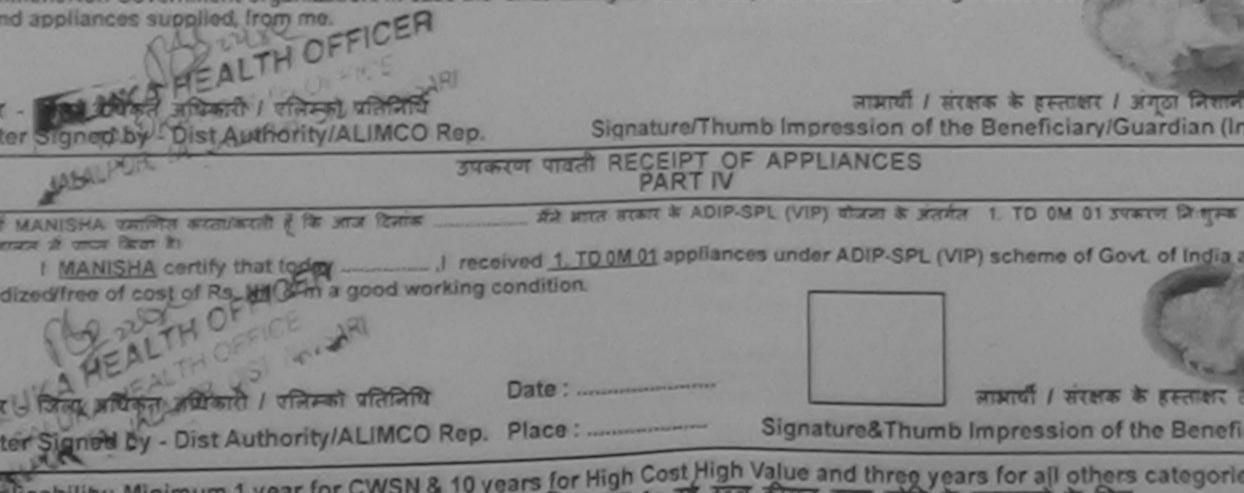
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| No.: 2016-17/NAVR4/T8/00757/ADIP. of the Beneficiary : MANOJ BHAIN | परीक्ष | तण पावल | ी पर्ची | LIP Camp Ven | VIXCRANAN | 3 3 / M |
| of Disability 1 MENTALLY IMPAIRED (50%) | SPL (VIP) | | Date : 22 | | POOLJUNA | THANA |
| Appliances D |) | | Age : 1 | 5 Sex : Male | Mobile N | 0.: +91 |
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| त पत्र और ने. Ind Type & No. : Other (school) | | a deserver a | | EISNEW | डेमानां रखणे | |
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| Certified that to the best of my knowledge, t | he monthly incon | ne of the be | menicially tauta | | th | - |
| usand Five Hundred only.) | | | N. C. Station | 10- | | erica da |
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| unter Sig. by - Collaborative Agency/ Dis anter Sig. by - Collaborative Agency/ Dis में MANOJ BHAN प्रमाणित काता/करती हूँ कि मैंने पि उपकरण प्राप्त नहीं किया है। यदि मेरे द्वारा दी गई सुपन | कने एकालीमादतः वर्षी | में आरत सरह | प्रायज्य सरकार वा 3 पत्रजी कारवारी वा आ | त्य समाजिक योजन पति किये गये उपस्य | त के अलगत किसा गांस हर एवं उपकरण की पूरी | सामत मु |
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| is and appliances supplied, from me | I SARI | | | | | |
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| में MANOJ BHAA प्रसाणित करता/करती हूँ कि आज तिम में जादन किया है। I MANOJ BHAA certify that today | हिसांक | सेत्रे प्रदात सरा | | adar ADIP-SPL | VIP) scheme of Go | ovt. of t |
| TOD THAT I THAT CERTIFY that today | ,I receive | d 1. TD OM | V1 appnances o | | | |
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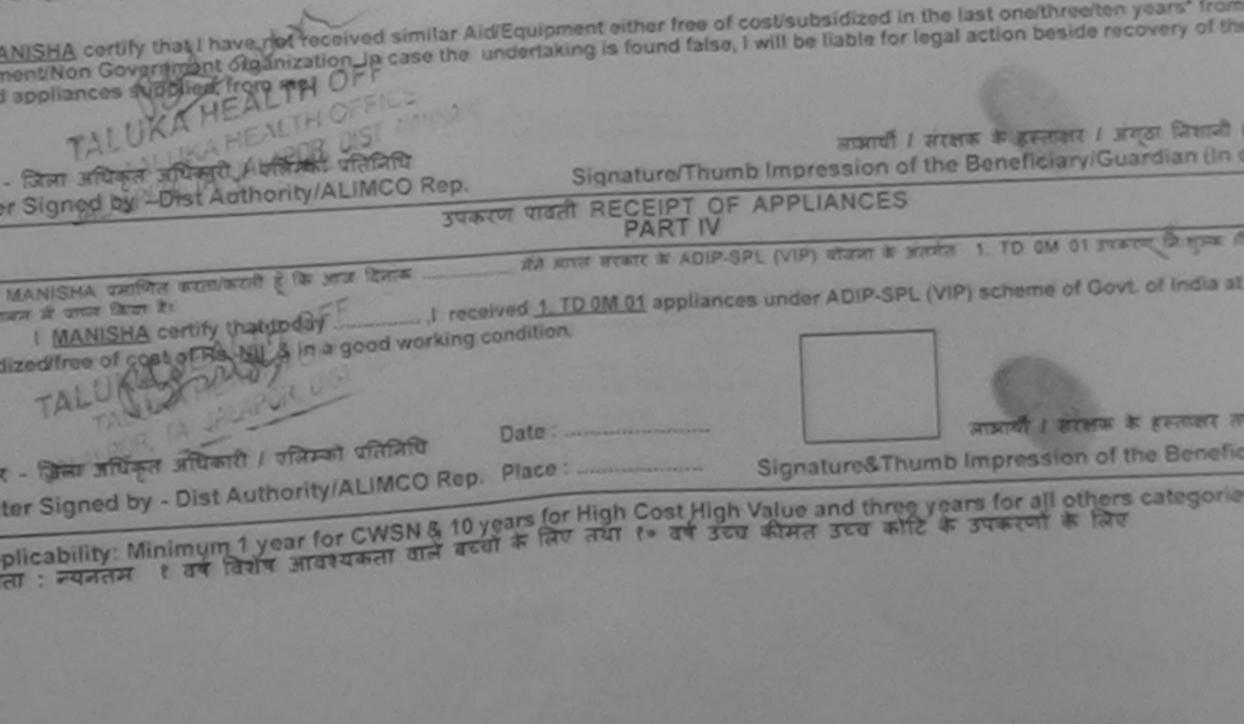
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|--|--|-------------------------|---|--|-----------------|
| LADOU | | Date : 22/0 Age : 19 | 8/16 Sex : Female | POOLJUNA TH | |
| TD OM OT MSIED KIL- MULTI-SENSORY INTEGRA | | | | Mobile No. | : +9 |
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| पत्र और नं. Dist | | | | | |
| d Type & No. : Other (school) | | | | | |
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| of Disability : 1. MENTALLY IMPAIRED (60%) | PART II | | हारे देमानां | | |
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| Appliances Detail | | | Quantity | Value | _ |
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MANISHA certify that I have not received similar Ald/Equipment either free of cost/subsidized in the last one/three/tee years" fro nment/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of nd appliances supplied, from me.



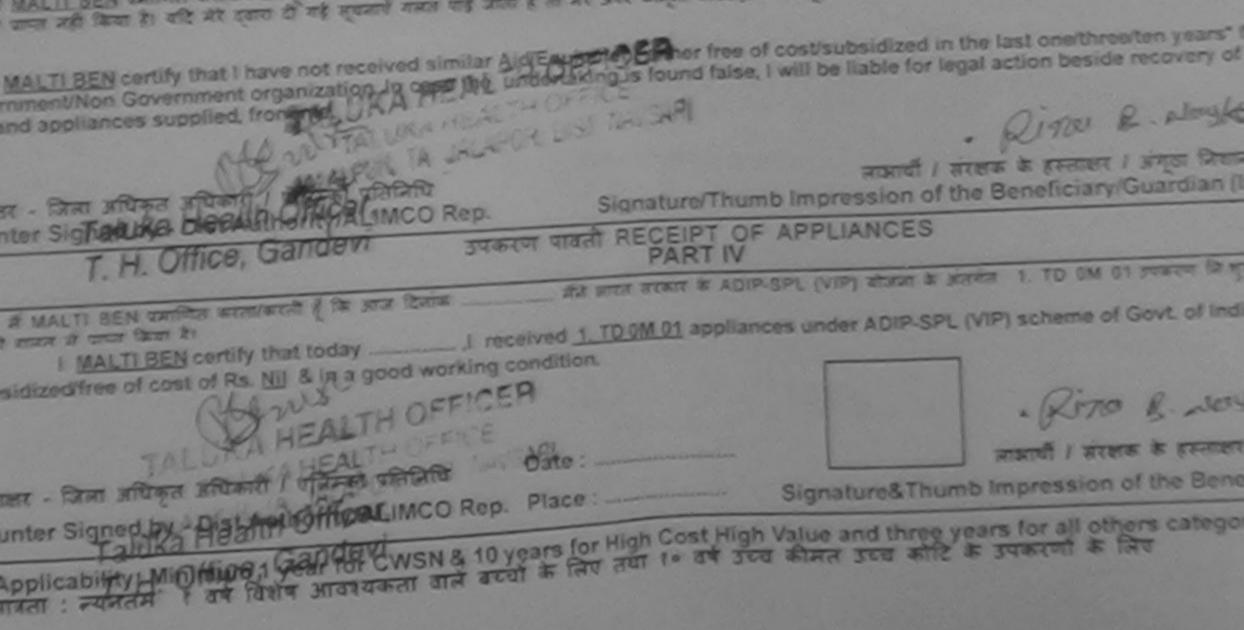
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| No. : 2016-17/NAVR4/T12/00699/A ne of the Beneficiary : MANISHA | ASSESSMENT ACKNOW परीक्षण पाव | LEDGEMENT ती पची | SLIP Camp | Venue MATIVA P VIVEKAN POOLJU | |
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| e of Disability 1. MENTALLY IMPAIRED | (90%) | | 22/08/16 12 Sax : 1 | Female Mobi | |
| O. Apoliances Date | | | | | |
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| गंव Village :GUJARAT और नं. pe & No. : Aadhar Card (62901242780 sability : 1. MENTALLY IMPAIRED (90%) | Pin Code जिला : NAVSARI District)2) PART II | Sted Sted | हारे देखान | i seich 5-ygron | |
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| ied that to the best of my knowledge, the Five Hundred only.) | monthly income of the benefici | ~ ~ ~ ~ ~ | | AL TAD | FT * F |
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| Sig. by - Collaborative Agency/ Dist. | तीजादत- वचा में घोरत तरकारिएउउच तरन पाई जाली है तो मेरे उचर कानूनी कारका | ते या जाप्ति किये र | | one/three/ten year | |



