

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 Patel Priyam Reg No _____ Age/Sex 24y/M
- 2 Address Kumbhariya, Patel Colony, Gujarat.
9904184058
- 3 Educational Qualification _____ Occupation _____
- 4 Income _____
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name Patel Gurebhai Education _____ Occupation _____
- 7 Mother Name _____ Education _____ Occupation _____
- 8 Family monthly income _____
- 9 Category of handicapped MR
- 10 Diagnosis Patel MR moderate 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 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 Photographs - Passport size
 - 2 two 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)

Referred by _____

Co-ordinator _____

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
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REGISTRATION FORM

- 1 Name SUJAL ASHOK Patel Reg No _____ Age/Sex M / 11 years
- 2 Address MISHAL FALJU, M.L. BHATKOR
- 3 Educational Qualification _____ Occupation _____
- 4 Income _____
- 5 Caste (SC/ST/OBC) ✓
- 6 Father Name _____ Education _____ Occupation _____
- 7 Mother Name _____ Education _____ Occupation _____
- 8 Family monthly income 25,000/- PA
- 9 Category of handicapped CP+MR
- 10 Diagnosis 90%
- 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) ()

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

Reviewed by _____

Co-ordinator _____

National Institute for the Mentally Handicapped
(EXTENSION PROGRAMME)

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



UNDERTAKING

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

Sujal Patel Shilpa S.
Signature / Thumb impression of the beneficiary

IED BAP

MO. 7069542255

Witness

For Office Use Only

Name of the beneficiary Sujal Ashok Patel.

Registration No.

Age / Gender M / 11 years

Address Nisal Faliya BHATPOS.

Monthly Income

Nature of Disability

Type of aid given

Signature of the issuing authority

Handwritten signature

Completed 19.9

National Institute for the Mentally Handicapped, Secunderabad



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Photograph of Beneficiary with Disability

REGISTRATION FORM

- 1 Name Nehaben Reg No _____ Age/Sex 14y/1m
- 2 Address tima faliya, Khadsupa, Navsari
Guj: 396433
- 3 Educational Qualification _____ Occupation _____
- 4 Income _____
- 5 Caste (SC/ST/OBC) ST
- 6 Father Name Rajubhai Education _____ Occupation _____
- 7 Mother Name _____ Education _____ Occupation _____
- 8 Family monthly income 35000/-PM
- 9 Category of handicapped _____
- 10 Diagnosis mild
- 11 Disability percentage 50%

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

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

TLM - K 3

III. Remarks

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

Reviewed by *[Signature]*

Coord. *[Signature]*
19/9/12

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



UNDERTAKING

I, Nehaben S/o, D/o, W/o,
Rajubhai Limatfaliya hereby affirm that I have not obtained
TLM - K3 (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

Mamisha Nayak
Witness
Teacher

972568490

Mamisha Nayak

For Office Use Only

Name of the beneficiary Nehaben

Registration No.

Age / Gender 11 yr

Address Limatfaliya, Khadsupa
Novsoni 396433 ut

Monthly Income 35000 / PA

Nature of Disability :- mild MR

Type of aid given TLM-K3-3

Signature of the issuing authority

Completed Form kit (3)

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Photograph of Beneficiary with Disability

REGISTRATION FORM

- 1. Name **CHIRAGI SUNILBHAI** Reg No _____ Age/Sex **11/M**
- 2. Address **DERVE**
Room No 30, Sarvodya Society
Mugla Vadi, Valsad
- 3. Educational Qualification _____ Occupation _____
- 4. Income _____
- 5. Caste (SC/ST/OBC) _____
- 6. Father Name **Sunil Bhai** Education _____ Occupation _____
- 7. Mother Name **Jayanthi Bhai** Education _____ Occupation _____
- 8. Family monthly income **Rs 15,000/- PM**
- 9. Category of handicapped **MR**
- 10. Diagnosis **moderate 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. Splint ()
- 5. Crutches ()
- 6. Caniper ()
- 7. Walker ()
- 8. Walking Stick ()
- 9. Walking Cane ()
- 10. Hearing Aids ()
- 11. Any other (specify) ()

TLM 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 Jeeva

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

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



UNDERTAKING

I, Chirag Sunil Bhai S/o, D/o, W/o,
Sunil 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.

Chirag

Signature / Thumb Impression of the beneficiary

Roseet

Witness

KUNTAL
SP. Edu
9428715205

For Office Use Only

Name of the beneficiary

Chirag Sunil Bhai

Registration No.

→ TLM

Age / Gender

Address

Room no - 30, Sarodhya Society,
Maggavadi, V

Monthly Income

Rs 15,000/- P.M.

Nature of Disability

MR

Type of aid given

TLM KEB (3)

Revised

Signature of the issuing authority

~~Income~~ Issued kit (4)

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REGISTRATION FORM

- 1 Name Harish Vadhelal Shah Reg No _____ Age/Sex 47y / M
- 2 Address F@-12, Gopinath NH no-8, Vallabh Ashrams
near Pardi GIDC Pardi, Valsad.
- 3 Educational Qualification _____ Occupation _____
- 4 Income _____
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name Vadhelal Education _____ Occupation _____
- 7 Mother Name _____ Education _____ Occupation _____
- 8 Family monthly income _____
- 9 Category of handicapped _____ MF
- 10 Diagnosis Moderate MF
- 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 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 only/(MRO))
 - 4 Disability Certificate (40% and above - mandatory)

Received by [Signature]

Country _____

National Institute for the Mentally Handicapped
(EXTENSION PROGRAMME)

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



UNDERTAKING

I, Harsh Nandhi Shah S/o, D/o, W/o,
Vaidhela 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.

[Handwritten Signature]

Signature / Thumb impression of the beneficiary

[Handwritten Signature]

Witness

KUNTAL
SP. Edu

9428715205

For Office Use Only

Name of the beneficiary : Harsh Nandhi Shah

Registration No. :

Age / Gender : 47Y/M

Address : PO-12 Gopineth, NH No-8, Vallabh -
Ashram, Near Pardi GIDC Pardi,
Valsad.

Monthly Income :

Nature of Disability : MR

Type of aid given : TLM Kit (4)

Signature of the issuing authority : *[Handwritten Signature]*



Income
Issued card (4)

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Photograph of Beneficiary with Disability

REGISTRATION FORM

- I. 1 Name Raj Shailesh Parekh Reg No _____ Age/Sex M/15/09/1999 (17yrs/m)
- 2 Address B/409, Kothawala Flat, Pitam nagar, Ahmedabad
- 3 Educational Qualification _____ Occupation _____
- 4 Income _____
- 5 Caste (SC/S1/OBC) _____
- 6 Father Name Shailesh Parekh Education _____ Occupation _____
- 7 Mother Name _____ Education _____ Occupation _____
- 8 Family monthly income ₹. 50,000/- P.A
- 9 Category of handicapped MR
- 10 Diagnosis Mild MR
- 11 Disability percentage 50%

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

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

TLM card (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)
 - 4 MRO
 - 5 Disability Certificate (40% and above - mandatory)

Received by [Signature]

Code No. _____

National Institute for the Mentally Handicapped
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Manovikasnagar, Secunderabad



UNDERTAKING

I, Raj S/o, D/o, W/o,
Shri. Jashbhai Parikh. hereby affirm that I have not obtained
TL 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.

