.

Address : Ramroad, Palsana, Surat

Monthly Income : -48,800/- per annum

Nature of Disability : MR mild

Type of aid given : TLM - 4

Signature of the issuing authority :



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Photograph of Beneficiary with Disability

REGISTRATION FORM

118

1 Name Samadhan Reg No _____ Age/Sex 21 yrs (M)
 2 Address PATL
S/O - Adhikar M. Patil,
Laxmi Nagar, Sindoli, Surat
 3 Educational Qualification _____ Occupation MO- 9978805873
 4 Income _____
 5 Caste (SC/ST/OBC) → orse
 6 Father Name ADHIKAR PATIL Education _____ Occupation _____
 7 Mother Name _____ Education _____ Occupation _____
 8 Family monthly income 40000/- (per year)
 9 Category of handicapped Mod MR
 10 Diagnosis Mod MR
 11 Disability percentage 75%

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

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

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

Interviewed by [Signature]

Rienel
Shake
9879159185

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Manovikasnagar, Secunderabad



UNDERTAKING

I, Samadhan Patil S/o, D/o, W/o,
Adhikar M. Patil 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.

Patil



Signature / Thumb impression of the beneficiary

Patil

Witness

JAYESH N. PATIL
(Jr. Clerk)
9978805873

For Office Use Only

Name of the beneficiary : Samadhan Patil
Registration No. :
Age / Gender : 21 yrs) M.
Address : Laxmi Nagar, Dindob, Surat
Monthly Income : 42,000 per annum
Nature of Disability :
Type of aid given : MR MOD
Signature of the issuing authority : JLM K-4
AP



Issued
19-9

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Photograph of Beneficiary with Disability

REGISTRATION FORM

119

- 1. Name Khushi Reg No _____ Age/Sex 7/f
- 2. Address Rajgun Nagar, Karan Ta. Palsana Dist - Surat
- 3. Educational Qualification _____ Occupation _____
- 4. Income 20,000/-
- 5. Caste (SC/ST/OBC) _____
- 6. Father Name Pakhubhai Education _____ Occupation _____
- 7. Mother Name Sanjaya Education _____ Occupation _____
- 8. Family monthly income _____
- 9. Category of handicapped: md/mr.
- 10. Diagnosis no defect
- 11. Disability percentage 75%

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

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

TLM
Kit - 2

III. Remarks

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

Received by [Signature]

Coord. []

National Institute for the Mentally Handicapped
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Manovikasnagar, Secunderabad



UNDERTAKING

I, Khushi S/o, D/o, W/o,
Pakhubhai Shahen 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 9572200869
Signature / Thumb impression of the beneficiary
RT CIED

Ravindra
Witness

For Office Use Only

Name of the beneficiary Khushi Pakhubhai

Registration No.

Age / Gender 7 / f

Address Kalyan Nagar, Karan Tal. Palsoni, Dist. Sudd

Monthly Income 20,000/-

Nature of Disability MD / MR - Moderat

Type of aid given KIT - 3

Signature of the issuing authority

Ravindra
Ravindra



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12-9

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Photograph
of Beneficiary
with Disability

REGISTRATION FORM

(C20)

- 1 Name Pragathi Reg No Age/Sex F 1/6
- 2 Address VARILYAN TA-SURATT OH SURATT - 98-25238186
- 3 Educational Qualification Occupation
- 4 Income 20,000/-
- 5 Caste (SC/ST/OBC)
- 6 Father Name ^{DATE D} (S. HANUMANTH) Education Occupation
- 7 Mother Name Education Occupation
- 8 Family monthly income 20000/-
- 9 Category of handicapped MN
- 10 Diagnosis severe
- 11 Disability percentage

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

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

Kit - 2 yr
(2)

III. Remarks

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

Received by

[Signature]

Count

National Institute for the Mentally Handicapped
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Manovikasnagar, Secunderabad



UNDERTAKING

I, Pragati S/o, D/o, W/o,
KESHAVBHAI Vee hereby affirm that I have not obtained
RATHOD (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,

D.A. Veer - 9723 240016
Signature / Thumb impression of the beneficiary

D.A. Veer
Witness

For Office Use Only

Name of the beneficiary: Pragati KESHAVBHAI RATHOD

Registration No.

Age / Gender

F / 16 years

Address

VADAYAN TA SURATH - Dist. SURATH

Monthly Income

- 20000/-

Nature of Disability

MR

(Severe)

Type of aid given

Kit - 2

Signature of the issuing authority

Re. Ciend

Secunderabad



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19.9.

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(An ISO Certified Institution)



Photograph
of Beneficiary
with Disability

REGISTRATION FORM

(2)

- 1 Name **HIMESH** Reg No _____ Age/Sex **M/14 yrs**
- 2 Address **AMBAPOL Tea Palschermit. Dist. SURETH - 9525238186**
- 3 Educational Qualification _____ Occupation **9525238186**
- 4 Income _____
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name **SAHAYRA** Education _____ Occupation _____
- 7 Mother Name _____ Education _____ Occupation _____
- 8 Family monthly income **15000/-**
9. Category of handicapped **MRO**
- 10 Diagnosis **MODERATE**
- 11 Disability percentage _____

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

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

Kit - 3

III. Remarks

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

Entered by

[Signature]

Count

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



UNDERTAKING

I, HIMESH S/o, D/o, W/o,
SAMUKADHATI 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. VENU - 9723290016
Signature / Thumb impression of the beneficiary

A. VENU
Witness

BRD / CED

For Office Use Only

Name of the beneficiary HIMESH SAMUKADHATI HALPATI

Registration No.

Age / Gender 22 / M

Address AMISADI, TA: PALSANA DIST- SURGUT

Monthly Income 15000/-

Nature of Disability MR - Moderate

Type of aid given Kit - 3

Signature of the issuing authority

Received

X Kamesh
97 23 290016



Issued.