Prescribing Medical Officer/Rehab Expert

| (33) | | EUNS | | | |
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| 254 KUY ADDESSMENT | ACKNOWLEDGE सण पावती पर्च | EMENT SL | IP Camp Vers | US : MATIYA PATI VIVEKANAN | |
| No.: 2016-17/NAVR4/T12/00750/ADIP_SPL (VIP) | | and the second | | POOL, JUNA | |
| of Disability 1. MENTALLY IMPAIRED (50%) | | Date : 22/0 Age : 12 | Sex : Fema | Ne Mobile N | |
| Appliances Notal | | | | | |
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| ind Five Hundred only.) | | | X | CK-3 | 2.0 |
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| | | | | County and the Ca | 10000 |
| MALTI BEN प्रतामित करता/करती हूँ कि मैंने पिछले एक/तिमादस- वर्ष में स जन्म नहीं किया है। यदि मेरे द्वारा दी गई सुप्रतार्थ मलत याई जाती है तो मेरे | उपर कान्नी आरवाही या | आपूर्ति किये । | त्वे उपस्का तवे उप | रकरन का पूरा झानल । | - |



| 259 ASSESSMENT AN | CKNOWLEDGE ण पायती पच | EMENT SLIP | Camp Venu | · MATTYA PATIDAR VADI VIVEKANAND SWIMME POOL,JUNA THANA .N |
|---|--------------------------|-------------------------|--------------------|--|
| 2016-17/NAVR5/T8/00987/ADIP-SPL (VIP) | | Date : 23/0 Age : 17 | 8/16 Sex : Male | Mobile No.: +91-9 |
| the Beneficiary ; MANAY | | | | |
| sability : 1. MENTALLY (MPAIRED (50%) | | | | Value |
| Appliances Defail | Remark | | Quantity | 4500.00 |
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| ability : 1. MENTALLY IMPAIRED (50%) | | | | |
| Ilances Detail | | | Quantity | Value |
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| i that to the best of my knowledge, the monthly income of our Hundred only.) | the beneficiary | tather / guai | rolan of the pa | ment is Ks. (Rupees Thr |
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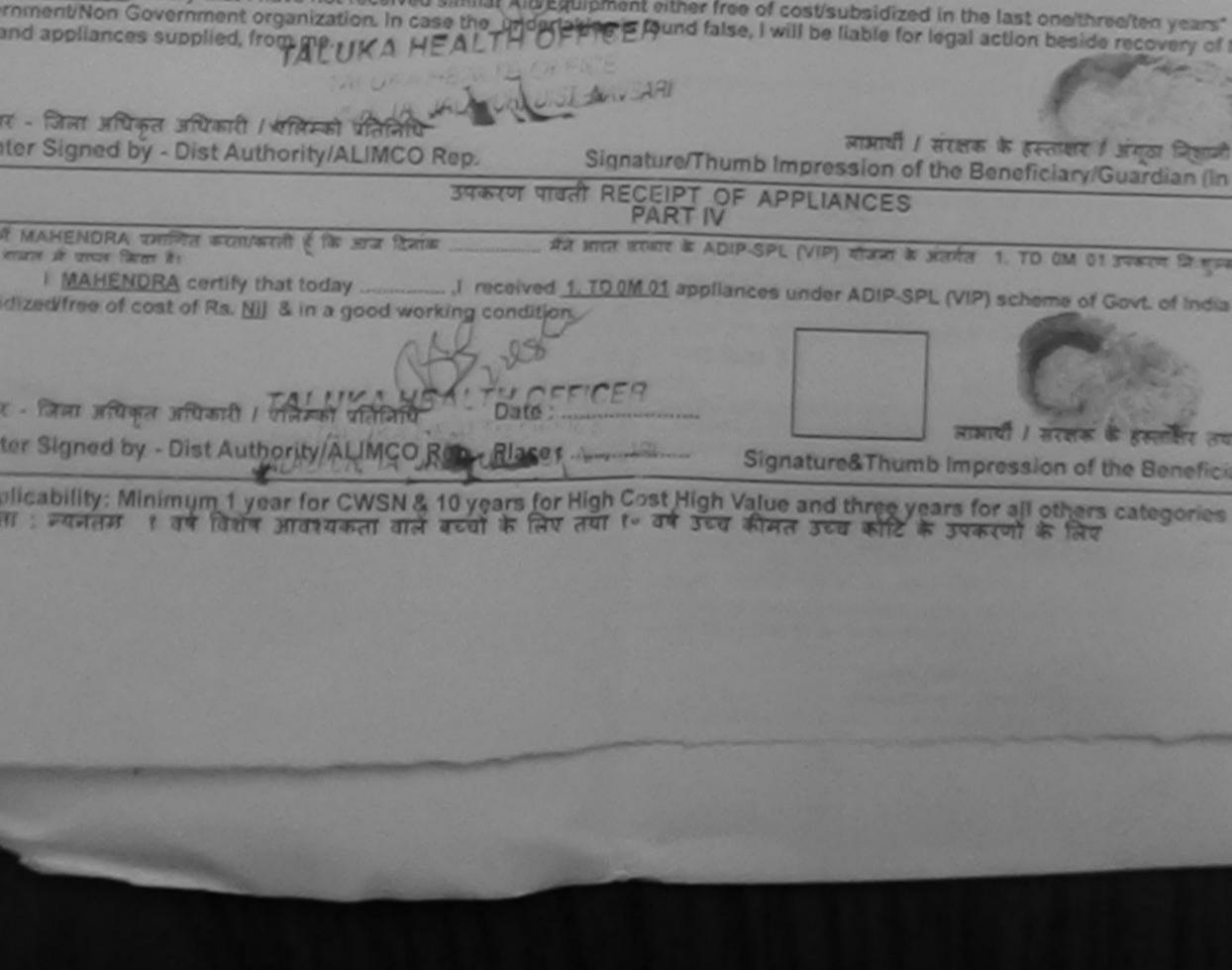
हयोगी उंस्या/जिला अपिकृत अपिकारी ig. by - Collaborative Agency/ Dist. Authority

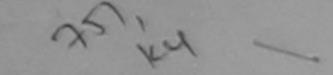
निर्धारक प्रयानायाय/हेड मास्टर/पस.पस. ए. प्रतिनिधि के हस्ताक Signature & Stamp of the Principal/Head Master /S

6X प्रमाणित कात्याकाती हूँ कि मैंने पिछले एक/तीन/दस वर्षों में जारत सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतर्गत किसी चासकीय/अचासकीय/अन्य संस्था नहीं किया है। यदि मेरे द्वारी दी नई सूचलावें नजत पाई जाती हैं तो मेरे अपर कानूनी कारवाही या आपूर्ति किये गये उपरकर एवं उपकरण की पूरी जानत मुगतान की जिन्द

| Non Government organizations In case the undertain | ent either free of cost/subsidized in the last one/three/ten years* from any king is found false, I will be liable for legal action beside recovery of the full of |
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| TALURA HEALTH OFFICER | |
| जा अधिकृत अधिकारी / गलिमको प्रतिनिधि gned by - Dist Authority/ALIMCO Rep. | लामार्थी / संरक्षक के हस्ताक्षर / जंगूल निशानी (जवयस Signature/Thumb Impression of the Beneficiary/Guardian (In case of |
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| AV प्रमाणित कालाकाती हूँ कि आज दिसांक | त तरकार के ADIP-SPL (VIP) बोजना के जेतर्गत 1. TO OM 01 उपकरण जिजुन्छ रियायती दर |
| MANAV certify that today | OM 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at subsidio |
| the NU & in a good working condition. | |
| ला अधिकत अधिकारी / प्रतिम्को प्रतिनिधि Date :. | लाआयीं । संरक्षक के हस्ताक्षर तथा अग्व |
| gned by Dist Authority/ALIMCO Rep. Place : | |
| sility: Minimum 1 year for CWSN & 10 years for न्यनतम १ वर्ष विशेष आवश्यकता वाले बच्चों के लिप | High Cost High Value and three years for all others categories तथा १० वर्ष उच्य कीमत उच्य कोटि के उपकरणों के लिए |
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| | Prescribing Medical Officer/Rehab Expert |
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| 아이.: 2016-17/NAVR4/T8/00796/ADIP-SPL (VIP) e of Disability : 1. MENTALLY MOUTON | | | IS : MATIYA PATIDAS VIVEKANAND SV POOLJUNA THA |
|--|--------------------|---|--|
| e of Disability : 1. MENTALLY IMPAIRED (75%) | Date : 22/ | | |
| ADDIADCOR | Age : 28 | Sex : Male | Mobile No. |
| TO UNI OT MSIED KIR, MULTI OF | | | |
| Remark Remark | | Quantity | |
| | | 1 | Value |
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| र/कस्वा/गांव y/Town/Village य te :GUJARAT जिला :NAVSARI IIन पत्र और नं. Card Type & No. : Other (SCHOOL) | Er | मन nail ID | |
| e of Disability : 1. MENTALLY IMPAIRED (75%) | | 2 | -1 2010 |
| o. Appliances Detail | 210 | <u>२०१९। रे डेम्प</u> हेर हरेल आ | वह मुकल |
| TD OM 01 MSIED KIL- MULTI-SENSORY INTEGRATED EDUCATIO | | Quantity | Valuel |
| CENSORY INTEGRATED EDUCATI | | 1 | Value 4500.00 |
| | Total | 1 | 4500.00 |
| | | Signatura | किस्ला अपिकारी/पुनर्वान |
| रमाणित किया जाता हे की मेरी व्यक्तिगत जातकारी के भारतना कर कि PART III | and a state of the | | Tac Unica |
| PART III Certified that to the best of my knowledge, the monthly income of the beneficia sand Five Hundred only.) तर - सहयोगी संस्था/जिला अधिकृत अधिकारी hter Sig. by - Collaborative Agency/ Dist. Authority | ary/ father / gu | ardian of the p | atient is Rs. (Rupee |
| MAHENDRA प्रमाणित करता/करती हूँ कि मैंने पिछले एक/तीन/दस - वर्षों में झाल सरकार/राज्य सर प्राप्त नहीं किया है। यदि मेरे द्वारा दी गई ज्यूबलर्जे मसत पाई जाती है तो मेरे ज्यूर कान्त्री कारवाही MAHENDRA certify that I have not received similar Airis are are and | Signature | व Stamp अन्यत जिंक बोजना के अंत वि उपस्कर एवं उपन | e Principal/Head M |





ASSESSMENT ACKNOWLEDGEMENT SLIP Comp Versue

MATIYA PATIDAR VIVEKANAND SWI POOLJUNA THAN

| ame of the Beneficiary : MALAY | | | Date : 23/08/14 Age : 16 Sex Male Monthle Monthle | | | |
|--------------------------------|--|--------|--|----------|-----------------------------------|---|
| ype of | Disability 1. MENTALLY IMPAIRED (75%) | | | | | H |
| I.No. | Appliances Detail | Romark | - | Quantity | Values | |
| 1 | TO OM OT MISIED KIL- MULTI-SENSORY INTEGRATED EDUCAT | | | | | |
| | | | Total | 1 | 4590.00 | |
| - | | | | | - Dran advisor med by - Dist A | |

| न्य | TOULADAT | Pin Code | .396430 | Email ID | |
|--------------------------------|---|------------------------------|----------|----------------------|----|
| ate यान पत्र औ Card Type | GUJARAT र न. & No. : Aadhar Card (26654 | তিলা District 7147756) | :NAVSARI | | |
| | | | PARTI | MENERS BRUNI SERCI | |
| pe of Disat | wility : 1. MENTALLY IMPAIRED | (75%) | | आहेर इरेल सावड मुल्ल | 32 |

| 10. | Appliances Detail | Contraction of the local division of the loc | Quantity | Value |
|-----|--|--|----------|---------|
| | TO OM OT MSIED KE - MULTI-SENSORY INTEGRATED EDUCATI | | Quantity | 4500.00 |
| | | Total | 1 | 4500.00 |
| - | | Total | | 1 |

निर्धारक चिकित्सा अधिकारी/पुनर्वास वि

Signature of Medical Officer /

PARTI

प्रसामित किया जाता है की मेरी व्यक्तिगत जालकारी के अनुसार लामार्थी / उजके थिता / उसके संरक्षक के माहिक आय रू. 2500 (सब्दों में Two Thousand Five Hu

Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees

ताक्षर - तहयोगी संस्था/जिला अधिकत अधिकारी unter Sig. by - Collaborative Agency/ Dist. Authority

Signature & Stamp of the Principal/Head Ma

में MALAY प्रमाणित करता/करती हूँ कि मैंने पिछले एक/तीन/दस+ वर्षी में जारत सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतर्गत किसी शासकीय/जगामकीय/जन मरण पाप्त तहीं किया है। यदि मेरे द्वारी दी यई सुचनाएँ यसल पाई आती है तो मेरे उत्तर कान्त्री कारवाही या जापूर्ति किये गये उत्तरकर एवं उपकरण की पूरी जागत जुगतान ।

I MALAY certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years* from a vernment/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of the s and appliances supplied, from me.

perinet

and

unter Signed by - Dist Authority/ALIMCO Rep.