[Handwritten Signature]

Signature / Thumb impression of the beneficiary

[Handwritten Signature]

Witness

For Office Use Only

KUNTAL
SP. Edu,
9428715205

Name of the beneficiary Raj Parikh.

Registration No. 17/m

Age / Gender 17 / m

Address B/409 Kothawala Flats, Ahmedabad.

Monthly Income 50,000 / pA

Nature of Disability MR.

Type of aid given Kit 4

Signature of the issuing authority



Issued Kit (4)

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Photograph of Beneficiary with Disability

REGISTRATION FORM

- 1 Name Juhi Daxeshbhai Oza Age/Sex 28y/F
Reg No
- 2 Address A-301, Baltasang apartment, Halay, Valsad,
Gujarat - 396001
- 3 Educational Qualification _____ Occupation _____
- 4 Income _____
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name Daxeshbhai Oza Education _____ Occupation _____
- 7 Mother Name _____ Education _____ Occupation _____
- 8 Family monthly income 15000/- RA
- 9 Category of handicapped MR
- 10 Diagnosis 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 Carpet ()
- 7 Walker ()
- 8 Walking Stick ()
- 9 Walking Cane ()
- 10 Hearing Aids ()
- 11 Any other (specify) ()

TLM 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 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, Juhi S/o, D/o, W/o,
Deveshbhai Oza 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.

[Handwritten Signature]

Signature / Thumb impression of the beneficiary

[Handwritten Signature]

Witness

KUNTAL
S.P. R.

9428715205

For Office Use Only

Name of the beneficiary Juhi Oza

Registration No.

Age / Gender - 28 Y/F

Address - A 301/301 Lakshmi APP, Huda & Valsad

Monthly Income 15,000 P.A

Nature of Disability - MR

Type of aid given TLM Kit 4

Signature of the issuing authority

Completed
Jmes KTG

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Photograph
of Beneficiary
with Disability

REGISTRATION FORM

- I. 1 Name Chirag Reg No _____ Age/Sex 27/M
- 2 Address 804, B Sunflower Apt
Tithal Road, Valsud, 396001
- 3 Educational Qualification _____ Occupation _____
- 4 Income 14,000/-
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name Rajshatta mbai Education _____ Occupation _____
- 7 Mother Name _____ Education _____ Occupation _____
- 8 Family monthly income 14,000/- P.M.
- 9 Category of handicapped MR
- 10 Diagnosis moderate mild MR.
- 11 Disability percentage 50%+

(Talaram
Manavikas
Kandha)

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

kit (4)

III. Remarks

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

Received by

Coordinator

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



UNDERTAKING

I, Chileeg S/o, D/o, W/o,
Perashottambhi musadid 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.

Perash

Perash

Signature / Thumb impression of the beneficiary

Witness

For Office Use Only

KUNTAL
SP. Ed
9428715205

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

Chileeg

27/M

304-B SunHower Apt
Hithal Road Musadid

14,000/-

MR (mild)

TLM - 141 (4) Reward



Completed
Issued Kit @

National Institute for the Mentally Handicapped, Secunderabad



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Manovikas Nagar, Secunderabad - 500009, AP, India
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Photograph of Beneficiary with Disability

REGISTRATION FORM

- I. 1 Name : Jineek Jayanthi's son Reg No _____ Age/Sex 45y/M.
- 2 Address : Agnat Housing 30th 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st 32nd 33rd 34th 35th 36th 37th 38th 39th 40th 41st 42nd 43rd 44th 45th 46th 47th 48th 49th 50th 51st 52nd 53rd 54th 55th 56th 57th 58th 59th 60th 61st 62nd 63rd 64th 65th 66th 67th 68th 69th 70th 71st 72nd 73rd 74th 75th 76th 77th 78th 79th 80th 81st 82nd 83rd 84th 85th 86th 87th 88th 89th 90th 91st 92nd 93rd 94th 95th 96th 97th 98th 99th 100th
Road Varad Agnat 396001
- 3 Educational Qualification _____ Occupation _____
- 4 Income _____
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name Jineek Jayanthi's son Education _____ Occupation _____
- 7 Mother Name Jineek Jayanthi's son Education _____ Occupation _____
- 8 Family monthly income: Rs 15000/00 Pa
- 9 Category of handicapped :- (M.R.)
- 10 Diagnosis :- Mild (M.R.)
- 11 Disability percentage :- 50%

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

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

TLM - kit (4)

III. Remarks

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

Received by

Coordinate

National Institute for the Mentally Handicapped
(EXTENSION PROGRAMME)

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



UNDERTAKING

I, Jignesh Bhai S/o, D/o, W/o,
Jayanthi 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 / Thumb impression of the beneficiary

Witness

For Office Use Only

SP. Edu
KUNTAL
9428715205

Name of the beneficiary

Jignesh Bhai

Registration No.

Age / Gender

45y/M

Address

Angul Housing Board B/273 Tishal
Road viaad Angul- 751001

Monthly Income

15000/PA

Nature of Disability

Mild (MR)

Type of aid given

TLM - Kit (4)

Signature of the issuing authority

Received

Prasad kab (4)

National Institute for the Mentally Handicapped, Secunderabad



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REGISTRATION FORM

- 1. Name *Manishbhui* Reg No _____ Age/Sex *19/M*
- 2. Address *Upli Pailya Vansda
Kuselia Bansda, Mewbali*
- 3. Educational Qualification _____ Occupation *9825958744,*
- 4. Income _____
- 5. Caste (SC/ST/OBC) _____
- 6. Father Name *Muhend* Education _____ Occupation _____
- 7. Mother Name *Shut* Education _____ Occupation _____
- 8. Family monthly income *15,000/-*
- 9. Category of handicapped *MR*
- 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. Splint ()
- 5. Crutches ()
- 6. Canes ()
- 7. Walker ()
- 8. Walking Stick ()
- 9. Walking Cane ()
- 10. Hearing Aids ()
- 11. Any other (specify) ()

(Kit - 4)

iii. Remarks

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

Received by *[Signature]*

Coordinating Officer

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



UNDERTAKING

I, Maheshbhai Mahendrabhai TLM 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.