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

- 1. Name VATSAL Reg No _____ Age/Sex 14 / M.
- 2. Address Jolavva - Tel Pakhal Dist - Syleet
- 3. Educational Qualification _____ Occupation - 9825238186
- 4. Income _____
- 5. Caste (SC/ST/OBC) (122) _____
- 6. Father Name Himaditya Education _____ Occupation _____
- 7. Mother Name _____ Education _____ Occupation _____
- 8. Family monthly income 23000/-
- 9. Category of handicapped - MR
- 10. Diagnosis - MODERATE
- 11. Disability percentage _____

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

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

Kit - 3

III. Remarks

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

Received by

[Handwritten signature]

Co-ordinator

National Institute for the Mentally Handicapped
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Manovikasnagar, Secunderabad



UNDERTAKING

I, VATSCI S/o, D/o, W/o,
HIMMATBHAI DHIMAR 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.A. Vaid - 9723290016
Signature / Thumb impression of the beneficiary

BAV (I.E.O)

A.A. Vaid
Witness

For Office Use Only

Name of the beneficiary VATSCI HIMMATBHAI DHIMAR

Registration No.

Age / Gender 14 years

Address Joleva, Tal. Pulcheru, Dist. SVA

Monthly Income

22000/- - (P.A)

Nature of Disability

MR. - Moderate

Type of aid given

Kit - 3

Signature of the issuing authority

Received
A. Ramesh

Issued 19/19

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C23

REGISTRATION FORM

- 1 Name Vasava Santhya Reg No _____ Age/Sex F/10
- 2 Address AT PO 2 Keesavol
AT Ankleshwar Dist. Bhimavaram
- 3 Educational Qualification 6th Occupation Student
- 4 Income 25000/-
- 5 Caste (SC/ST/OBC) ST
- 6 Father Name Amritham Education _____ Occupation _____
- 7 Mother Name Kokila Education _____ Occupation _____
- 8 Family monthly income 2010/-
- 9 Category of handicapped MR
- 10 Diagnosis Mild mental Retardation
- 11 Disability percentage _____

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

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

Kit-2

III. Remarks

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

Entered by: [Signature]

Coord. [Signature] 202602

National Institute for the Mentally Handicapped
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Manovikasnagar, Secunderabad



UNDERTAKING

I, Nasara Sindhyaaben A S/o, D/o, W/o,
Amalasaig 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,

Nasara Mehar S.
JED. RT
95720/6029
Signature / Thumb impression of the beneficiary

MSV
Witness

For Office Use Only

Name of the beneficiary Nasara Sindhyaaben A

Registration No.

Age / Gender Female - 10

Address AT. PO. Karavil
Td. Amleshwar
Di. Bhanu

Monthly Income 2010/-
Nature of Disability MR. - Mild.

Type of aid given

KIT-2 Received

Signature of the issuing authority

T. S.

issued 19/9

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REGISTRATION FORM

(29)

- 1 Name Solanki Him Reg No _____ Age/Sex _____
- 2 Address A-1 Post Nawa Barbhalla Female
Amleshwar 9 years
- 3 Educational Qualification _____ Occupation Student
- 4 Income 28000/-
- 5 Caste (SC/ST/OBC) SC
- 6 Father Name Bainsin Education _____ Occupation _____
- 7 Mother Name Beetab Education _____ Occupation _____
- 8 Family monthly income 2000/-
- 9 Category of handicapped MR
- 10 Diagnosis Moderate mental Retardation
- 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 Canper ()
 - 7 Walker ()
 - 8 Walking Stick ()
 - 9 Walking Cane ()
 - 10 Hearing Aids ()
 - 11 Any other (specify) ()
- Kit - 2

III. Remarks

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

Reviewed by Green

Counsellor
K. J. Patel
8/5/20/2022

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Manovikasnagar, Secunderabad



UNDERTAKING

I, Solanki Heenaben 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.

Solanki Jayaben A

IED. RT.

9512618022

Handwritten signature

Signature / Thumb impression of the beneficiary

Handwritten signature

Handwritten signature
Witness

For Office Use Only

Name of the beneficiary Solanki Heenaben Beninbhai

Registration No.

Age / Gender Female - 9 years

Address AT Post - Nany Borbhatga
Ankleshwar Dist - Bhadrach

Monthly Income 2000/-

Nature of Disability MR - Moderate

Type of aid given kit + 2

Signature of the issuing authority

Handwritten signature
Received

Handwritten signature
K. J. Patil
α

Issued

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REGISTRATION FORM

1. 1 Name *Hemabehn choudhary* Reg No _____ Age/Sex *16y / Female*
- 2 Address *AT - Vamsidri
TA - Parvathi*
- 3 Educational Qualification _____ Occupation _____
- 4 Income *20000/-*
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name *Sumilbhai* Education _____ Occupation _____
- 7 Mother Name *hetabehn* Education _____ Occupation _____
- 8 Family monthly income *20,000/- PA*
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 Crutcher ()
- 7 Walker ()
- 8 Walking Stick ()
- 9 Walking Cane ()
- 10 Hearing Aids ()
- 11 Any other (specify) ()

TLM kel (u)

III. Remarks

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

Interviewed by *[Signature]*

Co-ordinator

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



UNDERTAKING

I, Heemalaben S/o, D/o, W/o,
Smitbhai chaudhari 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

S.S.A. CRE 9712014007

Witness

SNEHAL KHEO
S.S.A - SURCF.

For Office Use Only

Name of the beneficiary

Heemalaben

Registration No.

Age / Gender

Female / 16y

Address

AT - Unavakuni
TA - Barauli

Monthly Income

20,000/-

Nature of Disability

M.R.