लाआयीं / संरक्षक के हस्ताक्षर / अगुठा लिकाली

Signature/Thumb Impression of the Beneficiary/Guardian (in

उपकरण पावती RECEIPT OF APPLIANCES PART IV

an

unter Signed by - Dist Authority/ALIMCO Rep. Place :

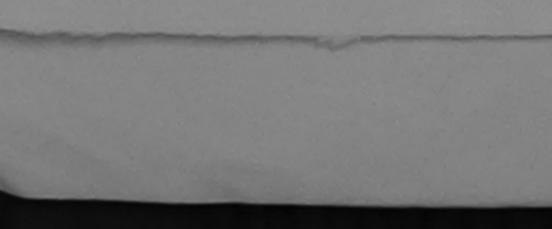
Date :

Jum when

लाआयी / सरक्षक के हरन्तावार तथ

Signature&Thumb Impression of the Benefic

Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categories गत्रता : ज्यनतम ा उर्थ तिशेष आवश्यकता वाले बच्चों के लिए तथा १० वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए



| ASSESS | MENT ACKNOWLEDGI परीक्षण धावती पर | T | e erande vaner | VIVEKANAI POOLJUNA | 92 |
|--|--------------------------------------|-------------------------|--------------------------|-------------------------------------|------|
| 6-17/NAVR JTB/00765/ADIP-SPL (V | (P) | Date : 22/0 Age : 14 | 8/16 Sex (Male | Mahile | |
| ity 1 MENTALLY IMPAIRED (45%) | | | | | |
| ances Detail | [Remark | | Quantity | Value | |
| OT MSIED KIL MULTI-SENSORY INTEGRA | TED EDUCAT | Telet | | 4500.00 | |
| | | Totai | | igned by - Dist | |
| and the second s | | | | | |
| ाNAVSARI तुरु GUJARAT A. No. : Other (school) | Code - 300430 | Mob §-#y Ema | r : | 91-9638063 | 356 |
| | PARTI | | | | |
| ty : 1. MENTALLY IMPAIRED (45%) | Traisr ii | e on | ਸਵਕਦਾਣੇ ਤੇ ਕੋਣ ਬਣੇਰ ਵ | म्पनां रखते भावड मुलल | |
| ces Detail | | | Quantity [| Value | _ |
| MSIED KI - MULTI-SENSORY INTEGRATE | D EDUCAT# | | 1 | 4500.00 | |
| | | Total | 1 | 4500.99 | |
| | PARTII | | Signature d | केल्सा अधिकारीपुर of Medical Off | a de |
| त्वा हे की मंग्रे व्यक्तिमत जानकारी के जनुसार वाकार्या | / उसके जिला / उसके संरक्षक के | - | 4500 (1000 1 | From The other | |
| to the best of my knowledge, the monthly indred only.) | | | | | |

- Collaborative Agency/ Dist. Authority

Signature & Stamp of the Principal/Head N

UMAB प्रमाणित करता/करती है कि मैंने विखले एक/तीन/इस+ वर्षों में झारत सरकार/राज्य सरकार या जज्य समाजिक वोजना के जंतमंत किसी शासकीय नहीं किया है। वदि मेरे द्वारा दी नई जूचनाएँ नजत गई जाती है तो मेरे उपर कानूनी कारवाही या जापूति किये नये उपरकर एवं उपकरण की पूरी जाना

IMAR certify that I have not received similar Ald/Equipment either free of cost/subsidized in the last one/three/ten y Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of an auoptiled, from me.

| by - Dist Authority/ALIMCO Rep. | जामाणी / संरक्षक के इस्तासर / जंगूटा जिल्ला Signature/Thumb Impression of the Beneficiary/Guardian (Ir |
|---------------------------------|---|
| उपकरण या | PART IN PART IN |
| te farm bi | aived 1. TO 0M 01 appliances under ADIP-SPL (VIP) scheme of GovL of on. |

by - Dist Authority/ALIMCO Rep. Place

] लामाणी / संरक्षन के इस्लावार ल

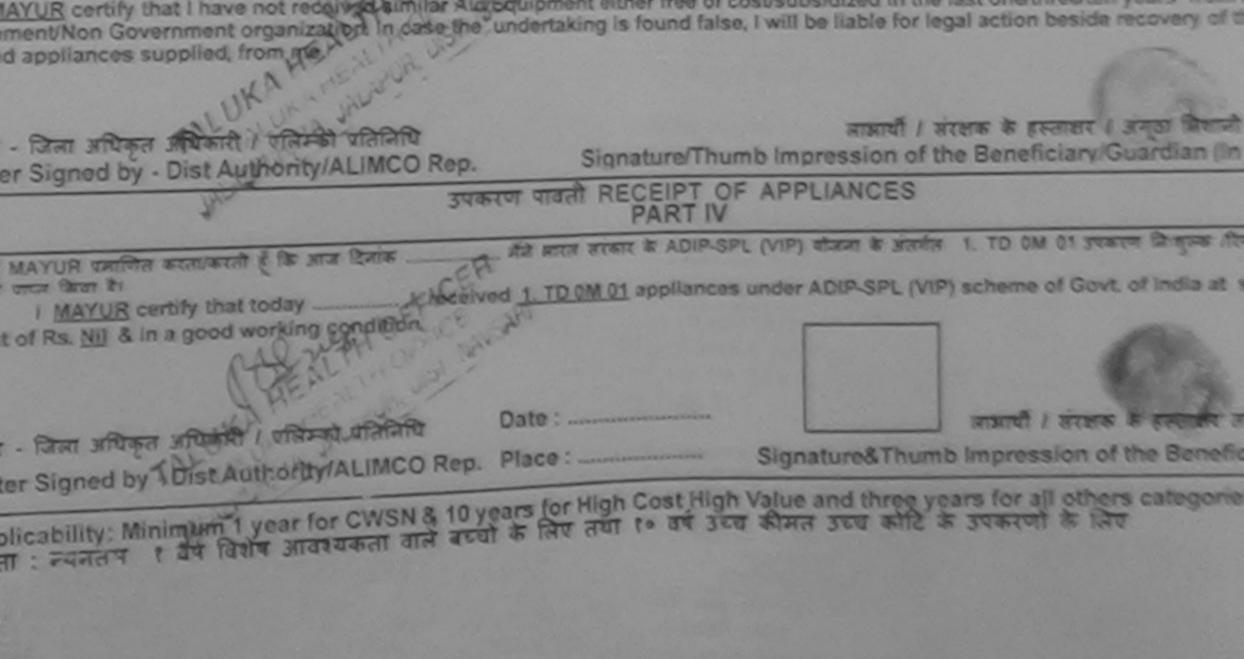
Signature&Thumb Impression of the Benefic

Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categorie T t वर्ष विशेष आवश्यकता ताले बच्चा के लिए तथा to वर्ष उच्च कीमत उच्च कार्ट के उपकरणों के लिए

| | - | 69 | Y | | | |
|-----|-----|----|---|---|-----|----------|
| | A | | | | | |
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| 20. | 100 | | - | _ | 200 | 1.08 |

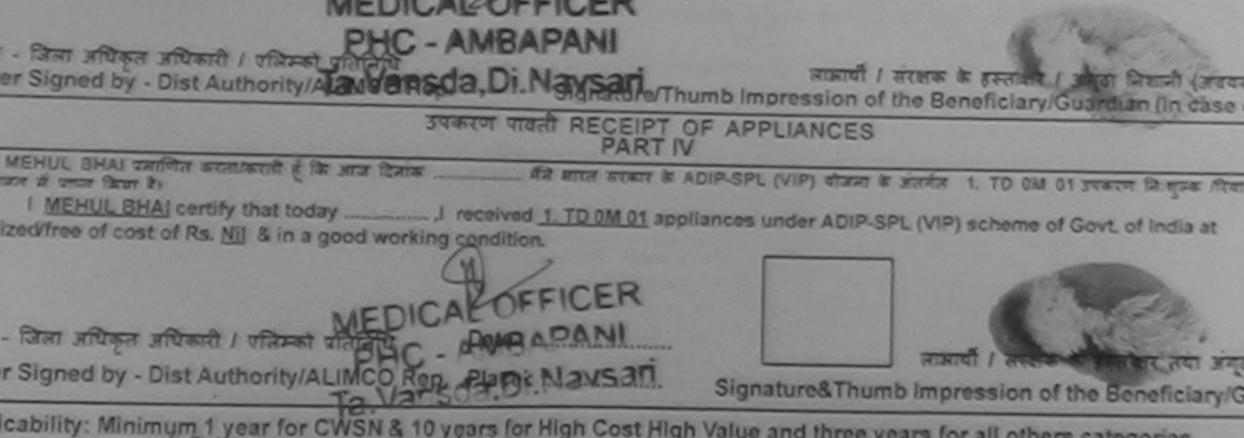
ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Versio : MATEVA PATIOAR VADIA परीक्षण जावती पर्य

| | a state of the sta | A.F.A. | | |
|--|--|--------------------------|------------------------------|---|
| : 2016-17/NAVR4/T8/00706/A the Beneficiary : MAYUR | | Date : 22/00 Age : 17 | B/16 Serx : Mater | Mobile No.: +91-96 |
| Disability 1. MENTALLY IMPAIRED | 2 (75%) | | | |
| Appliances Detail | | | Quantity [| Value / |
| TD OM 01 MSIED KIL - MULTI-SENS | ORY INTEGRATED EDUCAT | Linark | I | 4500.00 400 |
| | The state of the s | Total | 1 | 4500.00 |
| | | | Counter Sig | - The stress strengt to ned by - Dist Authonity/A |
| बा/गांव :NAVSARI wn/Village :GUJARAT रत्र और नं. Type & No. : Other (school) | पिनकोड Pin Code जिला District | 36 | obile No. ਸੇਜ਼ mail ID | +91-9638036955 |
| | | | | 631941 |
| Disability : 1. MENTALLY IMPAIRE | ED (75%) | RTI | DEE SEN | <u>કેમ્પનાં સ્થળે</u> આવક મુજળ |
| Appliances Detail | | | Quantity | Value |
| TD OM OT MSIED KIT - MULTI-SENSI | ORY INTEGRATED EDUCATI | | 1 | 4500.00 |
| | COULD COULD | Tot | al 1 | 4500.00 |
| | | | | of Medical Onicer (|
| | PAF | RT III | | ALINCO, R.W. |
| नेत किया जाता है की मेरी व्यक्तिगत जानक tified that to the best of my knowle id Five Hundred only.) - सहयोगी संस्था/जिला अधिकृत अधिक r Sig. by - Collaborative Agenc | rdge, the monthly income of the | e beneficiary/ father / | guardian of the | |
| IAYUR प्रमाणित करता करती है कि मैंने थि। ाप्त नहीं किया है। बदि मेरे द्वारो दी गई सूर AYUR certify that I have not receive | वले एक/तील/दल भी में जारत सरकार/र रनाएँ यसन पहुँ झोती हे तो मेरे उपर का | नूना कारवाहा या आपूल २क | 14 44 34900 14 . | নে জিন্নী মানজীয়াজমানজীয়াজ স্বৰুপে কী বৃহী নাগন সুমনান neithree/ten years" from |