Maheshbhai
Signature / Thumb impression of the beneficiary

Maheshbhai
Witness

For Office Use Only

Name of the beneficiary : Maheshbhai
Registration No. :
Age / Gender : 19/M
Address : Kulkota
Kuselia Bunsoda Murabasi
Monthly Income : 15,000/-
Nature of Disability : mpe mild)
Type of aid given : Kit-4
Signature of the issuing authority : [Signature]

9825958744
SP. Educator

Prince Kumud (3)

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 Prince Kumud Reg No _____ Age/Sex 9/11
- 2 Address Kas. Kas. Suleat
- 3 Educational Qualification _____ Occupation 9825958744
- 4 Income _____
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name Mhalpabhu Education _____ Occupation _____
- 7 Mother Name _____ Education _____ Occupation _____
- 8 Family monthly income 25,000/-
- 9 Category of handicapped MR
- 10 Diagnosis moderate
- 11 Disability percentage 75%

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

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

Kit 3

III. Remarks

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

Signature

Issued Kit ③

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

- I. 1 Name Binakumar Reg No. _____ Age/Sex 8/M
- 2 Address Sumas faliyu
Narsola Kerkueh Narsasi
- 3 Educational Qualification _____ Occupation _____
- 4 Income _____ 9825958744.
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name maheshbhu Education _____ Occupation _____
- 7 Mother Name _____ Education _____ Occupation _____
- 8 Family monthly income 20,000/-
- 9 Category of handicapped MR
- 10 Diagnosis seese
- 11 Disability percentage 80-

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 Caliper ()
- 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 Qu

Counted by _____

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UNDERTAKING

I, Binakumar S/o, D/o, W/o,
maheshbhai 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
[Signature]

Witness
[Signature]

For Office Use Only

Name of the beneficiary : Binakumar
Registration No. :
Age / Gender : 8/m
Address : Heekuch Kuselia Bunsela
Munsuri
Monthly Income : 20,000/-
Nature of Disability : MR
Type of aid given : Kit - (3)
Signature of the issuing authority : [Signature]

98255744
SP. Suresh

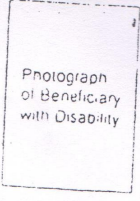
Received

Issued K3
Completed

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REGISTRATION FORM

1. Name Tetalben Tejuben Harpai Reg No _____ Age/Sex 4yr IF
2. Address hadak falya, Khadsupa Nawsari
ayy - 396033
3. Educational Qualification _____ Occupation - Labour
4. Income _____
5. Caste (SC/ST/OBC) ST
6. Father Name Bhikabhai Education _____ Occupation _____
7. Mother Name _____ Education _____ Occupation _____
8. Family monthly income 35000 PA
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)

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

Date 19/9/12

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UNDERTAKING

I, Tejal ben S/o, D/o, W/o,
Bhika bhal hereby affirm that I have not obtained
TLM - R4 (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

Teacher

9725680490

Manisha Nayka

For Office Use Only

Name of the beneficiary Tejal ben Harpati

Registration No.

Age / Gender : 9 yrs lf

Address hadak, Faliya, Khadsupa, Wausari

Guj - 396433

Monthly Income - 35000 Per Annum

Nature of Disability mod. MR

Type of aid given TLM; R3

Signature of the issuing authority

issued
Completed

K4

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Photograph of Beneficiary with Disability

REGISTRATION FORM

- 1 Name Asiya Reg No _____ Age/Sex 16yrs.
- 2 Address Boherwad Telada, Nagsari
396445
- 3 Educational Qualification _____ Occupation _____
- 4 Income _____
- 5 Caste (SC/ST/OBC) - others
- 6 Father Name ibrahim Education _____ Occupation _____
- 7 Mother Name _____ Education _____ Occupation _____
- 8 Family monthly income Rs. 1000-PA
- 9 Category of handicapped MR.
- 10 Diagnosis Mild
- 11 Disability percentage 50%

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

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

TLM - K4 - 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)

Initiated by [Signature]

Co-ordinator [Signature]
19/9/04

National Institute for the Mentally Handicapped
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Manovikasnagar, Secunderabad



UNDERTAKING

I, Asiya S/o, D/o, W/o,
Ibrahim Mulla 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

For Office Use Only

Mamisha Negley
Witness

Teacher

9725680490

Mamisha Negley

Name of the beneficiary Asiya Mulla

Registration No.

Age / Gender 16yr / F

Address - Bohelwad Telada
Navsari. 396445

Monthly Income - 6000 P.A

Nature of Disability mild MR

Type of aid given TLM-K4 - kit-4

Signature of the issuing authority

National Institute for the Mentally Handicapped, Secunderabad



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Photograph
of Beneficiary
with Disability

REGISTRATION FORM

1. Name Gignasaber Reg No _____ Age/Sex 17yrs / Female
2. Address D/O. Shakti Blai. Ratted, Kanyasi. PO: Dlpad, Dist: Suryat
3. Educational Qualification _____ Occupation _____
4. Income Rs. 20,000/-
5. Caste (SC/ST/OBC) _____
6. Father Name Shankarbai Education _____ Occupation _____
7. Mother Name _____ Education _____ Occupation _____
8. Family monthly income _____
9. Category of handicapped MR
10. Diagnosis _____
11. Disability percentage 100% of box

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

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

Kit-3

III. Remarks

Documents enclosed

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

Received by

[Signature]

Co-ordinator

National Institute for the Mentally Handicapped
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UNDERTAKING

I, Gignasubai D/o: Bahumant 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.

Kudasanu no: 9586193151
Signature / Thumb impression of the beneficiary

Kudasanu
Witness

For Office Use Only

Name of the beneficiary : Gignasubai
Registration No. :
Age / Gender : 11yrs Female
Address : D/o: Bahumant,
Lakshmi Nagar,
O/pad, Dist: Sindh
Monthly Income :
Nature of Disability : MR - Profound
Type of aid given : kit - 3
Signature of the issuing authority : Reenu
Kudasanu

Isruete
Completed 1/3

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Photograph
of Beneficiary
with Disability

REGISTRATION FORM

1. Name Priya Reg No Age/Sex 16y | F
2. Address hadak faliyu. Khadsupa
Khadsupa Vasda. Navsari Guj 396433
3. Educational Qualification Occupation
4. Income
5. Caste (SC/ST/OBC) ST
6. Father Name Ramkumar Education Occupation Daily wages labor
7. Mother Name Education Occupation
8. Family monthly income 35000 PA -
9. Category of handicapped MR
10. Diagnosis severe 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. Carpet ()
7. Walker ()
8. Walking Stick ()
9. Walking Cane ()
10. Hearing Aids ()
11. Any other (specify) ()

TLM-100

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

Coordinator 19/9/2016

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Manovikasnagar, Secunderabad



UNDERTAKING

I, Priya. Halpatti S/o, D/o, W/o,
Ramubhai hereby affirm that I have not obtained
TLM Kit (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

(Signature)
Witness
Teacher

0725680490

Mamishay Naykay

For Office Use Only

Name of the beneficiary Priya Halpatti

Registration No.