Type of aid given

TLM card (4)

Signature of the issuing authority

Issued

Tulsi kish 2

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REGISTRATION FORM

- 1. Name Tulshi Nagarajulu Reg No _____ Age/Sex 9y / Female
- 2. Address PT. Venad
JA. Baradoli
- 3. Educational Qualification _____ Occupation _____
- 4. Income _____
- 5. Caste (SC/ST/OBC) _____
- 6. Father Name Nagarajulu Education _____ Occupation _____
- 7. Mother Name Sitaban Education _____ Occupation _____
- 8. Family monthly income 20000/- PA
- 9. Category of handicapped M-R
- 10. Diagnosis moder mental retarded
- 11. Disability percentage 75%

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

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

TLM kish 2

III. Remarks

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

Entered by [Signature]

COO: [Signature]

National Institute for the Mentally Handicapped
(EXTENSION PROGRAMME)

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



UNDERTAKING

I, Tulshi S/o, D/o, W/o,
Nagarbheji pawapati 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.

S.S.A. CAC
Signature / Thumb impression of the beneficiary

9712014007

SNEHAL KHER
Witness

9712014007

For Office Use Only

Name of the beneficiary

TULSI

Registration No.

Age / Gender

Femal / 44

Address

AT. Varad

TA. Bandal,
Surat.

Monthly Income

2000/-

Nature of Disability

MR.

Type of aid given

TLM kit (2)

Signature of the issuing authority

Issued

Issued Kar (4)

National Institute for the Mentally Handicapped, Secunderabad



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REGISTRATION FORM

- 1. Name Sesha Lakshmi Reg No _____ Age/Sex 21y / Female
- 2. Address AT - medhi TA - Boudali
- 3. Educational Qualification _____ Occupation _____
- 4. Income school - PA
- 5. Caste (SC/ST/OBC) _____
- 6. Father Name ghanashai Education _____ Occupation _____
- 7. Mother Name mitaben Education _____ Occupation _____
- 8. Family monthly income school - PA
- 9. Category of handicapped MR
- 10. Diagnosis mild MRCP
- 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 Issued (4)

III. Remarks

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

Received by [Signature]

Coord. _____

National Institute for the Mentally Handicapped
(EXTENSION PROGRAMME)

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



UNDERTAKING

I, Nibhuti S/o, D/o, W/o,
Benechhi Rajaram 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

S.S.A - CRC 9712014007

SYNGHALKHER
S.S.A (CRC) Coast

Witness



For Office Use Only

Name of the beneficiary

Nibhuti

Registration No.

Age / Gender

Female 21 yr

Address

AT. madhi
TA. Benechhi

Monthly Income

Zero

Nature of Disability

M.R.

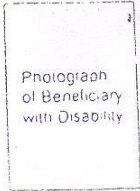
Type of aid given

TLM book (4)

Signature of the issuing authority

Issued

Completed



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REGISTRATION FORM

- 1 Name: Bhise Pritesh Kumar Age/Sex: 12y / M.
- 2 Address: 15-A, Dappun Society, Abbanu Road, Valsad
- 3 Educational Qualification: _____ Occupation: _____
- 4 Income: _____
- 5 Caste (SC/ST/OBC): others Jagdish Ramchandr
- 6 Father Name: _____ Education: _____ Occupation: _____
- 7 Mother Name: _____ Education: _____ Occupation: _____
- 8 Family monthly income: Rs 24,100/- PA
- 9 Category of handicapped: MF
- 10 Diagnosis: Severe MF
- 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 Crutches ()
- 7 Walker ()
- 8 Walking Stick ()
- 9 Walking Cane ()
- 10 Hearing Aids ()
- 11 Any other (specify) ()

TLM Kit (2)

III. Remarks

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

Received by: Jeele

COO

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UNDERTAKING

I, Bhise Pritesh Kumar S/o, B/o, W/o,
Jagdish Ramchandra TLM 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.

Bhise

Bhise

Signature / Thumb impression of the beneficiary

Witness

For Office Use Only

KUNTAL
SP. EDU,
9428715205
[Navsari
SP. Schol for
MR]

Name of the beneficiary

Bhise Pritesh Kumar

Registration No

Age / Gender

12y / M.

Address

15-A, Deepun society, Abramia Road,
Malsind.

Monthly Income

Rs 24,000/- PA

Nature of Disability

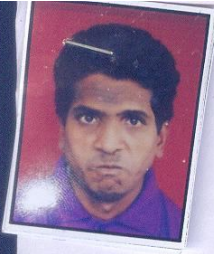
MR

Type of aid given

TLM kote (2)

Signature of the issuing authority

Bhise



Completed

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Photograph of Beneficiary with Disability

REGISTRATION FORM

1. 1 Name **PATEL BHAVESH** Reg No _____ Age/Sex **M / 31Y**
- 2 Address **NEAR - LAL SCHOOL, NAMAKIADA, VALSAD**
- 3 Educational Qualification _____ Occupation _____
- 4 Income _____
- 5 Caste (SC/ST/OBC) **DBC**
- 6 Father Name **NAVINCHANDRA** Education _____ Occupation _____
- 7 Mother Name **NAVYASA** Education _____ Occupation _____
- 8 Family monthly income **APR 15,000/- (PA)**
- 9 Category of handicapped **MENTALLY RETARDED**
- 10 Diagnosis **SEVERE**
- 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 Crutch ()
- 7 Walker ()
- 8 Walking Stick ()
- 9 Walking Cane ()
- 10 Hearing Aids ()
- 11 Any other (specify) ()

TUMKUR (A)

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

Refered by *[Signature]*

Count

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Manovikasnagar, Secunderabad



UNDERTAKING

I, Patel Bhavesh S/o, D/o, W/o,
navin chandra 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

HIMANSHU PATIL
SP-edu.
9427140384

Name of the beneficiary

Patel Bhavesh

Registration No.

Age / Gender

31y / M

Address

near tal school, Wankwade,
Valsad.