| - ASSESSMENT A | CKNO | NULEDGEMENT | I SLIP Car | mp Venue : | VIVEXAMAND POOL JUMA T | AR VAD SMIMM HARA J |
|---|--------------|---|--|-------------------------------|--|---------------------------|
| 8 | | | - 21/08/19 | STATE ST | Mobile No | |
| Slip No. : 2016-17/NAVR3/T8/00516/ADIP-SPL (VIP) Name of the Beneficiary : MEHUL BHAI | | Age | : 16 54 | na : Malia | BEDIQUE | |
| Type of Disability : 1. MENTALLY IMPAIRED (40%) | | | | | Value | 1 |
| | | Remark | - 19 | uantity | 4500.70 | m |
| S.No. Appliances Detail 1 TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDI | UCAT | | - feet | 1 | | N |
| T TO UNI OT MISTED RATH MOETPACTISORY INTEGROTED | | 1 | otal | Fourier Sig | 4500.00 - filter afficient at aned by - Dist A | athoniy |
| राकस्वारगाव :NAVSARI y/Town/Village य ite :GUJARAT पिनकोड :3964 Pin Code :3964 जिला :NAV District :NAV District :NAV | 436 /SARI | Mc 作-3 巨市 | बाइल न. obile No. मेल nail ID | : +91-9 : 812 | 586252250 | |
| | ARTI | | | | | |
| TD OM 01 MSIED KR. AND TO COM | - | | Quant | fur I | Vet 1 | |
| TD OM 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATIN | | | 1 | | Value | |
| | | Total | 1 1 | | 00.00 | |
| ମଣ | 535 | त आवड भुव | Signat | ह चिकित्सा ure of Me | dical Officer | Daha |
| मानील किया जाता है की मेरी व्यक्तिगत जानकारी के प्रान | RTII | State of the Local State of the Local State of the State | COLUMN X | | | |
| PAR Settified that to the best of my knowledge, the monthly income of the kand Five Hundred only.) त - सहयोगी संस्था/जिला अधिकत अधिकारी ter Sig. by - Collaborative Agency/ Dist. Authority | benefi | clary/ lather / gu निर्धारक प्रय | ardian of t | he patient | IS Rs (Rupees | Four |
| MEHUL BHAI प्रमाणित करता/करती हूँ कि मैंने शिवजे एक/तीन/इस- वर्ष में जारत तर करण प्राप्त नहीं किया है। वदि मेरे द्वारा दी नई तृष्टनार्थ नजत राई जाती है तो मेरे उपर MEHUL BHAI certify that I have not received similar Aid/Equipment en ment/Non Government organization. In case the undertaking is found appliances supplied, from me. | | र लरकार या अन्य व कारवाही या आपूर्ति वि | माजिक योजन केवे गये उपस | त के अंतर्गत ? कर एवं उपकर | केसी धाराकीव/जगान न की पूरी नामत शु | गकीय/जन्म गताज की |

MEDICALOFFICER

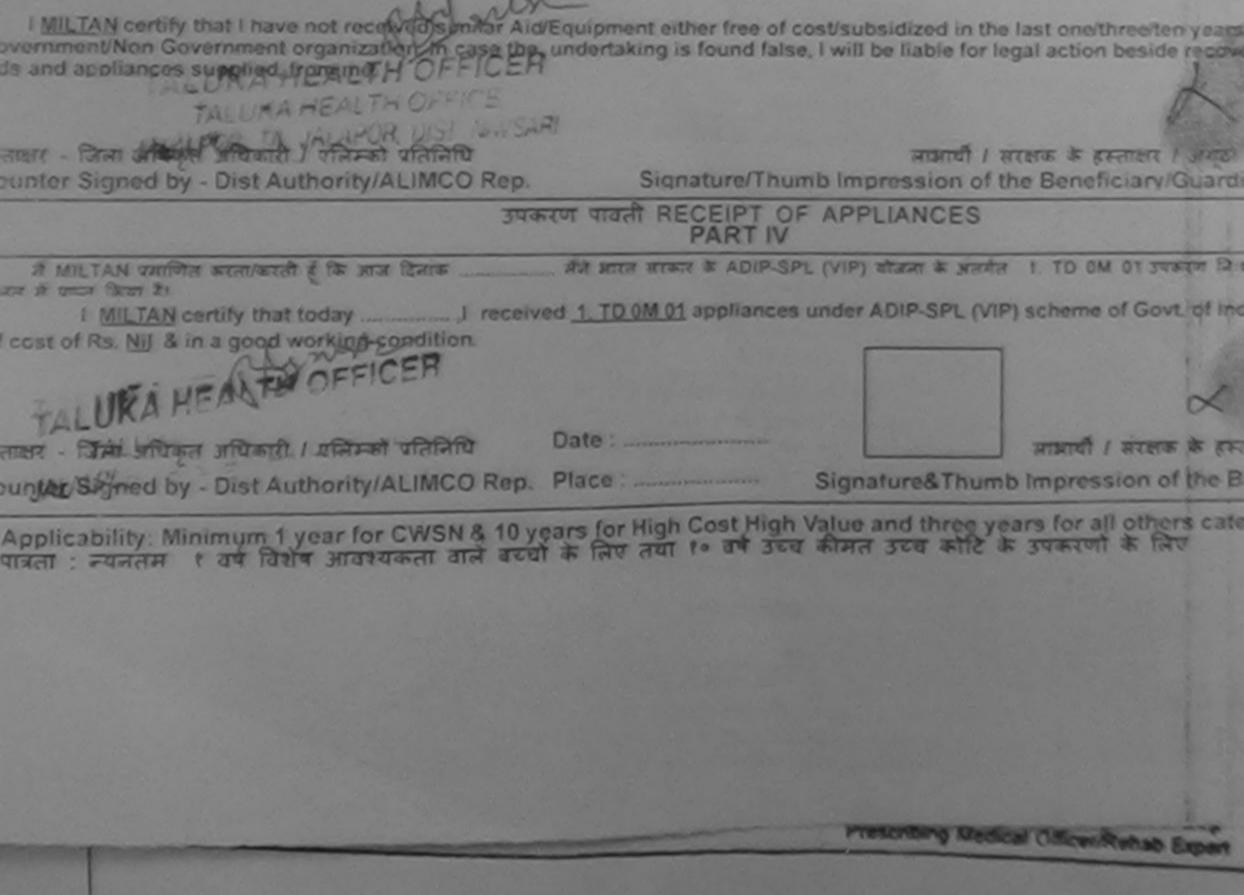


cability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categories : न्यनतम १ यर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा १० वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

| THE FILL FILLE A WALLET | wowLebGer | MENT SLIP | Camp Venue | MATIYA PALIO VIZEKANANO PCIOL JUNA 1 | SPAX STATISTICS |
|--|---|-----------------------|--------------------|--|-----------------|
| Ilp No. : 2016-17/NAVR4/T17/00781/ADIP-SPL (VIP) ante of the Beneficiary : MIHIR KUMAR /po of Disability 1. MENTALLY (MPAIRED (80%) | | Date 22/58 Age: 16 | Berx Male | Mobile No | |
| No. (Appliances Detert | | | | | |
| | Romack | | Quantity | Values | |
| 1 TO OM OT MSIED KR - MULTI-SENSORY INTEGRATED EDUCA | (F) | | | | ~ |
| | | Total | 1 | 4560.56 | |
| | | | Counter Sig | - Bran alliness and mad by - Crist Au | Cross of |
| State :GUJARAT जिला :। परचान पत्र और नं. D Card Type & No. : Aadhar Card (280499194620) | NAVSARI | | | | |
| | | | | हेम्प्रजा रहा | |
| ype of Disability : 1. MENTALLY IMPAIRED (60%) | PARTI | | लाहेर डरेत | त सावड युव | 64 |
| No. Appliances Detail | | | | | |
| 1 TD OM 01 MSIED KI - MULTI-SENSORY INTEGRATED EDUCA | | | I Quantit | | |
| MULTI-SENSORY INTEGRATED EDUCA | Th | | Quantity | Value | |
| | | Tota | 1 | 4500,00 | _ |
| | | 1064 | | | endra |
| | | | निर्यातक वि | वेकित्वा अधिकारी | hild 1 |
| | and a stand of the | | Signature | OFRICANO | Channe ! |
| प्रमाणित किया जाला हे की मेरी व्यक्तिगत जानकारी के अनुसार सामायी / उसके पित Certified that to the best of my knowledge, the | PARTI | and the second | | | Span |
| िक्सांग्रिकने से जाने के लिया | उ / उसके सरशक के | ह माहिक आय | ह. 1500 (शब्दी अ | One Thousan | d Five M |
| Certified that to the best of my knowledge, the monthly income o ousand Five Hundred only.) | of the beneficia | ry/ father / g | uardian of the | patient is Rs. | Burns |
| लावार - सहयोगी संस्या/जिला अधिकृत अधिकारी | | | | the - | |
| ounter Sig. by - Collaborative Agency/ Dist. Authority | | निर्धारक प्रध | गनाणकेविद्यानि | केले शादमा आपने | Para |
| में MIHIR KUMAB प्रमाणित करता/करती है कि मैंने पिछले एक/तीन/दत्त वर्षी में अ उपकरण प्राप्त नहीं किया है। यदि मेरे द्वारा दी नई सूचनाएँ गलत पाई जाती है तो की होगी। | गरत सरकार/राज्य उत्तर कान्द्रनी कारर | Signature | & Stamp of | He Principal/ | -lead M |
| I MIHIR KUMAR certify that I have not received similar Aid/Equips vernment/Non Government organization. In case the undertaking is and appliances supplied, from me. | | | | | |
| Inter - San Roga NG Stand 116 2 | | लाज | रायौँ / संरक्षक के | KERTINE / NOT | 2 |

| CHIEFICITIES CALINOMY PALIMCO Rep. | Signature/Thumb Impression of the Beneficiary/Guardian (In |
|---|--|
| | पावती RECEIPT OF APPLIANCES |
| א אואות אנשאא מחושה שנחושנה ל לא שום לבחום של אואות אין | |
| sidized free of cost of Rs. Nij & in a good working cond | dition. |
| Reg. No. : G-41162 | .3/ |
| वार - जिल् अस्तिन अक्षेत्रणी / लिस्तिन्वय्योताचि Da | ite : |
| Inter Signed By Bist Ather ALIMCO Rep. Pla | signature& Thumb Impression of the Benefit |
| pplicability: Minifound Dyaff for CWSN & 10 years तता : न्यनतम, १ वर्ष विशेष अवस्थितना वाले बच्चो के निव. Chikili, जिने अवस्थितना वाले बच्चो के | s for High Cost High Value and three years for all others categorie लिए तया to वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए |

| 0 | 1 | परीक्षण ' | वायता पर्य | 1 | | VIVERAN. |
|---|--|---------------------------|----------------|---------------------------|----------------------------------|-------------------|
| Slip No. : 2016-17/NAVR4/T17/00741/ADIF | P-SPL (VIF | 2) | | Date : 22/0 Age : 16 | 8/16 Sex : Main | |
| Type of Disability 1. MENTALLY IMPAIRED (40% | 1) | | | | | |
| S.No. Appliances Detail | | | Remark | | Quantity [| Value |
| 1 TD OM 01 MAJED KR. MURICIC | | TO DE LA | Remark | 1011150 | 1 1 | 1500.00 |
| 1 TO OM OT MALED KIL-MULTI-SENSORY I | NTEGRATE | DEDUCAL | 1 | Total | 1 | 1500.00 |
| | | | | 1000 | Country 31 | a - Valance |
| ज्य tate :GUJARAT प्यान पत्र और तं | पिनकोड Pin Code जिला District | :396430 :NAVSA | | Mobile \$-처ੋਕ Email | : | |
| Card Type & No. : Aadhar Card (753753551048 |) | DAD | 7.0 | F | | |
| po of Disability : 1. MENTALLY IMPAIRED (40%) | | PAR | 1.0 | | 2129615 | आयन भूत |
| No. Appliances Detail | | | | | Quantity | Value |
| TO OM OT MSIED KIL - MULTI-SENSORY INTEGR | RATED EDH | CATH | | | 1 | 4500.00 |
| | | | | Total | 1 | 4500 Borile |
| | | | | 01 | নির্মাকে যিকিন Signature of I | |
| | | PART | III | DOR GARAGES | | 1993 - 19 C - 7 C |
| प्रमाणित किया जाता है की मेरी व्यक्तियत जानकारी के जनुसार क Certified that to the best of my knowledge, the mo susand only.) साहर - सहयोगी संस्था/जिला अधिकृत अधिकारी unter Sig. by - Collaborative Agency/ Dist. Aut | nthly incom | | eneficiary/ fa | ther / guard | | ent is Rs. (R |
| में MILTAN प्रमाणित करत्याकरती हूँ कि मैंने पिछले एकातीनादल तला पापल नहीं किया है। यदि भेरे द्वारो दी नई जूपनार्थ मलत पाई | - तनी में आरत | सरकार/राज्य उपर कान्जी | STATI EL ME | व स्वाधिक को | an it wonter the | it wrachter we |



| 2016-17/NAVS2 117/00454 he Beneficiary MADHU | | A.10.13 | | | |
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| cability 1 MENTALY MIPAIR | EC (00%) | TR. | Juantity | 6000.0 | 1 July |
| D OM CI MSIEC KIL MULTI-SET | NSCON INTEGRATED EDUCATI | Total | Counte | resur Ban Ma ar Signed of D | |
| | 735 | e de | | D | c. at |
| | | Cate: मोबाइ | Jory | | |
| :JALALPORE :GUJARAT | पिनकोड Pin Code जिला District | | le No. | 91-73833864 | 150 |
| No. : Aadhar Card (681466) | | | | | |
| ity : 1. MENTALLY IMPAIRED (| PARTI | | | | |
| | | | | | |
| I MSIED KIL- MULTI-SENSORY | INTEGRATER COUCATE | | Quantity | Value | |
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| | | | निर्धारक चि Signature | कित्सा क्लिस्वता of MedicaLo | Hole Barent |
| | PARTII | | | RCIE | Ref / Repse |
| | अनुसार सामग्री / उसके थिता / उसके संराहक the monthly income of the benefici. St. Authority | ary/ father / gua নির্ঘায্যক র্যযান | rdian of the ाचार्य/हेड मास्ट | Two Thousand | Rupees Two विगिधि के हस्लाक्ष |
| या मादिया में देवारी दी गई दिल्ली | कातीत/दस • वभी में झारत तरकार/राज्य लरकार गजत पाई जाती है तो मेरे उपर कानूनी कारवाही milar Aid/Equipment either free of c | वा आपूर्ति किये गा | वे उपस्कर एवं उप | रकरण की प्री लाग | त भुगतान की जिम्म |

Government of legal action beside recovery of the full ces supplied, from me.

लाआयीं । संरक्षक के हस्ताक्षर । अंगूठा निशानी (अवयर

धिकत अधिकारी । जनिमको पतिनिधि d by - Dist Authority/ALIMCO Rep.

Signature/Thumb Impression of the Beneficiary/Guardian (In case of

उपकरण पावती RECEIPT OF APPLIANCES

मेंने भारत सरकार के ADIP-SPL (VIP) योजना के जेतर्गत ?. TD 0M 01 उपकरण निःशुल्क /रियायती दर मानित करता/करती है कि जान दिनाक ...

HU certify that today, I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at subside & in a good working condition. 137-AICT

Date :

रायेकृत अधिकारी । एजिमको प्रतिनिधि Place : d by - Dist Authority/ALIMCO Rep.

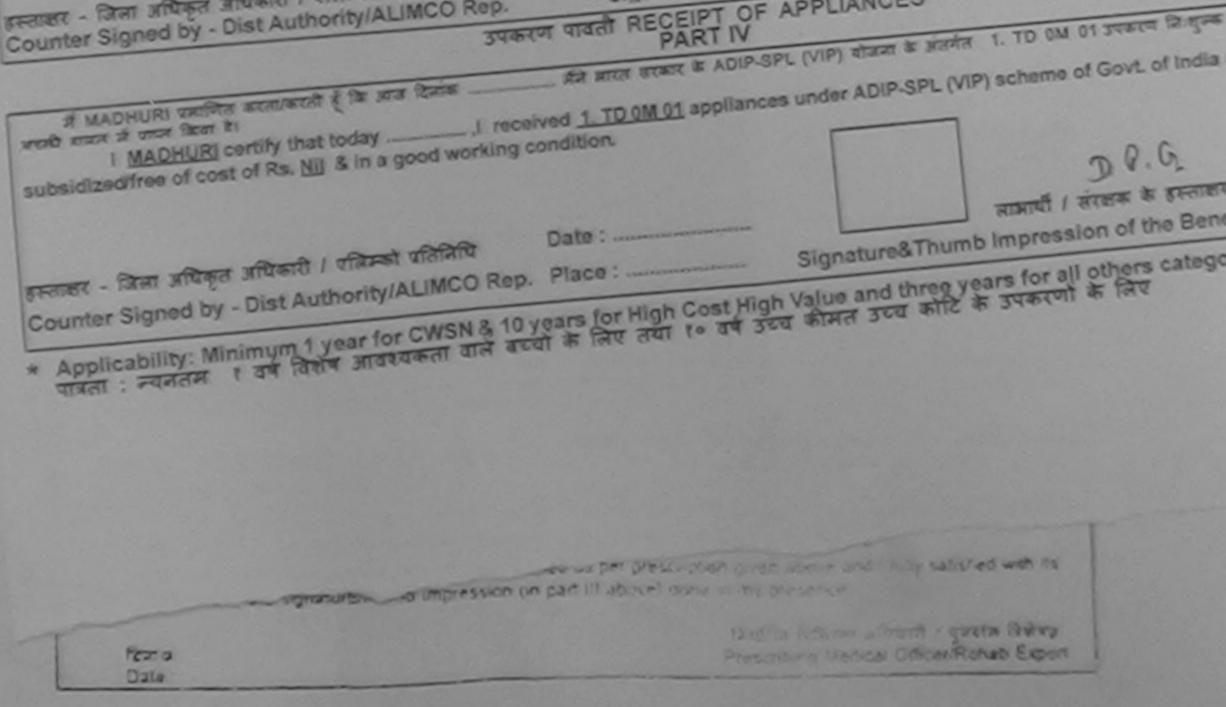
Signature&Thumb Impression of the Beneficiary/G

लाआयी । संरक्षक के हस्ताक्षर तथा अगृत

Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categories तम र वर्ष विशेष आवश्यकता वाल बच्चों के लिए तथा १० वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

amScanner

| 737 Ky ASSESSMENTACKN | अस् OWLEDGEMENT SL बावली पची | IP Camp Vanue | CHC, KHERGA | м |
|---|---|---|---|--------------------------------|
| ame of the Beneficiary : MADUNGADIP-SPL (VIP) | Data : 08 Age : 12 | 106/16 Sex : Female | Mobile No | |
| po or Disability : 1. MENTALLY IMPAIRED (60%) | | | Tabad | A |
| 1 TD OM 01 MSIED KIL - MULTI-SENSORY INTEGRATED EDUCAT | Remark | Quantity | 0900.00 | A |
| CERSORT INTEGRATED EDUCAT | Total | 1 geomet Counter Sig | 6900.00 - Thin allows all ried by - Dist Au | therity ALING |
| तिर्णारण्डवुष् द्वारा :GUJARAT हिंद्या . २०२२ ते द्वारा पत्र और ने. Card Type & No. : Aadhar Card (635604417652) | ARTII | | | |
| No. Appliances Detail | To | Quantity 1 (tal 1 | Value 6900.00 6900.00 | Almodo A |
| 1 TO OM OT MSIED KIL-MIDETHOLITO | | Signature | 6900.00 वेकित्सा अधिकारी a of Medical C | |
| Rentified that to the best of my knowledge, the monthly income of housand Five Hundred only.) digsi | ART III / sale store is attac a the beneficiary/ fathe | सन्द क. 2500 (सब्दो r / guardian of th | af Two Thousan e patient is Rs. | d Five Hundre (Rupees Te |
| Certified that to the best of my knowledge, the monthly mean housand Five Hundred only.) (1103) (1003) (1003) Housand Five Hundred only.) (1103) (1003) (1003) Hundred only.) (1103) (1003) (1003) (1003) Hundred only.) (1103) (10 | Brain Signa | क प्रयासायार्थ/हेड म ature & Stamp o | तस्टर/एस.एस. ए. ए of the Principa अंतर्गत किसी सामग्र | पतिनिधि के हन VHead Mast |
| housand Five Number of the second of the se | जरकार/राज्य तरकार या अस् घर कान्द्री कारवाड़ी या जापूर्ण nt either free of cost/s | ubsidized in the l | ast one/three/ter action beside n | n years* from ecovery of th |
| I MADHURI certify that I have not received and undertaking | Signature/Thumb Im | | D-8 | - 6 |
| तिता अधिकत अधिकारी / एतिस्को प्रतिनिधि S | Signature/Thumb Im | PLIANCES | | |



ned by CamScanner

| Ho, 2010-17/NAVRA/T17/00824 of the Beneficiary MADHVI of Disativity 1 MENTALLY MEANING | SIF-SIPL (VIP) | | | VIVERANA |
|--|---|---------------|--|-----------------------------|
| Applications Detail | (55%) Dat Ag | te : 22/00 | W18 | POOLJUN |
| CO MARKO KA LA | | <u>a</u> . 19 | Sex : Permain | Mobile |
| TO UN TRACTORIAL | 101 | car | Quantity 1 1 frener Counter Sign | Value 4500.00 4500.00 |
| 19 | | | | |
| atraia wm/vutage GUJARAT www.att av att a. Type & No. : Other (NA) | पितकोड : 396430 Pin Code जिला : NAVSARI District | Ema | F 154 | |
| | PART II | | | |
| Disability : 1. MENTALLY IMPAIRED | (55%) | | | |
| TO OM OI MORED KIL- MULTI-SENSOR | | | Quantity | Value 490000 |
| | INTEGRATED EDUCATIA | Total | 1 | 4500.001 0 |
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| | PARTI | 5942 () NOV | | CONTRACTOR STOR |