Age / Gender 16y / F

Address : Khadak Faliya, Khadsupe, Varda
Navsari, Guj : 396733

Monthly Income 35000/- : PA

Nature of Disability - Severe

Type of aid given TLM - ~~Kit~~ kit (3)

Signature of the issuing authority

Issued book 3

National Institute for the Mentally Handicapped, Secunderabad



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REGISTRATION FORM

- 1 Name Patel shreyash dilipbhai Reg No
- 2 Address To: Ishapur Age/Sex 82
Ta: oldpad male
Di: surat
- 3 Educational Qualification class-d Occupation — mo:- 958613151
- 4 Income —
- 5 Caste (SC/ST/OBC) —
- 6 Father Name dilipbhai Education 12th Occupation shop
- 7 Mother Name gitaben Education 10th Occupation —
- 8 Family monthly income 25000/- P.A
- 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) ()

TL Nick 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

Coordinator

National Institute for the Mentally Handicapped
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Manovikasnagar, Secunderabad



UNDERTAKING

Patel Shreyash Dilipbhai S/o, D/o, W/o
Shreyash Dilipbhai 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,

Chudasama
Signature / Thumb impression of the beneficiary
IED-RT

Chudasama
Witness
CHUDASAMA
KASLASH. M

For Office Use Only

Name of the beneficiary: Patel Shreyash Dilipbhai
Registration No. -
Age / Gender: male - 8 year
Address: Ishanper gam, olpad, surat
Monthly Income: 2500/- PA
Nature of Disability: MR
Type of aid given: TLM kirk (3)
Signature of the issuing authority

Issued kit (3)

National Institute for the Mentally Handicapped, Secunderabad



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Photograph of Beneficiary with Disability

REGISTRATION FORM

- 1 Name Nireli G. Wingu Reg No _____ Age/Sex 14/1 F
- 2 Address 27, Prameekhpark Society, City Lights,
- 3 Educational Qualification _____ Occupation _____
- 4 Income _____
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name Ghanshyambhai Education _____ Occupation _____
- 7 Mother Name _____ Education _____ Occupation _____
- 8 Family monthly income 20,000/-
- 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 Canes ()
- 7 Walker ()
- 8 Walking Stick ()
- 9 Walking Cane ()
- 10 Hearing Aids ()
- 11 Any other (specify) ()

JLN kit (3)

III. Remarks

- Documents enclosed:
- 1 one 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)

Signature of the beneficiary
[Signature]

Co-ordinator

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

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



UNDERTAKING

I, Nisali G. Hingre S/o, D/o, W/o,
Chhanshyanbhai R. Hingre 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)
9512200876
Signature / Thumb impression of the beneficiary
RT - UMARPADA

(Signature)
Witness
CHAUDHARY SURESH

For Office Use Only

Name of the beneficiary

Nisali G. Hingre

Registration No.

Age / Gender

17y / F

Address

207, Pramukh Park (Society),
city Light Road, Mohal Vasa Chas
Surb.

Monthly Income

2000/- P.A

Nature of Disability

MR

Type of aid given

TLM kab (H)

Signature of the issuing authority

Received
(Signature)
9512200876

Issued Kit (4)

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REGISTRATION FORM

- I. 1 Name Vashaliben Reg No _____ Age/Sex 12/F
- 2 Address At. Post Ypshal/Vansda 9825958744
ayavshazi
- 3 Educational Qualification _____ Occupation _____
- 4 Income _____
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name Haseerikhan Education _____ Occupation _____
- 7 Mother Name _____ Education _____ Occupation _____
- 8 Family monthly income 15,000/- PA
- 9 Category of handicapped MR
- 10 Diagnosis mental
- 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 Canpel ()
- 7 Walker ()
- 8 Walking Stick ()
- 9 Walking Cane ()
- 10 Hearing Aids ()
- 11 Any other (specify) ()

Kit - 4

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)

[Handwritten signature]

COO

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



UNDERTAKING

I, Heter ben S/o, D/o, W/o,
Kamulesh 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

Heter M. P.

Witness

Heter M. P.
9875958464
S. B. Edmet

For Office Use Only

Name of the beneficiary

Kamulesh bhai

Registration No.

Age / Gender

12 / F

Address

A.A. post
urshai / vamsda

Monthly Income

15,000/- P.A

Nature of Disability

mental MR
50%.

Type of aid given

Signature of the issuing authority

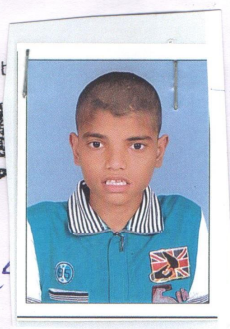
Kit-4
Received

TJLM Kalk 2

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REGISTRATION FORM

- 1 Name Patel Abhay Maheshbhai Reg No _____ Age/Sex 14 male
- 2 Address To :- mandroy
- 3 Educational Qualification class-8th Occupation _____
- 4 Income _____
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name Maheshbhai Education _____ Occupation farmer
- 7 Mother Name meenabai Education _____ Occupation _____
- 8 Family monthly income 22000/- AA
- 9 Category of handicapped MR
- 10 Diagnosis severe MR
- 11 Disability percentage 90%

mo:- 9586193751

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) ()

TJLM Kalk 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)

Interviewed by

Count: _____

National Institute for the Mentally Handicapped
(EXTENSION PROGRAMME)

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



UNDERTAKING

I, Patel Abhay Maheshbhai S/o, D/o, W/o,
Maheshbhai 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.

Kudasaam mo: 9586193151
Signature / Thumb impression of the beneficiary
JED - RT

Kudasaam
Witness

CHUDASAMA KAILASH M

For Office Use Only

Name of the beneficiary Patel Abhay Kumar Maheshbhai

Registration No. -

Age / Gender - male, 15 year

Address - Patel felige mandroy, olpat, surat

Monthly Income - 22000/- PA

Nature of Disability MR

Type of aid given TLM. book 2

Signature of the issuing authority

Received



Iskand kulk(5)

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Photograph of Beneficiary with Disability

REGISTRATION FORM

1. Name **CHAUDHARI PRIYAN KUMAR** *10 / male*
Reg No _____ Age/Sex
2. Address **BHARAT AALYAN - BORJA KANKAL**
3. Educational Qualification _____ Occupation _____
4. Income **25000/-**
5. Caste (SC/ST/OBC) **ST**
6. Father Name **DEEPA BHAI** Education _____ Occupation _____
7. Mother Name _____ Education _____ Occupation _____
8. Family monthly income **25000/- RA**
9. Category of handicapped **MR**
10. Diagnosis **MODERATE MR**
11. Disability percentage **75%**

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

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

TLM kulk(3)

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)

Iskand

Country

National Institute for the Mentally Handicapped

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Manovikasnagar, Secunderabad



UNDERTAKING

I, CHAUDHARI PRIYANK KUMAR BABUBHAI S/o, D/o, W/o,
BABUBHAI 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.