Monthly Income

15000/- P.A

Nature of Disability

MR. (Sunny)

Type of aid given

2 TLM kit (4)

Signature of the issuing authority

P. S. S. S.



Completed

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Photograph of Beneficiary with Disability

REGISTRATION FORM

- 1 Name **KHOLYA RAHUL** Reg No _____ Age/Sex **M/19y**
- 2 Address **ABRAMA, VALSAD.**
- 3 Educational Qualification _____ Occupation _____
- 4 Income _____
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name **PRAVINAHM** Education _____ Occupation **SERVICE**
- 7 Mother Name _____ Education _____ Occupation **HUSBAND**
- 8 Family monthly income **Rs. 25,000/- PA**
- 9 Category of handicapped **MENTALLY RETARDED**
- 10 Diagnosis **MODERATE**
- 11 Disability percentage **75%.**

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

JEM kab tu

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

Coordinator

National Institute for the Mentally Handicapped
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Manovikasnagar, Secunderabad



UNDERTAKING

I, KHOLIYA RAHUL S/o, D/o, W/o,
PRAVINBHAI 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

HIMANSHU BAF
SP-EDU
9427140381

Name of the beneficiary

Kholiya Rahul

Registration No.

Age / Gender

19y / M

Address

Ahrame, Valsad.

Monthly Income

APL - I

Nature of Disability

Mi Ed - MR

Type of aid given

Rat - G

Signature of the issuing authority

Ismael kab 3

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

- 1 Name Sandeep Ganit Reg No _____ Age/Sex 15y
- 2 Address AT - Vared
TA - Dorecheli male
- 3 Educational Qualification _____ Occupation _____
- 4 Income 20000/-
- 5 Caste (SC/ST/OBC) ✓
- 6 Father Name Narottam Bhan Education _____ Occupation _____
- 7 Mother Name _____ Education _____ Occupation _____
- 8 Family monthly income 20000/-
- 9 Category of handicapped M.R
- 10 Diagnosis Mentals 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) ()

TLM kab 3

III. Remarks

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

Received By [Signature]

Coordinate

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



UNDERTAKING

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

P.K. Patel
B.R.P. SH 1976059
Signature / Thumb impression of the beneficiary

P.K. Patel
B.R.P. SH 1976059
Witness
PANKAJ K. PATEL
SH 1976059

For Office Use Only

Name of the beneficiary : Sandeep
Registration No. :
Age / Gender : Female / 15 yrs
Address : AT - Verrad
TA - Borachali
Monthly Income : 200,000
Nature of Disability : MR
Type of aid given : TLM level (3)
Signature of the issuing authority : [Signature]

Signed Kit

National Institute for the Mentally Handicapped, Secunderabad



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



REGISTRATION FORM

6 years

1. Name Chandhari Gunjamba Reg No ben Age/Sex Female
2. Address APPO. Pipluvudi Tq. muntri Dist-Surat
3. Educational Qualification _____ Occupation _____
4. Income 2000/- 9512200840
5. Caste (SC/ST/OBC) ST
6. Father Name Asunbhai Education _____ Occupation _____
7. Mother Name _____ Education _____ Occupation _____
8. Family monthly income 20000/- RA
9. Category of handicapped MR
10. Diagnosis moderate. mn
11. Disability percentage 75%

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

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

Kit - 2

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)

Received by

[Signature]

Coordinator

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



UNDERTAKING

I, Chenchurri Gunjan ben S/o, D/o, W/o,
Basum bhui 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]
21/12/2020
BAO-DE 3512200840
Signature / Thumb impression of the beneficiary

[Signature]
Witness
CHANDHARI UMESH. 2

For Office Use Only

Name of the beneficiary: Chenchurri Gunjan ben Basumbhai
Registration No.
Age / Gender: 6y / F
Address: APC. Piplvade Jamnabai Di. S. S. S. S.
Monthly Income: 20000/- PA
Nature of Disability: moderate MA
Type of aid given: TLM Kit - 2
Signature of the issuing authority

[Signature]
3512200840

Thub Kak (2)

National Institute for the Mentally Handicapped, Secunderabad



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REGISTRATION FORM

10 years

- 1 Name Vusavy Pratesh Reg No bhui Age/Sex male
- 2 Address At. Po. Lyharvad Tq. mantri D. Smt
- 3 Educational Qualification _____ Occupation _____
- 4 Income 2000/- 8512200840
- 5 Caste (SC/ST/OBC) ST
- 6 Father Name S. Karbhaj Education _____ Occupation _____
- 7 Mother Name Gangaben Education _____ Occupation _____
- 8 Family monthly income 2000/- PA
- 9. Category of handicapped MR
- 10 Diagnosis severe MR
- 11 Disability percentage 90+

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

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

TM Kit (2)
~~Kit 3~~

III. Remarks

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

Entered by [Signature]

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 Pritesh bhai S/o, D/o, W/o,
Surendra 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,

[Signature]
21/04/2020 (2020) SSA 21592 (2020)
9512200 F40 BRP- JED
Signature / Thumb impression of the beneficiary

[Signature]
Witness
CHAUDHART UMESH.2

For Office Use Only

Name of the beneficiary Vasava priteshbhai surendrabhai

Registration No.

Age / Gender

10 yr / M

Address

AT. PO. LUKARVED TOP MEMBER DI. JED

Monthly Income

20000/- P.A

Nature of Disability

SEVERE MP

Type of aid given

Kit - 2

Signature of the issuing authority

received

[Signature]

9512200 F40

Form 122 (2)

National Institute for the Mentally Handicapped, Secunderabad



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Manovikas Nagar, Secunderabad - 500009, AP, India
Phone 040-27751741-45, Fax 040-27750198
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REGISTRATION FORM

- 1 Name Jainik Patel Reg No _____ Age/Sex 8yr
- 2 Address AT - Dshampor
TA Barampeta
- 3 Educational Qualification _____ Occupation _____
- 4 Income 20,000/-
- 5 Caste (SC/S/OBC) SC
- 6 Father Name Bhikhu bhui Education _____ Occupation _____
- 7 Mother Name Shabana Education _____ Occupation _____
- 8 Family monthly income 20,000/-
- 9 Category of handicapped MR
- 10 Diagnosis Mild MR
- 11 Disability percentage 50%

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

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

JLM 122 (2)

III. Remarks

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

Refered by

[Signature]

Country

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



UNDERTAKING

I, Jainilk S/o, D/o, W/o,
Bhikhabhai 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,