r Sig by - Collaborative Agency/ Dist Authority

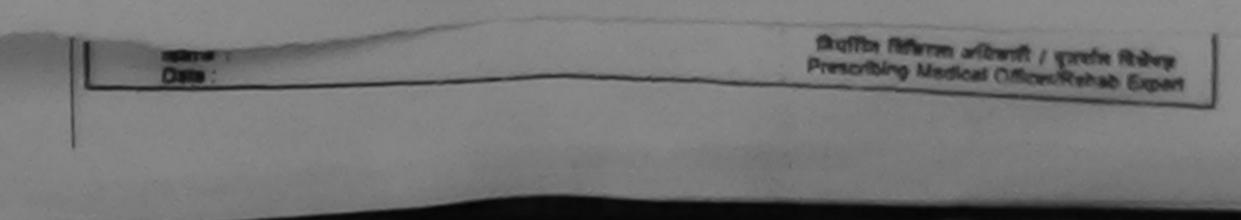
Signature & Stamp of the Principal/h

| (AQMS) प्रमाणित कालाकाती है कि मैंने चिन्हने एक/तंजादव- पन नहीं किया है। बंदि मेरे दवारों दी गई जुवलाई राजत पई 3 | त्वचे में झारत तरकार/राज्य सरकार हती है तो मेरे जपर काम्यूनी कारताही | या जन्म समाजिक योजना के जलगल किसा धासकाय। या आपूर्ति किये गये उपस्कर एवं उपकरण की पूरी लाग |
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| min . ter | | |
| DHVI certify that) have not received similar Air nont/Non Government organization. In case the appliances supplied, from recur? | d'Equipment either free of co undertaking is found false, | I will be liable for legal action beside reco |
| MIM C THE | | Gme |
| Signed by - Dist Authority/ALIMCO Rep. | Signature/Thum | जाप्रायी / संरक्षक के इस्ताक्षर / अग् b Impression of the Beneficiary/Gua |
| | न्त्रण पावती RECEIPT OF PART IV | APPLIANCES |
| ADHVI satisfies annual (the ana texts) nor then to 1 MADHVI certify that today / receit of Rs. MJ & in a good working condition. | | L (VIP) बोजना के अंतर्गत 1. TD 0M 01 उपकरण under ADIP-SPL (VIP) scheme of Govt. 0 |
| जिला अधिकृत अधिकारी । एलिमको प्रतिनिधि | Date : | जगामार्थी । संरक्षक के |
| Signed by - Dist Authority/ALIMCO Rep. | | Signature&Thumb Impression of th |
| cability: Minimum 1 year for CWSN & 10 y | ears for High Cost High | Value and three years for all others of |

: न्यनतम १ वर्ष विशेष आवषयकता

Prescribing Medical Officer/Rehab Expe

| | Dr source | MISABLED P | PERSONS | | | - |
|--|-------------------|-------------------|--------------------------|-------------------------------------|---------------------------------------|---------------------------|
| ip No 1 200 Al | SSESSMENT A | СКНОWLEDG | EMENT SLIP | - Maintenanting - | I MATIYA PA VIVEKANA POOL, JUNI | |
| ip No. : 2016-17/NAVR4/T12/00780/ADIP- ame of the Benoficiary : MAHESH BHAI pe of Disability 1 MENTALLY IMPAIRED (71%) No. LAOD | SPL (VIP) | | Date : 22/00 Age : 16 | V16 Sex Male | Mabrie | |
| | | | | | | |
| 1 TD OM 01 MSIED KIL- MULTI-SENSORY IN | E COATER ST | Romark | | Quantity [| Value | |
| | EGRATED EDU | CAT | Total | T | 4500.00 | K |
| | | | Total | 1 KANDER | 4500.00 | day |
| | | | | Counter Sig | med by - Dist | Autho |
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| ty/10wru vinayu | | | | | | |
| ate :GUJARAT जान पत्र और तं | District : | NAVSARI | | | | |
| Card Type & No. : Other (na) | | | | | | |
| pe of Disability 1 MENTALLY AND | | PARTI | | | | |
| pe of Disability : 1 MENTALLY IMPAIRED (71%) | | | | | | |
| No. Appliances Detail | | | | Quantity | Value | |
| 1 TD OM 01 MISIED KIL - MULTI-SENSORY INTE | GRATED EDUC | ATI | | 1 | 1800.00 | 6.11- |
| | | | Total | 1 | 4500.00 | nue |
| | | | | त्रिपीरङ चि Signature | किल्सा अधिकारी of Medical K | । বুদিন্দ্রী টার্ডি ৫৪ |
| प्रसाणित किया जाता हे की मंदी व्यक्तिमत जानकारी के जन्म | | PARTI | | | | |
| Cortified that to the best plan (nowledge, the housand Five Hundred only) Fater - again semifican stuars and all ounter Sig. by - Collaborative Agency/ Dist. | Authority | | নির্ঘাকে বয Signature | ाताचार्य/हिंड मास्ट & Stamp of t | ন/ক্ষ.ক্ষ. ব. ব he Principal | G DR Head |
| A MAHESH BHAI Camper and a far at how State of the second of the second of the second of State of the second of the second of the second of I MAHESHERAL Common of anization. In case | tare out and a of | demont officer fr | ee of cost/sul | osidized in the | last one/three | aten y |
| ids and appliances supplied from 21318 | | | | Fund | | |
| ids and appliances applied to the state | | | | | | - |
| पाण अञ्च प्रतिविध्य अधिप्रती स्तालर अविद्या अधिप्रती आपकारी / प्रतिव्यको प्रतिनिधि Counter Signed जीव वीदर Authority/ALIMCO R | tep. s | lignature/Thum | nb Impressi | तवीं । संरक्षक के on of the Ben | reficiary/Gua | (at lat |
| Counter Signed of Automation (| उपकरण पावली | RECEIPT OF | APPLIANC | CES | | |
| A MAHESH BHAI CHINA SCALARD & IS HIS IS | | e mice scare a A | | | | |
| words stated in their at | L received | 1. TD 0M 01 appl | lances under | ADIP-SPL (VI | P) scheme of (| Gove |
| I MAHESH BHAI certify that today subsidized/free of cost of Rs. Nil & in a good work | cing condition. | | | 70 | mont | |
| | | | | C | y | |
| क क मानिसियि | Date : | | | RINI | यौं। संरक्षक के | हरूताव |
| हरतातर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि Counter Signed by - Dist Authority/ALIMCO ह | Rep. Place : | | Signature | Thumb Impr | ression of th | e Ber |
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| Counter Signed by - Dist Authority/ALIMCO F Applicability: Minimum 1 year for CWSN & पात्रला : ज्यनलम १ वर्ष विशय आवश्यकला वाल | | | | | | |



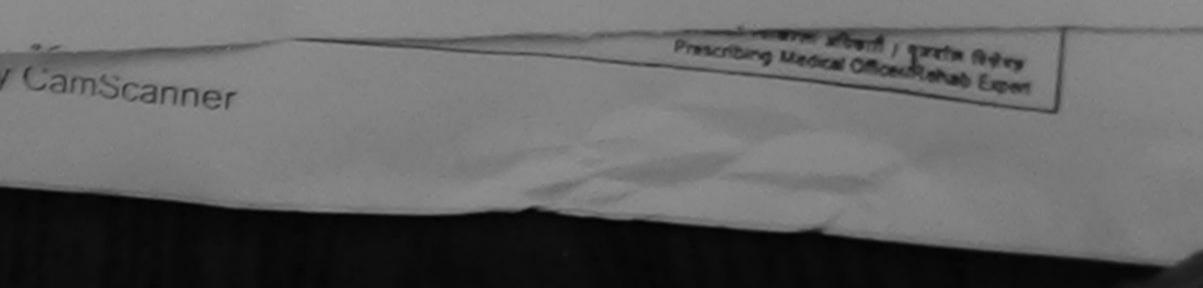
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| ASSESSMENT | ACKNOWLEDGEMENT S | LIP Camp Venue | COTTAGE HOM |
| Slip No. : 2016-17/NAVS45/T8/03893/ADIP-SPL (VIP) | क्षण पावती पर्ची | | |
| Maine of the Beneficiary : MANGESH BHAI | Date 1 | 0/06/16 | |
| INPAIRED (40%) | Age : 1 | 8 Sex : Male | Mobilia No. |
| S.No. (Appliances Detail | | | |
| 1 TD.OM 01 MS/ED Kit - MULTI-SENSORY INTEGRATED ED | Remark | 1 Ourseller | |
| INTEGRATED ED | UCAT | Quantity | Value |
| | Total | | 6900.00 |
| | | KENTRY | 6900.00 - फ्रिस अधिका अधिक |
| | | Counter Sig | ned by - Dist Autho |
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| TD Caro Type a man (3119330 www. | | | |
| | PARTI | | |
| Type of Disability : 1. MENTALLY IMPAIRED (40%) | TART I | | |
| At a company to a second of any of the second of the secon | | | |
| S.No. Appliances Detail | | Quantity | Value |
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| 1 TD OM 01 MSIED KI - MULTI-SENSORY INTEGRATED EDU | | tal 1 | |
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| | | निर्धारक वि | 6900.00 किल्ला आधिकारी कर |
| | To | | 6900.00 किल्ला आधिकारी कर |
| 1 TO OM O1 MSIED KA - MULTI-SENSORY INTEGRATED EDU | To PART III | निर्धारक चि Signature | 6900.00 किल्सा अधिकार्य के of Medical O |
| | To PART III | निर्धारक चि Signature | 6900.00 किल्सा अधिकार्य के of Medical O |
| 1 TD OM O1 MSIED Kit - MULTI-SENSORY INTEGRATED EDU ज्याणित किया जाता हे की मंगे प्रत्यिक्तत जलकारी के जनुवार सज्वारी / उनके | To PART III शिता / उनके संरक्षक के माहिक आ | निर्धारक थि Signature ब ब. 2500 (सम्बर्ध में | 6900.00 Recent and and of Medical |
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इस्तावर - जिला अधिकृत अधिकारी / प्रतिम्को प्रतिनिधि

जामाची / संरक्षक के इस्ताकर / अंग्ठा नि

| counter Signed by - Dist Authonity/ALINEO Rep. | Signature situ | in inpression of the Denencial from and |
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| उपक | मण पावती RECEIPT O PART IV | F APPLIANCES |
| में MANGESH BHAI प्रमाणित करता.करती हूँ कि उत्तव दिसके त जाती सारत में जाता किया है। I <u>MANGESH BHAI</u> certify that today subsidized/free of cost of Rs. Nij & In a good working o | J received 1. TD OM 01 a | ADIP-SPL (VIP) stars is sisks - 1. TD 0M 01 344 ppllances under ADIP-SPL (VIP) scheme of Gov |
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* Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others cate पात्रता : न्यनतम t वर्ष विशेष आवश्यकता वाले बच्चों के लिप तथा to वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए



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| Slip No. : 2016-17/NAVS46/T17/02110/ADIP-SPL (VIP) Name of the Beneficiary : MANIA BEN Type of Disability : 1. MENTALLY IMPAIRED (90%) | Date : 11/0 Age : 20 | Sex : Female | Mobilie N |
| S.No. Appliances Detail | | | |
| TO UM OT MSIED KR. MURTHORNOG | Remark | Quantity | 6900.00 |
| 2 TD 2C 51 Wheel Chair Folding Standard Model Adult Size | | TT | 6905.00 |
| | Total | 2 | 13800.00 |
| | | | - Box affirms a ned by - Dist A |
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| ype of Disability 1. MENTALLY IMPAIRED (SON) | | | | |
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| | | विष्यंत्रज्ञ ह | वेकिल्सा अधिकार्र | Stanta Bern & FRIER |
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| MANIA BEN certify that today | | | | |
| | | | | त के हमलाबार तथा अन्तवा जिल |
| Date: | | | NUMBER STREET | I the Beneficiary/Guard |
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| हरताहर - जिला अधिकृत अधिकारी / एतिस्वर पंताआप Counter Signed by - Dist Authority/ALIMCO Rep. Place: * Applicability: Minimum 1 year for CWSN & 10 years for High पावला : स्प्रस्तल १ वर्ष विद्याप आवश्यकता काले बरुवा के लिए लगा | | ad three yes | rs for all othe | ins categories |
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| * Application, १ उर्थ विद्यान आवर्थपान | | | | |
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| A REPORT OF A R | CKNOWLEDGEM | ENT SLIP CA | and see | |
| ASSESSMENT | ण पावती पची | | | |
| 24 | | late : 11/06/18 | ex : Female | Mobile No. +91-78748 |
| Slip No. : 2016-17/NAVS46/T17/01748/ADIP-SPL (VIP) | 1 | ige : 20 5 | | THE REAL PROPERTY OF |
| Slip No. : 2016-17/NAVS46/T17/01/46/ Name of the Beneficiary : MANIA BEN | 12 · · · · · · · · · · · · · · · · · · · | | | 1113 |
| Slip No. : 2016-17/NATORY : MANIA BETT Name of the Beneficiary : MANIA BETT Name of Disability 1. MENTALLY IMPAIRED (90%) Type of Disability 1. MENTALLY IMPAIRED (90%) | | 10 | uantity | Value |
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| Slip No. : 2018 1700 91 | | LIP Camp Van | ··· CHC, KHER | DAM |
| Slip No. : 2016-17/NAVS3/T17/00777/ADIP-SPL (VIP) Name of the Beneficiary : MANISH BHAI Type of Disability 1 MENTALLY IMPAIRED (50%) | Date : 0 Age : 2 | | Mobile | No.: |
| S.No. Appliances Deter | | | | |
| 1 TD OM 01 MSIED KIL- MULTI-SENSORY INTEGRATED EDUCAT | emark | Quantity | Value | |
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| tate :GUJARAT जिला :NAVSAR रवान पत्र और तं. District :NAVSAR Card Type & No. : Aadhar Card (955934406614) | a | | | |
| pe of Disability of University PART | 0 | | | |
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| प्रसाणित किया जाल हे कि मंदे व्यक्तियान जानको के जानक के PART III | | | Rorneg | |
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| unter Sig. by - Sollaborative Agency/ Dist. Authority | নির্যাকে রয়ান | वार्य/हेड मास्टर/ज | ন হল, হ' হলিলিৰ | **. |
| में MANISH SHAL Gamilia करना/काली हूँ कि मैंने पिखले एक/लीम/दल+ वर्षी में झारत करका/र उपकारण पापल नहीं किया है। वदि मेरे द्वारा दी नई ज्यानी गलन पाई जाती है तो मेरे उपर कान्द्री होगी। I MANISH BHAI certify that I have not received similar Ald/Equipment either remment/Non Government organization. In case the undertaking in the | ज्य तरकार या जन्म राम कारवाड़ी या आपूर्ति किर | जिक चीजना के आ गिरे उपस्कर एवं उ | Principal/Head त्रीत किसी सालकीका एकरण की पूरी सालस | Mas |

is and appliances supplied, from me.

| खर - जिला अधिकृत अधिकारी । रतिञ्को पतिनिधि | | |
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| inter Signed by - Dist Authority/ALIMCO Rep | Signature/Thumb Impr | मामायौँ / संरक्षक के हस्तालर () कि जिलानी (ression of the Beneficiary/Guardian (In c |
| 39 | PADT NOF APPLI | IANCES |
| में MANISH BHAI प्रमाणित करता/करती हूँ कि तरज दिनाक र सामन में प्राप्त किया है। | THE RECE HEATE & ADIP-SPL (| VIP) बोजना के जंतनेत 1. TD 0M 01 उपकरण जिल्लान |
| MANISH BHAI certify that today | received 1. TD 0M 01 appliances un | Ider ADIP-SPL (VIP) scheme of Govt. of India |
| sidized/free of cost of Rs. Nil & in a good working | condition. | and ADIT-SPE (VIP) scheme of Govt. of India |
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| तर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि | Date : | |
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| ASSESSMENT AL | CKNOWLEDGEMENT SLIP | Camp Versua | CHC XHERO |
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| Slip No. : 2016-17/NAVS3/T8/00615/ADIP-SPL (VIP) Name of the Beneficiary : MANISHA BEN | ग पावती पची | | one, nacional |
| Name of the Beneficiary : MANISHA BEN | Date : 08/06/1 | 6 | |
| MENTALLY MADALOSO | | Sex : Female | Mobilia No |
| S.No. Appliance | | 100 | |
| P Prind II - DB II a b - T | Remark | | |
| 1 TO OM 01 MSIED KIL- MULTI-SENSORY INTEGRATED EDUC | AT C | uantity] | Value |
| | | 1 | 6900.00 |
| | Total | 1 | 6900.00 |
| | | Counter Sign | ed by - Dist Aut |
| (773) K-4 | | | |
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| | PARTI | | |
| Type of Disability : 1. MENTALLY IMPAIRED (50%) | | | |
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| S.No. Appliances Detall | | Quantity | Matural |
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| Cartified that to the best of my knowledge, the monthly income of the second se | PART III / उनके संरक्षक के माहिक आय क. 3 f the beneficiary/ father / guard निर्धारक प्रधानाय Signature & S | Signature o Soo (सब्दों में lan of the pa र्थ/हेड मास्टर/स tamp of the | 6900.004 imc Free अधिकारी f Medical Offic Three Thousand tient is Rs. (Ru स.एस. ए. प्रतिनि Principal/Hea |
| Certified that to the best of my knowledge, the monthly income of the Hundred on the certified that to the best of my knowledge, the monthly income of the Hundred on the certified that to the best of my knowledge, the monthly income of the Hundred on the certified that to the best of my knowledge, the monthly income of the Hundred on the certified on the certified that to the best of my knowledge, the monthly income of the Hundred on the certified on the certified that to the best of my knowledge, the monthly income of the Hundred on the certified on the certif | PART III / उनके संरक्षक के माहिक आय क. 3 f the beneficiary/ father / guard निर्धारक प्रधानाय Signature & S गरत सरकार/राज्य सरकार या जन्य समा उपर कान्त्री कारवाही या आपूर्ति किवे | Signature of Soo (सन्दर्ग में न lan of the pa national states tamp of the जेक बोजना के अ तवे उपस्कर एवं उ | 6900.004 imc Free अधिकारी हिन f Medical Offic Three Thousand tient is Rs. (Ru re. एस. ए. प्रतिनि Principal/Hea स्वर्गत किसी सामकी उपकरण की पूरी जान |

भ. द्रा १ . द्रा १ . - २०२२ लामार्थी । संरक्षक के हस्ताक्षर । जम्हा जि इस्तावर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि Counter Signed by - Dist Authority/ALIMCO Rep. Signature/Thumb Impression of the Beneficiary/Guardian उपकरण पावती RECEIPT OF APPLIANCES PART IV भारती सामन में पाचन किंता है। I MANISHA BEN certify that today ______ / received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. or subsidized/free of cost of Rs. Nil & in a good working condition. やきのなられ ちゅ हस्तावार - जिला अधिकृत अधिकारी । एलिम्को पतिनिधि Date : लामाची / संरक्षक के हरूलाका Counter Signed by - Dist Authority/ALIMCO Rep. Place : Signature&Thumb Impression of the Bene * Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categor पात्रता : न्यनतम १ वर्ष विशेष आवश्यकता वाले बच्चों के लिए तया १० वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए 12210 Date Builty House along / grain Biles Presonang Metrical Officer Rehat Export by CamScanner mi- or .

ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue : CIVIL HOSPITAL परीक्षण पावती पची

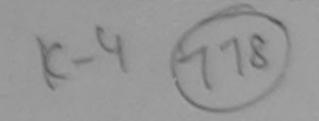
2016-17/NAVS1/T8/00033/ADIP-SPL (VIP) of the Beneficiary : MANOJ

Date : 08/06/16 Age: 15 Sex ; Maie

Mobile No.

Disability I MENTALLY IMPARED (SON)

| Appliances Detail | Remark | | Quantity [| Value |
|--|--------|-------|-------------|--------------------|
| TO OM 01 MSIED KR - MULTI-SENSORY INTEGRATED EDU | | | | |
| | | Total | 1 | |
| | | | Counter Sin | t - River untraine |



| | जिला District | :NAVSARI | |
|---------------------|------------------|---|----------|
| adhar Card (9050478 | | | |
| | | AUJARAT District District Adhar Card (905047852870) | District |

ADMINY : 1. MENTALLY IMPAIRED (SON)

| liances Detail | and the second and | | | |
|--|--------------------------------|--|--|-----------|
| R 01 MSIED KR - MULTI-SENSORY INTEGRATED EDUCATI | | Quantity | Value | - |
| A STATE AND A SORT INTEGRATED EDUCATI | | 1 | 6900.00 | 1 |
| | Total | 1, 101 | 6900.00 | Tax |
| | SP | Signature of | केल्सा अधिकारी/पूर of Medical Offi | Tata far |
| PART III | A10 | | the second s | |
| का जाता हे की तरी त्यकिंतवात जातकारी के अनुवार सामायी । उसके पिता / उसके जातक के | । माहिक आर्थ क. p | 3500 (NET # | Three Thousand | Five Hu |
| that to the best of my knowledge, the monthly income of the beneficiar | ry/ father / gua | rdian of the p | atient is Rs. (Ru | ipees T |
| init acounted and Statest by - Collaborative Agency/ Dist. Authority | निर्धारक प्रधान Signature & | खावे <i>हिंड मास्टर।</i> Stamp of the | एस. एस. ए. प्रतिनि Principalities | ाचि के हा |

प्रवाणित वरणांकरती हूँ कि मैंने पिकले एकातीवादत- वर्षी में वारत तरकारगाज्य तरकार या अस्य समाजिक योजना के जलमेत किसी सामकीयाअसानकीयाजस्य है किया है। यदि मेरे र्वता दी गई त्यामार्ग गलत गई जाती है तो मेरे उपर कान्त्री कारवाही या जापूति किये गये उपरकर एवं उपकरण की पूरी तागत मुगताकर्की

certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one-three/ten years' from any Non Government organization. In case the undertaking is found false, I will be liable for legalaction beside recovery of the lances supplied, from me.