95/2200576

Signature / Thumb impression of the beneficiary

RT UMARPADA

CHAUDHARI SURESH
Witness

For Office Use Only

Name of the beneficiary

CHAUDHARI PRIYANK KUMAR BABU
BHAI

Registration No

Age / Gender

10 year M

Address

AT PUL. BHARAT, RAJYA VANKAL - MAHARAJ
SURAT

Monthly Income

25000/- PA

Nature of Disability

MR : moderate

Type of aid given

TLM. Kubs (3)

Signature of the issuing authority

Revised

95/2200576



Issued kit (4)

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Photograph of Beneficiary with Disability

REGISTRATION FORM

- 1 Name Manisha A. Patti Reg No _____ Age/Sex M/F
- 2 Address Green Park Soci, Vijayapore, Maruthi Nagar, Navsari
- 3 Educational Qualification 10th Occupation _____
- 4 Income 2500000
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name Lata Ashok Bhai Education _____ Occupation L
- 7 Mother Name Thayika Bhai Education 8th Occupation Daily wage labor
- 8 Family monthly income BPL
- 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) ()

JLM kit (4)

III. Remarks

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

Received by

[Signature]

Coord. _____

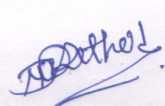
National Institute for the Mentally Handicapped
(EXTENSION PROGRAMME)

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




UNDERTAKING

I, Manisha A. Patil Sto, D/o, W/o,
Leb. Ashor 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,

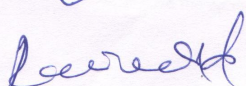

Signature / Thumb impression of the beneficiary

DIPAK. N. RATHOD


Witness


(Sp) Teacher
9428108321

For Office Use Only

Name of the beneficiary	: Manisha A. Patil
Registration No.	:
Age / Gender	: 17y/F
Address	: Green park society, vijulpae, Marutnagar, Talalpur (Tal), Narsen (Dist)
Monthly Income	: Rs 7000/- PA
Nature of Disability	: MR
Type of aid given	: TLM kit (4)
Signature of the issuing authority	: 

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 Phone 040-27751741-45, Fax 040-27750198
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Photograph
 of Beneficiary
 with Disability

REGISTRATION FORM

- 1 Name Patel Ruchika Dilipbhai Reg No _____ Age/Sex 10/08/1997
- 2 Address Orvad, Udava Rs, Parki Valad, 19y 1st
Greengrass, ph. 9724585285
- 3 Educational Qualification _____ Occupation _____
- 4 Income _____
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name Dilipbhai Education _____ Occupation _____
- 7 Mother Name " Education _____ Occupation _____
- 8 Family monthly income 20000/- PA
- 9 Category of handicapped MR
- 10 Diagnosis MR E ADHD & Epilepsy
- 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) ()

TLM kit (3)

III. Remarks

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

Entered by gaur
19

Code No _____

National Institute for the Mentally Handicapped
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Manovikasnagar, Secunderabad



UNDERTAKING

I, Patel Ruchita Dilipbhai S/o, D/o, W/o,
Dilipbhai 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.

Signature / Thumb impression of the beneficiary

Witness

For Office Use Only

Name of the beneficiary : Patel Ruchita Dilipbhai
Registration No. :
Age / Gender : 19 / F
Address : Orvad, Udaya R.S. Parki Valsad,
Gujarat
Monthly Income : 20000/- P.A
Nature of Disability : MR
Type of aid given : TLM kit (3)
Signature of the issuing authority :

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REGISTRATION FORM

1. Name Patel Jay Arvindbhai Age/Sex
2. Address Old Post, Suresh
3. Educational Qualification 8th Occupation
4. Income -
5. Caste (SC/ST/OBC)
6. Father Name Arvindbhai Education Occupation
7. Mother Name Prakash Education Occupation
8. Family monthly income severe
9. Category of handicapped MR
10. Diagnosis -
11. Disability percentage 90%

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

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

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)

Completed
TLM Kulk (3)

National Institute for the Mentally Handicapped, Secunderabad



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Photograph of Beneficiary with Disability

REGISTRATION FORM

- I. 1 Name *mohit patel* Reg No _____ Age/Sex *21/ M*
- 2 Address *Tirthal Pop. Post - Nalgud*
- 3 Educational Qualification _____ Occupation _____
- 4 Income ~~_____~~
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name *Prakash* Education _____ Occupation _____
- 7 Mother Name _____ Education _____ Occupation _____
- 8 Family monthly income *15,000 - P.A.*
- 9 Category of handicapped *MR*
- 10 Diagnosis *severe*
- 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 Canes ()
- 7 Walker ()
- 8 Walking Stick ()
- 9 Walking Cane ()
- 10 Hearing Aids ()
- 11 Any other (specify) ()

TLM Kulk (3)

III. Remarks

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

[Signature]

Coordinator

National Institute for the Mentally Handicapped
(EXTENSION PROGRAMME)

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



UNDERTAKING

I, Mohit S/o, D/o, W/o,
P. Eelkash Bhuvi hereby affirm that I have not obtained
PLM (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.

[Handwritten signature]

[Handwritten signature]

Signature / Thumb impression of the beneficiary

Witness

For Office Use Only

KUNTAL
SP. EDU
9428715205

Name of the beneficiary : Mohit
Registration No. :
Age / Gender : 19/2/M
Address : Tithay TG/Post - Vausaef
Monthly Income : 15,000/- PA
Nature of Disability : MR (Severe)
Type of aid given : PLM-141 - (3)
Signature of the issuing authority

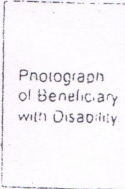


Issued Kit (3)

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 Astha Ashok Patil Reg No Age/Sex 8y/F
2. Address Bhimar Ta. Jandapur, Dist: Narsari
3. Educational Qualification Occupation
4. Income 20,000/- P.A
5. Caste (SC/ST/OBC) OBC
6. Father Name Ashok Education Occupation Daily wages labour
7. Mother Name Anita Education Occupation Housewife
8. Family monthly income 20,000 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) ()

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

Handwritten signature of the interviewer.

Count...

National Institute for the Mentally Handicapped
(EXTENSION PROGRAMME)

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



UNDERTAKING

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

Kher. Beena
SSA Teacher. 8460141485
Signature / Thumb impression of the beneficiary

Kher. Beena
Witness
Kher Beena

For Office Use Only

Name of the beneficiary : Astha Ashok Patel.
Registration No. :
Age / Gender : 8 years / Female
Address : Bhiner Ter. Jalalpore
Di: Narsuzi
20,20,000/- PA
Nature of Disability : MR.
Type of aid given : TLM kit (3)
Signature of the issuing authority : Issued

Don't Ask (3)

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REGISTRATION FORM

- 1. Name Reshma Patel Reg No _____
- 2. Address AT - Bayam
TA - Bopalali Age/Sex 13y
Female MR
- 3. Educational Qualification _____ Occupation _____
- 4. Income 20,000/-
- 5. Caste (SC/ST/OBC) _____
- 6. Father Name Chhannudhul Education _____ Occupation _____
- 7. Mother Name Lataaben Education _____ Occupation _____
- 8. Family monthly income 20,000/-
- 9. Category of handicapped m.r
- 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. Canes ()
- 7. Walker ()
- 8. Walking Stick ()
- 9. Walking Cane ()
- 10. Hearing Aids ()
- 11. Any other (specify) ()

Hand - 3 → Severe MR

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)

Handwritten signature

Count: _____



UNDERTAKING

I, Reshma Ben S/o, D/o, W/o,
Chhama 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.