P.K. Patel
04278 24199
Signature / Thumb impression of the beneficiary

P.K. Patel
B.R. Patel 04278 24199
Witness

For Office Use Only

Name of the beneficiary : Jainilk Patel
Registration No. :
Age / Gender : Female
Address : AT - Ishwarpur
TA. Boradoli
Monthly Income : 20000/-
Nature of Disability : m.2.
Type of aid given : TLM kit (2)
Signature of the issuing authority : P. Jagan

Issued Book (2)

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REGISTRATION FORM

- 1. Name Chandraya Jyoti Reg No _____ Age/Sex Female / 11y
- 2. Address ben
- 3. Educational Qualification Ta. mandri Di-Jyoti Occupation _____
- 4. Income 20000/-
- 5. Caste (SC/ST/OBC) ST
- 6. Father Name Sanjay Shai Education _____ Occupation _____
- 7. Mother Name Sridevi ben Education _____ Occupation _____
- 8. Family monthly income 20000/- PA
- 9. Category of handicapped MR
- 10. Diagnosis moderate MR
- 11. Disability percentage 75%

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

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

Kit (2)

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))
 - Disability Certificate (40% and above - mandatory)

Interviewed by Jyoti

Code No _____

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



UNDERTAKING

I, Charithari Dhevi ben S/o, D/o, W/o,
Sanjay bhui hereby affirm that I have not obtained
JLM (description of
the aid / appliance(s) from any other agency / source during the last three years, I further assure that I will
keep it for my bonafide use.

Charithari
Charithari Dhevi ben. SSA 2321
9512200840 BAP-IEP
Signature / Thumb impression of the beneficiary

Charithari
Witness

CHARITHARI UMESH.

For Office Use Only

Name of the beneficiary: Charithari Dhevi ben Sanjay bhui

Registration No.

Age / Gender

W/F

Address

AT. PO - Sallasa Tennakudi Dist. Warangal

Monthly Income

20000/-

Nature of Disability

moderate MR

Type of aid given

JLM Kite (2)

Signature of the issuing authority

Received

Charithari

9512200840

X

Vasud kati

National Institute for the Mentally Handicapped, Secunderabad



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Manovikas Nagar, Secunderabad - 500009, AP, India
Phone 040-27751741-45, Fax 040-27750198
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REGISTRATION FORM

6 years

- 1 Name Charithri Keshri Reg No _____ Age/Sex Female
- 2 Address At. PO - Uteva Tq. Mantevi Dist. Suryapet
- 3 Educational Qualification _____ Occupation _____
- 4 Income 20000/-
- 5 Caste (SC/ST/OBC) ST
- 6 Father Name Vijayami Education _____ Occupation _____
- 7 Mother Name Giteben Education _____ Occupation _____
- 8 Family monthly income 20000/- PA
- 9 Category of handicapped MR
- 10 Diagnosis mild MR
- 11 Disability percentage 50%

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

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

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)

Received by

[Signature]

Count

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



UNDERTAKING

I, Chandhaki Kesaviben S/o, D/o, W/o,
visay bhui 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,

CHANDHAKI
21/12/2018
9512200840 BAP-IED
Signature / Thumb impression of the beneficiary

CHANDHAKI
Witness
CHAUDHARI UMESH. Z

For Office Use Only

Name of the beneficiary: Chandhaki Kesaviben visay bhui
Registration No.
Age / Gender: 34 / F
Address: ATPO. Utevu Tal. mandvi di. SML
Monthly Income: 20000/-
Nature of Disability: MIK MK
Type of aid given: TLM kile (2)
Signature of the issuing authority

Received
CHANDHAKI
9512200840

Issued by (2)

National Institute for the Mentally Handicapped, Secunderabad



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REGISTRATION FORM

11 years

- 1. Name Chandani bangariben Reg No _____ Age/Sex Female
- 2. Address AT. PO - Lakshgum TA. manjri - Di. Srav
- 3. Educational Qualification _____ Occupation _____
- 4. Income 20000/-
- 5. Caste (SC/ST/OBC) ST
- 6. Father Name Jitendra Education _____ Occupation _____
- 7. Mother Name bnud Education _____ Occupation _____
- 8. Family monthly income 20000/-
- 9. Category of handicapped MR
- 10. Diagnosis Severe MR
- 11. Disability percentage 90%

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

TLM (2)

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)

Received by [Signature]

Count: _____

Pratibha (3)

National Institute for the Mentally Handicapped, Secunderabad



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REGISTRATION FORM

- 1. Name Cherubhai Sahil bhaji Reg No 114 Age/Sex Female
- 2. Address A.P. PO - ESCORT TA. manjuri di-surat
- 3. Educational Qualification _____ Occupation GS/2200840
- 4. Income 20000/-
- 5. Caste (SC/ST/OBC) ST
- 6. Father Name Nilesh bhaji Education _____ Occupation _____
- 7. Mother Name Sonjana bai Education _____ Occupation _____
- 8. Family monthly income 20000/-
- 9. Category of handicapped ST
- 10. Diagnosis mentally ill
- 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:
- Two Photographs - Passport size
 - Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
 - Income Certificate (Issued from Revenue Department only/(MRO))
 - Disability Certificate (40% and above - mandatory)

Reviewed by [Signature]

Country _____

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



UNDERTAKING

I, Chauthari Sahilbhai Nileshbhai S/o, D/o, W/o,
Nileshbhai 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.

Chauthari Sahilbhai Nileshbhai
9512200840 BAN-160
Signature / Thumb impression of the beneficiary

Chauthari Nileshbhai
Witness

CHAUDHARI UMESH Z

For Office Use Only

Name of the beneficiary Chauthari Sahilbhai Nileshbhai

Registration No.

Age / Gender

11 yr / M

Address

AT-00-ES98 Taimenthi Dist-Nagar

Monthly Income

2000/- Per annum

Nature of Disability

: mild MR

Type of aid given

: TLM - K-3

Signature of the issuing authority

Received
Chauthari Nileshbhai
9512200840

Issued ~~12/11/14~~ 12/11/14

National Institute for the Mentally Handicapped, Secunderabad



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REGISTRATION FORM

12/11/14

1. Name Chandhury Praekantiben Reg No _____ Age/Sex Female
2. Address A.T. Po. Deegaluri. TA. mantri. Di. - Jyotsna
3. Educational Qualification _____ Occupation _____
4. Income 20000/- 9512200840
5. Caste (SC/ST/OBC) ST
6. Father Name Ashokbhai Education _____ Occupation _____
7. Mother Name Sarabben Education _____ Occupation _____
8. Family monthly income 20000/- per annum
9. Category of handicapped MR
10. Diagnosis Moderate MR
11. Disability percentage 75%

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

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

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 gare

Coor. _____

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



UNDERTAKING

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

[Signature]
સાક્ષી ગણિમી. જી. જી. ૨૩૨
95122 00840 BRP-IAA
Signature / Thumb impression of the beneficiary

[Signature]
Witness

CHANDHAKI VMEBH-2

For Office Use Only

Name of the beneficiary: Chandhaki Prakrutiaben Ashokbhui
Registration No.
Age / Gender : 12yrs | Female
Address : Dhadra Kothi
Manavi, Surat
Monthly Income : Rs. 20,000/- P.A.
Nature of Disability : MR - Moderate
Type of aid given : Kif - 3
Signature of the issuing authority

Received
[Signature]

Issued by (signature)

National Institute for the Mentally Handicapped, Secunderabad



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

- 1 Name Sanjay Kumar Reg No _____ Age/Sex 16/m
- 2 Address at post Boratad
amji akashadi
- 3 Educational Qualification _____ Occupation 9825958944
- 4 Income _____
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name Ramesh k Education _____ Occupation _____
- 7 Mother Name _____ Education _____ Occupation _____
- 8 Family monthly income 15000/-
- 9 Category of handicapped MR
- 10 Diagnosis child
- 11 Disability percentage 50%

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

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

III. Remarks

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

Interviewed by Goen

Coord. _____

National Institute for the Mentally Handicapped
(EXTENSION PROGRAMME)

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



UNDERTAKING

I, Sanjay Kumar S/o, D/o, W/o,
Ramesh bhai hereby affirm that I have not obtained
T.L.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.

Signature / Thumb impression of the beneficiary

Sanjay Kumar

Witness

Sanjay M.V.

For Office Use Only

Name of the beneficiary

Sanjay Kumar

Registration No

16

Age / Gender

16

Address

*Bastad / Amul
Nayshahi
150001*

Monthly Income

MR - Mild

Nature of Disability

12th 4

Type of aid given

Signature of the issuing authority

[Signature]

*9878958764
Sp. Education*

Issued Kethu

National Institute for the Mentally Handicapped, Secunderabad



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(An ISO Certified Institution)



Photograph of Beneficiary with Disability

REGISTRATION FORM

1. 1 Name Siddhiben .P.Patel Reg No _____ Age/Sex 22/1F
- 2 Address Vijalpur Ayathya Nagar-1, A-29, Jalapori (G)
Warangal (Or)
- 3 Educational Qualification _____ Occupation _____
- 4 Income _____
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name Pravin Kumar - C Patel Education _____ Occupation _____
- 7 Mother Name _____ Education _____ Occupation _____
- 8 Family monthly income APL-I
- 9 Category of handicapped MR
- 10 Diagnosis Mobility MR
- 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 Stool ()
- 5 Crutches ()
- 6 Canes ()
- 7 Walker ()
- 8 Walking Stick ()
- 9 Walking Cane ()
- 10 Hearing Aids ()
- 11 Any other (specify) ()

TLM Kethu (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 by Revenue Department/ Taluqa (MRO))
 - 4 Disability Certificate (40% and above - mandatory)

Entered by

Checked by



UNDERTAKING

I, Siddhiben P. Patel S/o, B/o, W/o,
Pravin Kumar C. 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

(Nurse)

Siddhiben P. Patel

For Office Use Only

9727161637

Name of the beneficiary : Siddhi P. Patel
Registration No.
Age / Gender : 22y / F
Address : vijalpur, Agdhye nagar + 1, A-29,
Talalpa (Taluk), Navasari (Dist).
Monthly Income : APL-1
Nature of Disability : MR - Mod.
Type of aid given : TLM (4)
Signature of the issuing authority

Reward



Issued Kit 4

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

1. Name Jeel Kumar Tandel Reg No _____ Age/Sex 16yrs
2. Address Nishal Jalal pore, onjal, onjal Machivad
Jalal pore, Narsari A-5-34641g
3. Educational Qualification _____ Occupation _____
4. Income _____
5. Caste (SC/ST/OBC) OBC
6. Father Name Dipakbhai Education _____ Occupation _____
7. Mother Name _____ Education _____ Occupation _____
8. Family monthly income 30,000 P.A
9. Category of handicapped _____
10. Diagnosis Mild
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. Sport | () |
| 5. Crutches | () |
| 6. Cane | () |
| 7. Walker | () |
| 8. Walking Stick | () |
| 9. Walking Cane | () |
| 10. Hearing Aids | () |
| 11. Any other (specify) | () |

TLM (Kd)
Raj 15/09/16

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 or MRO)
 4. Disability Certificate (40% and above - mandatory)

Refered by

[Handwritten signature]

Cell No. _____

National Institute for the Mentally Handicapped
(EXTENSION PROGRAMME)

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



UNDERTAKING

I, Jeel kumar Tandel S/o, D/o, W/o,
Pipatbhai hereby affirm that I have not obtained
- TLM - K4 (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

पिपातबाई तंदेल
(Mother)
Witness

9558901440

For Office Use Only

Name of the beneficiary Jeel kumar Tandel

Registration No.

Age / Gender 16yr / M

Address Nizhal Jalalpore, onjal, onjal, Machivad
Jalalpore, Narsare, aut.