P.K. Patel
B.P.P. mar 9 27 6 44 199
Signature / Thumb impression of the beneficiary

P.K. Patel
B.P.P.
9/27/6 44 199
Witness

For Office Use Only

Name of the beneficiary : Reshma Patel
Registration No. :
Age / Gender : Female -
Address : AT - Rajam
TA - Baraboli
Monthly Income : 20000/-
Nature of Disability : M.R (Moderate)
Type of aid given : JLM kek (3)
Signature of the issuing authority :

Done Kalk (4)

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REGISTRATION FORM

- 1 Name Amritha Shah Reg No _____ Age/Sex 18yr
- 2 Address AT SURALI
TA - Baruch Penel
- 3 Educational Qualification _____ Occupation _____
- 4 Income 200000/-
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name Bhaskar Education _____ Occupation _____
- 7 Mother Name Arundha Education _____ Occupation _____
- 8 Family monthly income 200000/-
- 9 Category of handicapped m.r
- 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) ()

TLN Kalk (4)

III. Remarks

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

Refered by [Signature]

Coord. :

National Institute for the Mentally Handicapped
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Manovikasnagar, Secunderabad



UNDERTAKING

I, ANJUBEN S/o, D/o, W/o,
Bijalobhi Reddy 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
9427644199
Signature / Thumb impression of the beneficiary

P.K. Patel
B.P.R.
9427644199
Witness

For Office Use Only

Name of the beneficiary : Anjuben
Registration No. :
Age / Gender : Female
Address : AT SURALI
TA. Baramchali
Monthly Income : deceased -
Nature of Disability : m.r (mild)
Type of aid given : TLM 1 case (4)
Signature of the issuing authority : [Signature]

Prms ktk (4)

National Institute for the Mentally Handicapped, Secunderabad



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REGISTRATION FORM

- 1 Name Zinalben Reg No _____ Age/Sex 13y / F
- 2 Address AT - BURALI
TA - Boraduli
- 3 Educational Qualification _____ Occupation _____
- 4 Income _____/-
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name Jhendru Education _____ Occupation _____
- 7 Mother Name Lilaben Education _____ Occupation _____
- 8 Family monthly income 20,000/- PA
- 9 Category of handicapped MR.
- 10 Diagnosis Moderate MR
- 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 Cane ()
- 7 Walker ()
- 8 Walking Stick ()
- 9 Walking Cane ()
- 10 Hearing Aids ()
- 11 Any other (specify) ()

TLM ktk (4)

III. Remarks

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

Interviewed by [Signature]

Co-ordinator

T.M. bak (3)

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 ~~CHAUDHARI~~ ^{Rajesh Bhai} Reg No ⁹¹⁰ Age/Sex ^m / ^{male}
- 2 Address ~~VERAVI PALYA~~, ^{VERAVI PALYA}, ^{MAGROL}, ^{SURAT}
- 3 Educational Qualification Occupation
- 4 Income ^{12,000/-} ⁹⁵¹²²⁰⁰⁸⁷⁶
- 5 Caste (SC/ST/OBC) ST
- 6 Father Name ^{RAJESH BHAI} Education Occupation
- 7 Mother Name ^{RANIBEN} Education Occupation
- 8 Family monthly income ^{12,000/-} ^{P= A}
- 9 Category of handicapped ^{MR}
- 10 Diagnosis ^{MODRED} ^{MR}
- 11 Disability percentage ^{75%}

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

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

T.M. bak (3)

III. Remarks

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

Received by

Co-ordinator

National Institute for the Mentally Handicapped
(EXTENSION PROGRAMME)

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Manovikasnagar, Secunderabad



UNDERTAKING

I, Zinalben S/o, D/o, W/o,
jitendrybhi cheredam 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 no. no 372761199
Signature / Thumb impression of the beneficiary

P.K. Patel
D.A.P - 22-9
Witness 372761199

For Office Use Only

Name of the beneficiary : Zinalben
Registration No. :
Age / Gender : Female / 134
Address : AT - SURALI
TA - Bandali
Monthly Income : 20,000 - PA
Nature of Disability : M.R
Type of aid given : TLM KIT (4)
Signature of the issuing authority

Issued

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



UNDERTAKING

I, CHAUDHARI RAJESH BHAI S/o, D/o, W/o,
Rajesh 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,

952200876

BAT - Umur Pudi

Signature / Thumb impression of the beneficiary

Witness

CHAUDHARI SURESH
Bhai

For Office Use Only

Name of the beneficiary CHAUDHARI GOPAL KUMAR RAJESH BHAI

Registration No.

Age / Gender 9 yrs / M

Address AT. VERAVI, PALYA, MAGROL, SURAT

Monthly Income 12,000/- P.A

Nature of Disability MODERATE MR

Type of aid given

TLM kub (3)

Signature of the issuing authority

952200876

Completed Issued Ksh (2)

National Institute for the Mentally Handicapped, Secunderabad
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REGISTRATION FORM

- I. 1 Name Yashwi Kumar Rajubhai Patel Age/Sex 10-05-2009
Reg No _____
- 2 Address Puzametal Paala, Indijee, Nalsard, Narsari (740) (M)
- 3 Educational Qualification _____ Occupation _____
- 4 Income _____
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name Rajesh Patel Education _____ Occupation _____
- 7 Mother Name Nagamben Rajbhai Education _____ Occupation _____
- 8 Family monthly income Rs 15,000/- P.M.
- 9 Category of handicapped MR
- 10 Diagnosis Profound MR
- 11 Disability percentage 100%

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) ()

Ksh (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)

Accepted by

Coordinate

National Institute for the Mentally Handicapped
(EXTENSION PROGRAMME)

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



UNDERTAKING

I, Yashvi Kumar Rajbhai Patel S/o, D/o, W/o
Rajesh 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]
Signature / Thumb impression of the beneficiary

[Signature]
Witness

For Office Use Only

Name of the beneficiary : Yashvi Kumar Rajbhai Patel
Registration No :
Age / Gender : 7yr / M
Address : Tunamatal Parla, Tujara, Valsad.
Monthly Income : Rs 15,000/- PA
Nature of Disability : MR
Type of aid given : TLM Kit (2)
Signature of the issuing authority : [Signature]

KUNTAL
SP. Edu
9428715205

Prasad Kulkarni (3)

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
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REGISTRATION FORM

- 1 Name Patel Keni Jigneshbhai Age/Sex 11
- 2 Address Blad gam, Old Pal, Surat male
- 3 Educational Qualification 6th Occupation _____
- 4 Income _____
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name Jigneshbhai Education _____ Occupation _____
- 7 Mother Name Sunitaben Education _____ Occupation farmer
- 8 Family monthly income 20,000 P.A.
- 9 Category of handicapped - moderate MR + VI
- 10 Diagnosis - MR + VI
- 11 Disability percentage 75% ~~75%~~ 75X

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

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

TLM Kulk (3)

III. Remarks

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

Signature

COO

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



UNDERTAKING

I, Patel Kenil Jigneshbhai 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.