Monthly Income 30,000/A

Nature of Disability - mild → Mild

Type of aid given - TLM-K4 → 4

Signature of the issuing authority

Revised
X

Issued Kit (2)

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

REGISTRATION FORM

1. Name Harsh Sudhir Shimpi Age/Sex 15y/M
Reg No _____
2. Address hno. 202, Ashopuri Complex, Sardar chak, Narsipuri phno. 94 28380121
3. Educational Qualification _____ Occupation _____
4. Income _____
5. Caste (SC/ST/OBC) _____
6. Father Name Sudhirbhai Shimpi Education Sudhir Shimpi Occupation _____
7. Mother Name Neha Education Sudhir Shimpi Occupation _____
8. Family monthly income APL-1
9. Category of handicapped MR
10. Diagnosis Profound MR
11. Disability percentage 100%

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. Splant ()
5. Crutches ()
6. Canpe ()
7. Walker ()
8. Walking Stick ()
9. Walking Cane ()
10. Hearing Aids ()
11. Any other (specify) ()

TLM Kit (2)

iii. Remarks

Documents enclosed

1. Two Photographs - Passport size
2. Proof of Address (White Ration Card/ Aadhar Card/ Voter's ID Card etc)
3. Income Certificate (Issued by Revenue Department/ City/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, Harsh Sudhis Shimpi S/o, D/o, W/o,
Sudhisbhar Shimpi 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

Sudhisbhar Shimpi
Witness

For Office Use Only

SUDHIR
(Father)

Name of the beneficiary

Harsh Sudhis Shimpi

Registration No.

Age / Gender

15y / M

Address

Hno: 202, Ashapuri Complex,
Garden Chok, Narasara
Ph: 9428380120

Monthly Income

APL-1

Nature of Disability

MR

Severe Profound

Type of aid given

TLM kit (2)

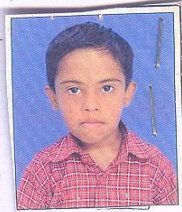
Signature of the issuing authority

Bound Kiddy

National Institute for the Mentally Handicapped, Secunderabad



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



REGISTRATION FORM

- 1 Name **HARSH ARJUN BHAZ PATEL** ^{Reg No} **Kun** ^{Age/Sex} **12/M**
- 2 Address **G. AMBAJI SIREET VANSABA TA. CHORYASI Dist: SURAT**
- 3 Educational Qualification Occupation
- 4 Income **MO: 8140182919**
- 5 Caste (SC/ST/OBC) **OBC**
- 6 Father Name **Arjunbhai** Education Occupation
- 7 Mother Name Education Occupation
- 8 Family monthly income **Rs 20000 PA**
- 9 Category of handicapped
- 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 Crutcher ()
- 7 Walker ()
- 8 Walking Stick ()
- 9 Walking Cane ()
- 10 Hearing Aids ()
- 11 Any other (specify) ()

TLM kiddy

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, HARSH S/o, D/o, W/o,
ARJUNBHAI 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

[Handwritten Signature]

MOI 8/40/82919.

[Handwritten Signature]

Witness

For Office Use Only

DILIP
SSA Techn,
(Soniastisu)

Name of the beneficiary HARSH
Registration No. ARJUNBHAI
Age / Gender 24 M
Address AT: VASKA TA. CHADYASI, DIST. SURAT
Monthly Income ~~1700~~ 2000/- PA
Nature of Disability MR
Type of aid given TLM 1000/-
Signature of the issuing authority

✓
issued kit

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

REGISTRATION FORM

- I.
- 1 Name Yogita Reg No _____ Age/Sex 15/F
 - 2 Address Nesay Paliya, Sisoddei
Nawbass.
 - 3 Educational Qualification _____ Occupation _____
 - 4 Income _____
 - 5 Caste (SC/ST/OBC) _____
 - 6 Father Name Manubhai Education _____ Occupation _____
 - 7 Mother Name _____ Education _____ Occupation _____
 - 8 Family monthly income 24000/-
 - 9 Category of handicapped MH
 - 10 Diagnosis moderate
 - 11 Disability percentage moderate

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) ()

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 by Revenue Department Govt/MRO)
 - 4 Disability Certificate (40% and above - mandatory)

Retrieved by [Signature]

Coordinator

National Institute for the Mentally Handicapped
(EXTENSION PROGRAMME)

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



UNDERTAKING

I, Yogita S/o, D/o, W/o,
Manubhai hereby affirm that I have not obtained
TLN (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.

Chandrasekhar Mahesh J
Signature / Thumb impression of the beneficiary
Sevales

Chandrasekhar M J
Witness

For Office Use Only

Name of the beneficiary : Yogita
Registration No.
Age / Gender : Yesay fathur srooder 15/F
Address : Yesay fathur
srooder
Monthly Income : 94,000/-
Nature of Disability : MR (mild)
Type of aid given : Vij- 4
Signature of the issuing authority : Revised



S.No-1

751
8/8/11

ANNEXURE - B

CERTIFICATE OF MENTAL RETARDATION FOR GOVERNMENT BENEFITS

to certify that Shri / Smt / Kum DHARMESHKUMAR PUNDALEK MALI (VAL/11/00026458) son / daughter

વસવાટ માટે of Village / Town / city Valsad / Pardi / Pardi (m) with particulars given below:-

- (a) Age :- 20 Year
- (b) Sex:- Male
- (c) Signature / Thumb impression :-



CATEGORISATION OF MENTAL RETARDATION

Mild / Moderate / Severe / Profound

Validity of the Certificate : Permanent

Psychiatry
General Hospital
 Dr. Kiran N. Vaghia
 Psychiatrist Cl. I,
 Civil Hospital **Valsad**
 Reg. No. - G-14484

clinically
IQ: 35 to 40
DS-5 ability: 65%.
(Sixty five)

R.M.O
General Hospital



Chairman and Medical Superintendent / Superintendent, M.H.H. / C.D.M.O

Date:- 08/08/2011 11:34:10

Place:- General Hospital, Valsad



Shankar
 Resident Medical Officer,
 Class - 1,
 Civil Hospital, Valsad

Dr. J.
 Chief District Medical Officer,
 Cum Civil Surgeon
 General Hospital Valsad,

Shankar

1750
105
105
105



S.No-1

FOR MEDICOLEGAL CASE OR COURT CASE ANNEXURE :B

No. 309

Date: 25/9/2017

CERTIFICATE OF MENTAL RETARDATION FOR GOVERNMENT BENEFITS

This is to Certify that Shri/Smt/Ku..... Patel Rakesh.....

Son/Daughter of Shri..... Rameshbhai Bhagubhai.....

of village / Town /City At. Parvada Dist. Valsad.....

with particular given below :

a) Age 30 yrs

b) Sex male

c) Signature/ Thumb Impres [Thumbprint]



Dr. Kiran R. Vaidya (M.D. Psych.)
Prof. in Psychiatry
G.M.E.R.S. Medical College Hospital
Valsad, Regi. No. G-14484

CATEGORISATION OF MENTAL RETARDATION

Mild/Moderate/Severe/Profound :

Validity of the Certificate :

NOT FOR M.L.C.

Signature / Thumb impression
of the patient

[Signature]
Resident Medical Officer,
Class - II,
Civil Hospital, Valsad

[Signature]
Chief District Medical Officer
Cum Civil Surgeon
General Hospital, Valsad -

clinical only
IQ: 25 to 30
DBabiley! 75%
[Signature]

[Signature]
Dr. Kiran R. Vaidya (M.D. Psych.)
Asst. Prof. in Psychiatry
G.M.E.R.S. Medical College Hospital
Valsad, Regi. No. G-14484

Signature of the Government
Doctor / Hospital / with Seal
Chairperson Mental Retardation
Certificate Board



ગુજરાત રાજ્ય સામાજિક
સેવા મંત્રાલય
વલસાડ મન:શૂન્યતા
સંસ્થા
વલસાડ

[Signature]



Court Cases

ANNEXURE - B

352
2313110

CERTIFICATE OF MENTAL RETARDATION FOR GOVERNMENT BENEFITS

This is to certify that Shri / Smt / Kum श्रीमन्मोहन हरिनारायण शर्मा (VAL/10/00009819) son / daughter of Shri
[Name] of Village / Town / city Valsad / Valsad / Valsad (m) with particulars given below:-

- (a) Age :- 39 Year
- (b) Sex:- Male
- (c) Signature / Thumb impression :-



CATEGORISATION OF MENTAL RETARDATION

Mild / Moderate / Severe / Profound

Validity of the Certificate : Permanent

J.P.S
**Psychiatrics
General Hospital
Valsad**

*clinically
IQ: 30 to 35
Disability: 70%
(severely)*

Shanethan

Resident Medical Officer,
Class - 1,
Civil Hospital, Valsad.

**R.M.O
General Hospital**

dsy

Chief Medical Officer,
Cum Civil Surgeon
General Hospital, Valsad.
**Chairman and Medical Superintendent /
Superintendent, M.H.H. / C.D.M.O**

Date:- 23/03/2010 12:22:16

Place:- General Hospital, Valsad



dsy



S. No - 1

414
28-6-13

urt Cases

ANNEXURE - B

CERTIFICATE OF MENTAL RETARDATION FOR GOVERNMENT BENEFITS

This is to certify that Shri / Smt / Kum AMITKUMAR KISHORCHANDRA KANSARA (VAL/13/00038136) son / daughter of Shri (કિશોરચંદ્ર પરસોત્તમ કાંસરા) of Village / Town / city Valsad / Pardi / Pardi (m) with particulars given below:-

- (a) Age :- 31 Year
- (b) Sex:- Male
- (c) Signature / Thumb impression :-



Vaghia (M.D.Psych.)
Asst. Prof. in Psychiatry
G.M.E.R.S. Medical College Hospital
Valsad. Regi. No. G-14484

CATEGORISATION OF MENTAL RETARDATION

Psychiatrics
General Hospital

R.M.O
General Hospital

663
Dr Kiran N. Vaghia (M.D.Psych.)
Asst. Prof. in Psychiatry
G.M.E.R.S. Medical College Hospital
Valsad. Regi. No. G-14484

Meethi
Resident Medical Officer
Class - 1,
Civil Hospital, Valsad

MS
Chief District Medical Officer
Chairman and Medical Superintendent /
Superintendent, G.M.H. of C.D.M.O
General Hospital

Date:- 28/06/2013 12:06:04

Place:- General Hospital, Valsad



*Udvaly 26.08.2030
DR Babu 757.
Jeevan MR*

Jain



Fi. No. 247

12-7-05

S.WO-1

Annexure :B

STATE OF MENTAL RETARDATION FOR GOVERNMENT BENEFITS

This is to certify that Shri/ Smt./ Ksh. Vikram Chandrakant
Son/ Daughter of Shri Chandrakant Chhaganlal Panchal Panchal
of Village/ Town/ City Killapardi, Dist - Valsad

with particulars given below :-

- a) Age 28
- b) Sex Male
- c) Signature Tumb impression.



CATECORISATION OF MENTAL RETARDATION

Mild/ Moderate/ Severe/ Profound MR is the approx. below 50-60 % Disability - 50-1.

Validity of the Certificate : Permanent



Signature/ Tumb impression of the patient



Dr. Psych. Res. M.G.G.

J.B. Parikh
Dr. I. B. Parikh
 Psychiatrist GMS-CL-I
 Regl. No.- 10297
 M.G.G. Hospital, Navsari

[Signature]
 Resident Medical Officer,
 GMS Class :- I
 M. G. Hospital, Navsari

[Signature]
 Signature of the Government
 Doctor/ Hospital with Seal
 Chairperson Mental Retardation
 Certification Board
 Chief District Medical Officer
 Cum Civil Surgeon
 M. G. G. General Hospital, Navsari,