Kendrasamp
Signature / Thumb impression of the beneficiary
IED-RT

no:- 9586193151

Kendrasamp
Witness

CHUDASAMA
KASLASHIN

For Office Use Only

Name of the beneficiary: Patel Kenil Jigneshbhai
Registration No. _____
Age / Gender: 11 year / male
Address: Talad gam, olpad, surat
Monthly Income: 20,000 /- P.A
Nature of Disability: MR
Type of aid given: TLM kit (3)
Signature of the issuing authority _____

Prasad Kotla

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 Patel Surabh Rakeshbhai Reg No _____ Age/Sex 9/9
- 2 Address To - Bhadaj Td - Ol Pad Dist - Surat male
- 3 Educational Qualification _____ Occupation _____
- 4 Income _____ class - 6th
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name Rakeshbhai Education 8th Occupation _____
- 7 Mother Name sharmishthaben Education class pass Occupation _____
- 8 Family monthly income 20,000/- P-A
- 9 Category of handicapped _____ MR
- 10 Diagnosis Severe MR
- 11 Disability percentage 90%

no: 9580193151

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 with (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)

Date: _____

Signature

National Institute for the Mentally Handicapped
(EXTENSION PROGRAMME)

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



UNDERTAKING

I, Patel Saurabh Rakeshbhai S/o, D/o, W/o,
Rakeshbhai 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.

Kudasaam mo:- 9586193151
Signature / Thumb impression of the beneficiary

JED-RT

Kudasaam
Witness

CHUDASAMA KASLASHM

For Office Use Only

Name of the beneficiary Patel saurabh kumar Rakeshbhai
Registration No. _____
Age / Gender - male - 9 year
Address : Bhadal (TU), Alpat (Td) Sunk
Monthly Income : 20,000 P.A
Nature of Disability : MR
Type of aid given : TLM kit
Signature of the issuing authority Revised

Disability Card (3)



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 Patel Roshan Pravinbhai Reg No _____ Age/Sex 8Y male
- 2 Address Admer rogh falija Ta: olpad Dist: Surat mo: 9586193151
- 3 Educational Qualification _____ Occupation _____
- 4 Income _____ Class: 3th
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name Pravinbhai Education 7th Occupation _____
- 7 Mother Name dharmisitaaben Education _____ Occupation _____
- 8 Family monthly income 22000/-
- 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 Crutcher ()
- 7 Walker ()
- 8 Walking Stick ()
- 9 Walking Cane ()
- 10 Hearing Aids ()
- 11 Any other (specify) ()

JLM Card (3)

III. Remarks

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

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, Patel Roshan Pravinbhai 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.

Kundaram mo: 9586193157
Signature / Thumb impression of the beneficiary
JEP-RT

Kundaram
Witness
CHODPSAMA
KAILASH N

For Office Use Only

Name of the beneficiary: Patel Roshan Pravinbhai
Registration No. :
Age / Gender - 8 year - male
Address - To: megh falgiy Admar, olpad, surat
Monthly Income - 22000/- P.A.
Nature of Disability : MR
Type of aid given : TLM. Ket (3)
Signature of the issuing authority : Leewef

Dated 10/10/15

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
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REGISTRATION FORM

- 1 Name Shaiikh Anas Asfak Reg No -
- 2 Address olpad Age/Sex 10 male
Ta:- olpad
Di:- surat
- 3 Educational Qualification class 6th Occupation -
- 4 Income -
- 5 Caste (SC/ST/OBC) -
- 6 Father Name Asfak Khan Education 10th Occupation shop
- 7 Mother Name Asefabere Education - Occupation -
- 8 Family monthly income - 20,000/-
- 9 Category of handicapped - MR
- 10 Diagnosis moderate MR
- 11 Disability percentage - 75%

mo: 9586193151

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 (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)

Received by Jane

Co-ordinator



UNDERTAKING

I, Shaikh Anas Asfakbhai S/o, D/o, W/o,
Asfakbhai 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.

Kudasaama mo:- 9586193151
Signature / Thumb Impression of the beneficiary
SED - RT

Kudasaama
Witness
CHUDASAMA
KAILASH. M

For Office Use Only

Name of the beneficiary: Shaikh Anas Asfak
Registration No. -
Age / Gender: 10 year / male
Address: JUPADPATTI, KATHUR ROAD, OLPAL, SURABT
Monthly Income: 20,000/- P.A
Nature of Disability: MR
Type of aid given: TLM kit (3)
Signature of the issuing authority

Completed
Dated 26/12

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. 1 Name Yash Reg No _____ Age/Sex 12y / M (16/05/03)
- 2 Address Kakadmati (post), Nishal Jaula, Kakadmati, Valsad, Navsari
- 3 Educational Qualification _____ Occupation _____
- 4 Income _____
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name Hemish Bhai Education _____ Occupation _____
- 7 Mother Name _____ Education _____ Occupation _____
- 8 Family monthly income ₹. 15,000/- P.A
- 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 Canes ()
- 7 Walker ()
- 8 Walking Stick ()
- 9 Walking Cane ()
- 10 Hearing Aids ()
- 11 Any other (specify) ()

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 Govt/MRO)
 - 4 Disability Certificate (40% & above - mandatory)

Accepted by

Coordinate

National Institute for the Mentally Handicapped
(EXTENSION PROGRAMME)

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



UNDERTAKING

I, Xash S/o, D/o, W/o,
Hareesh 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 / Thumb impression of the beneficiary

Xash

Xash

Witness

KUNTAL

Sp. Edu

9428715205

For Office Use Only

Name of the beneficiary : Xash

Registration No. :

Age / Gender : 12y/M

Address : Kakadmati (post), Nishal guile, Valda,
Narasara

Monthly Income : ~~2470/- PA~~ 15000/- PA

Nature of Disability : MR

Type of aid given : TLM kit

Signature of the issuing authority

Xash

National Institute for the Mentally Handicapped
(EXTENSION PROGRAMME)

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



UNDERTAKING

I, 428 Patil Ayushi Pravinbhai ✓ S/o, D/o, W/o,
Pravinbhai 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.

Chudasama
Signature / Thumb impression of the beneficiary
JED-RT

no. 9586193151

Chudasama
Witness

CHUDASAMA
KAILASH. N

For Office Use Only

Name of the beneficiary Patil Ayushiben Pravinbhai

Registration No. -

Age / Gender 15 year, / female

Address Admer gam, olpad, surat

Monthly Income 22000/- PA

Nature of Disability MR

Type of aid given TLM kit (2)

Signature of the issuing authority

Printed Kit (2)

National Institute for the Mentally Handicapped, Secunderab



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



REGISTRATION FORM

- 1 Name goswami Ayushi Prakashpur Age/Sex 12y female
- 2 Address To: olpad Mo: 9586193157
Ta: olpad
Dist: surat
- 3 Educational Qualification class- 5 Occupation -
- 4 Income 25,000
- 5 Caste (SC/ST/OBC)
- 6 Father Name Prakashbhai Education ota Occupation -
- 7 Mother Name vasanti bai Education - Occupation -
- 8 Family monthly income 20,000/-
- 9 Category of handicapped MR+EP
- 10 Diagnosis MR+EP - 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 Camper ()
- 7 Walker ()
- 8 Walking Stick ()
- 9 Walking Cane ()
- 10 Hearing Aids ()
- 11 Any other (specify) ()

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

Received by

Co...

National Institute for the Mentally Handicapped
(EXTENSION PROGRAMME)

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



UNDERTAKING

I, goswami Ayushi Prakashbhai S/o, D/o, W/o,
Prakashbhai 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,

Chudasama
Signature / Thumb impression of the beneficiary
JEP-RT

mo: 9586193151

Chudasama
Witness

For Office Use Only

CHUDASAMA
KAILASH. N

Name of the beneficiary

Registration No.

Age / Gender

Address

Monthly Income

Nature of Disability

Type of aid given

Signature of the issuing authority

goswami Ayushi Prakashbhai

11 year / female

Nihola nagar, olpad, surat

20,000/- P.A

MR

TLM kit (2)

Received

Bond Vata (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)



mo: 9586193151

REGISTRATION FORM

- 1 Name Patel Isha Shashibhai Reg No Age/Sex Female
- 2 Address lavaahya tekarey
Tal: olpad
Dist: surat
- 3 Educational Qualification class 5th Occupation -
- 4 Income -
- 5 Caste (SC/ST/OBC)
- 6 Father Name Shashibhai Education Occupation
- 7 Mother Name Rekhabe Education Occupation
- 8 Family monthly income 22000/- P-A
- 9 Category of handicapped - MR + CP
- 10 Diagnosis - MR + CP
- 11 Disability percentage 80%

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 tick (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)

Date: 03/11/2020

Signature:

National Institute for the Mentally Handicapped
(EXTENSION PROGRAMME)

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



UNDERTAKING

I, Patel Isha shatishbhai S/o, D/o, W/o,
Shatishbhai 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.

Kundasani
Signature / Thumb impression of the beneficiary

mo:- 9586193151

JEP-PA

Kundasani
Witness

CHUDASANI KANLASH. N

For Office Use Only

Name of the beneficiary Patel Isha shatishbhai

Registration No

Age / Gender

11 year / female

Address

- Lavachha Tekra
Ta:- OLPad
Dist:- SURAT

Monthly Income

← 22000/- PA

Nature of Disability

MR

Type of aid given

TLM ket (2)

Signature of the issuing authority

Completed
Dind Kelt (B)

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

- I. 1 Name SheeYash Reg No _____ Age/Sex 17/1 M
- 2 Address phalampur Road Valsad, H-no-17, Rajan Nagar, Valsad.
- 3 Educational Qualification _____ Occupation _____
- 4 Income 1000/-
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name Pswin bhai Education _____ Occupation _____
- 7 Mother Name _____ Education _____ Occupation _____
- 8 Family monthly income 15,000/- PA
- 9 Category of handicapped MR
- 10 Diagnosis Senese
- 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 Spinal ()
- 5 Crutches ()
- 6 Canes ()
- 7 Walker ()
- 8 Walking Stick ()
- 9 Walking Cane ()
- 10 Hearing Aids ()
- 11 Any other (specify) ()

Kelt (B)

III. Remarks

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

Signature

Signature

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



UNDERTAKING

I, Shreyash S/o, D/o, W/o,
Pravara Blei 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

Shreyash

Pravara

Witness

For Office Use Only

KUNTAL
SP. Edu

9428715205

Name of the beneficiary

Shreyash

Registration No

Age / Gender

17/M

Address

*Pravara Blei
Narasara*

Monthly Income

15,000/- PA

Nature of Disability

MR (Severe)

Type of aid given

TLM - Kit - 3

Signature of the issuing authority

Pravara

Prasad kirk 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)



REGISTRATION FORM

- 1 Name Date) Pravinbhai Reg No _____ Age/Sex 12 female
- 2 Address Ajeshi
- 3 Educational Qualification class 5th Occupation _____
- 4 Income _____
- 5 Caste (SC/ST/OBC) _____
- 6 Father Name Pravinbhai Education 7th pass Occupation _____
- 7 Mother Name Kalavathi Education _____ Occupation _____
- 8 Family monthly income 22,000/- PA
- 9 Category of handicapped MR
- 10 Diagnosis severe MR
- 11 Disability percentage 90%

mo: 958619315

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) ()

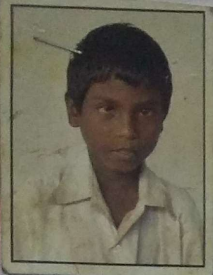
FLM kirk ②

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)

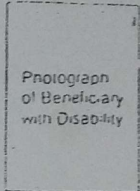
[Handwritten signature]

COO: _____



Donor kit (3)

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 MULTANI AYANBHAI Reg No 874 Age/Sex male
- 2 Address JHAZHNAVU, MAGROL, SURAT
9512200876
- 3 Educational Qualification _____ Occupation _____
- 4 Income 1000/-
- 5 Caste (SC/ST/OBC) ST
- 6 Father Name MAHEBUBBHAI Education _____ Occupation _____
- 7 Mother Name SALMABEN Education _____ Occupation _____
- 8 Family monthly income 15000/- P-A
- 9 Category of handicapped MR
- 10 Diagnosis MODRED + 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) ()

JCM kit (3)

III. Remarks

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

Date: 2023/04/04

Signature

National Institute for the Mentally Handicapped
(EXTENSION PROGRAMME)

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



UNDERTAKING

I, MULTEMI ASYAM BHUI S/o, D/o, W/o,
MEHBUB 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.

95/2200876

Signature / Thumb impression of the beneficiary

RT UMAR PADA

Witness

CHANDRA SHEKHAR L

95/2200876

For Office Use Only

Name of the beneficiary

MULTEMI ASYAM BHUI MEHBUB BHUI

Registration No.

Age / Gender

8 years (M)

Address

RT. PO. ZAMIKHAWA. TE. NANGAL SI-SYKAT

Monthly Income

~~2000~~ 15,000 P.A.

Nature of Disability

moderate MR

Type of aid given

TLM

Signature of the issuing authority

Issue kit (3)

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

103448

- 1. Name Chandhuri Jainesh Reg No Age/Sex male
- 2. Address bnui
- 3. Educational Qualification Occupation
- 4. Income 20000/- 9512200840
- 5. Caste (SC/ST/OBC)
- 6. Father Name Asvinbhai Education Occupation
- 7. Mother Name Rameshben Education Occupation
- 8. Family monthly income 20000/- P.A
- 9. Category of handicapped MR
- 10. Diagnosis mild MR
- 11. Disability percentage 50-1

Recommendation of Aids and Appliances
(Please tick mark (✓) 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. Carper ()
- 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 by Revenue Department only/MRO)
 - 4. Disability Certificate (10% and above - mandatory)

Received by

Code No

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



UNDERTAKING

I, Chauthagi Jainesh bhai S/o, D/o, W/o,
Asvin 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,

Chauthagi
27th mesh. 2. SSA member
BAP- FGA
Signature / Thumb impression of the beneficiary

Chauthagi
Witness
9512200540

For Office Use Only

CHAUSHAGI mesh. 2

Name of the beneficiary : Chauthagi Jainesh bhai Asvin bhai

Registration No.

Age / Gender

10 years

Address

AT. PO. BUSTHA TA. MUNGROJ DI-SURET

Monthly Income

2000L PA

Nature of Disability

mit MR

Type of aid given

TLM kat (3)

Signature of the issuing authority