। अधिकल अधिकारी । गवित्रको परितित्रि ned by - Dist Authonity/ALIMCO Rep.

जाआची । सरकाक के हस्ताकार । अगुठा निकाजी (अ Signature/Thumb Impression of the Beneficiary/Guardian (In car

उपकरण पावली RECEIPT OF APPLIANCES PART IV

अ प्रसाणित अत्याजनाते हैं कि जाज दिलाक जेवे जाता जगवार के ADIP-SPL (VIP) बोजना के जंतनीत 1 TO OM 01 उपकरण जिल्हाक तिवायले 100 1000

ANOJ certify that today ______ received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at subs Nil & in a good working condition.

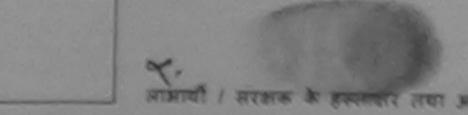
Date া প্ৰথিকন প্ৰথিকাটা / চনিম্কা থাটানিটা

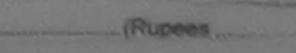
ned by - Dist Authority/ALIMCO Rep. Place

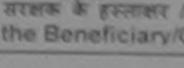
Signature& Thumb Impression of the Beneficiary

ity: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categories जतम १ वर्ष दिशेष जाउरवकता वाले बच्चों के लिए तथा १० वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

Certified that I have actually paid a sum of Rs. sunday's pressential place and a fight



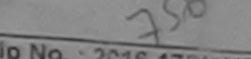




| • | ASSESSMENT ACKNOWLE | DGEMENT SLIP | Camp Venue | CIVIL HOSPIT | ALNA |
|---|--------------------------------------|---|--|---|------------|
| No. : 2016-17/NAVS2/T8/03049/ADIP. e of the Beneficiary : MAHMAD | SPL (VIP) | Date : 07/00 | W16 | | |
| of Disability : 1. MENTALLY IMPAIRED (40% |) | Age: 20 | Sex : Male | Mobile No | L: +8 |
| | | | | | |
| P P P P P P P P P P P P P P P P P P P | Reman | k I | Quantity 1 | Value | |
| TO OM 01 MSIED KIL - MULTI-SENSORY U | NTEGRATED EDUCAT | | 1 | 6900.00 | |
| | | Total | 1 | 6900.00 | |
| | | | Counter Sin | - Dar aftige and ned by - Dist Aut | विकारी । |
| F49/10 | 17/09/20 Daplicate | 16 | | Oricoc | 1.75 |
| GUJARAT न पत्र और नं. ard Type & No. : Other (na) | जिला :NAVSARI District | | | | |
| | PART II | | | | 23 |
| of Disability : 1. MENTALLY IMPAIRED (40% | 6) | | | | 319319 |
| | | and a start | Star Star Star | | 3.18 |
| Appliances Detail | | | Quantity | Value | |
| TO OM OT MSIED KIL- MULTI-SENSORY INT | TEGRATED EDUCATI | | 1 | 6900.00 | |
| | | Total | 1 | 6900.00 | |
| | | | | कित्सा अधिकारी/सन of Medical Of | |
| JEALTH . | PART III | | | 6 | to Ka |
| animin किया जाता है की मेरी स्वीधिवर्गन उपनकार के कि Certified that to the best of my knowingle, the sand only.) तर - सहयोगी संस्था/जिल अपकल अपकल्प nter Sig, by - Collaborative Agency/ Dist | Experimonity | iciary/ lather / gu নির্ঘাবন প্রয Signature | ardian of the p नायार्थ/हेड मास्टर & Stamp of th | patient is Rs. सि र/एस.एस. ए. प्रतिनि he Principal/He | ad Ma |
| में MAMMAD प्रमाणित करता/करेशे विकास करता करता करता करता करता करता करता करता | न पाई जाती है तो मेरे उपर कानूनी कार | वाहा या आपूति किय | गव उपस्कर एव उप | জনে জা নঁবা প্ৰান্যনায় | Haces. |
| MANNA CLEARNIN HANT LANNA ANT (ACAILLAS CIR | THAT AND THUR TO THE OUT OF THE | OT COSUSUOSIOUZ | IL HILLING MALLO | THE LATE OF MELLING AND | 100 BA 100 |

I MAHMAD certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/threaten years' fro ernment/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of t and appliances supplied, from me.

| तर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि nter Signed by - Dist Authority/ALIMCO Rep. | Signature/Thu | लाआयों / संरक्षक के हस्ताक्षर / अंगूठा निशानी mb Impression of the Beneficiary/Guardian (In |
|---|-------------------------------|---|
| | रण पावती RECEIPT O PART IV | F APPLIANCES |
| में जातन किया है। | ived 1. TD 0M 01 applianc | SPL (VIP) बोडना के जेतर्गत 1. TD 0M 01 उपकरण निःशुल्क es under ADIP-SPL (VIP) scheme of Govt. of India a |
| तर - जिला अधिकृत अधिकारी / एलिस्को प्रतिनिधि nter Signed by - Dist Authority/ALIMCO Rep. | Date : | ताआयीं / संरक्षक के हस्ताकार त Signature&Thumb Impression of the Benefit |
| an : न्यनतम १ वर्ष विशेष आवश्यकता वाले बच्चो | के लिए तथा १० वर्ष उच | a walue and three years for all others categorie व कीमत उच्च कोटि के उपकरणों के लिए |
| fitzt w Date | | Rutha Atlann albard / gasta Balva Prescribing Medical Officer/Rohab Expert |
| nned by CamScanner | | |



ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Verter.

| and the second | and the second s | - | | 1000 |
|----------------|--|-----|-----|------|
| | | 412 | 100 | - |
| 1210 | 1 × 1 | _ | | |
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| me | of | the | Bene | CIARY SAE/T8/01267/ADIP-SPL | (VIP) |
|-----|----|-----|--------|-----------------------------|-------|
| 0 0 | FD | mah | UITA . | MAKSHAY | |

Daug : 11/0=/16 Sox : Malo Age: 13

Blocker Nos; WAS

awally MENTALLY IMPAIRED

| No. Appliances Detail | (Townself | Quantity | Palua | |
|---|-----------|-----------|---|-------------------|
| 1 TO OM OT MISTED KIT - MULTI-SENSORY INTEGRATED EDUCAT | Remark | 1 | 690,000 | |
| 2 TD 2N 86 Relator Size II (Adult) | | 1 1 | 102/0 (1201 | T |
| (Adult) | Total | 2 | 7935.29 | |
| | | Counter 2 | re - fitter stituyer lened by - Dist / | yreard Authord |

| य No बान पत्र और न Card Type & N | GUJARAT | Cintrict District 9003961207) | :NAVSARI | | | | | | |
|---|---------|-------------------------------------|----------|--|--|--|--|--|--|
|---|---------|-------------------------------------|----------|--|--|--|--|--|--|

PARTI

DO OF DISADILITY 1. MENTALLY IMPAIRED (50%)

| No. Appliances Detail | | Quantity | Value | |
|------------------------------------|----------------------|----------|---------|--|
| 1 TO OM OT MSHED KR - MULTI-SE | Y INTEGRATED EDUCATH | 1 | 6900.00 | |
| 2 TO 2N 88 Rolator Size II (Adult) | | 1 | 1026.00 | |
| | Total | 2 | 7926.00 | |

FILIAN MARTIN NOUNCER Signature of Medanaico Record Elecal Signature

PARTI

RCI Reg No-2015-59257-4 प्रसाणित किया जाता है की मंग्री त्वाबिलनात जालकारी के अनुसार जावाणी / उसके पिता / उसके वरताक के लाग्निक आप व. 1000 (बाब्दी में One Thousand मान) है |

Cartified that to the beat of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees. One pursand only.)

ner - artaluter (Andrew Offency/ Dist. Authority

निर्धारक प्रधानावार्य/हेड मास्टर/एस.एस. ए. प्रतिनिधि के हस्ताकर एव मोहर Signature & Stamp of the Principal/Head Master /SSA Rep.

में MAKEHAY प्रमाणित विर्णालयती हूं कि मेंने विकले प्रकाशितदन- वर्ष में मारत वरकारणज्य वरकार या जन्म दनाजिक धोजना के अंतर्गत किसी पातसीयांत्रणवकीमांजन्म संस्था ने कॉई बाल प्राप्त नहीं किया है। यदि मेरे द्वारा दी गई जुयलार्ग मजल यह जाती है जो मेरे प्रपर कामूनी बारवाड़ी या आपूर्ति किये गये प्रपत्कर रवे उपकरत की पूरी मानत मुनतान की जिन्मोदारी मेरे

I MAKSHAY certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years" from any wernment/Non Government organization. In case the undertaking is found false, I will be flable for legal action beside recovery of the full cost of is and appliances supplied, from me.

तालाः - जिला अधिकृत अधिकारी । एतिमको प्रतिनिधि unter Signed by - Dist Authority/ALIMCO Rep.

तामाची / संरक्षक के इस्तावर / अगुठा निवाली (प्रवयनक के लिग) Signature/Thumb Impression of the Beneficiary/Guardian (In case of minor)

उपकरण पावली RECEIPT OF APPLIANCES

| PARITY | |
|----------------------------|---|
| The second scale is ADIP. | SPL (VIP) abase & sister 1. TO OM 01 2. TO 2N 88 FUNCT Days |
| eived 1, TD 0M 01, 2, TD 2 | N 36 appillances under ADIP-SPL (VIP) scheme of Govt. of India at |
| | |
| Date : | जामाची / जासक के हरेतावर तथा जंगूठा जिसाओ |
| Place : | Signature&Thumb Impression of the Beneficiary/Guardian |
| | olived <u>1. TO 0M 01. 2. TO 2</u> condition. |

Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categories

| - ky | पराक्षण पावता प | या | | POOL,JUNA THAN |
|--|---|---|---|--|
| 2016-17/NAVR5/T12/00927/ADIP-SPL () the Beneficiary : MALHAR | VIP) | Date : 23/0 Age : 13 | 8/16 Sex : Male | Mobile No.: + |
| sability : 1. MENTALLY IMPAIRED (50%) | | | | |
| Appliances Detail | Remark | | Quantity : | Value |
| D OM 01 MSIED KIL - MULTI-SENSORY INTEGRA | TED EDUCAT | 100000000000000000000000000000000000000 | 1 | 4500.00 |
| THE MOLT-SENSURT INTEGRA | | Total | 1 | 4500.00 |
| | | 2 | Counter Sig | r - Titer afficient afficients gned by - Dist Author |
| तंब :NAVSARI Village :GUJARAT प्रिको भौर नं. | :NAVSARI | | le No. | 91-9624022827 |
| pe & No. : Aadhar Card (712261718587) | | | | |
| | PARTI | | and the strain | |
| ability : 1. MENTALLY IMPAIRED (50%) | | | | |
| pliances Detail | | | Quantity | Value |
| M 01 MSIED KIL-MULTI-SENSORY INTEGRATED | DEDUCATI | | 1 | 4500.00 Ando |
| | | Total | 1 | 1500.00 |
| | | | | 4500.00 म्त्सा अधिकारी/पुनवीस हि f Medical Officer / |
| | PART III | | | |
| हेवा जाता है की मेरी व्यक्तिमत जानकारी के उनुसार साझायी d that to the best of my knowledge, the monthly ive Hundred only.) | income of the beneficia विश्वारी सह अविश्वारी | ry/ father / gua নির্ঘাকে রযান | rdian of the pa আৰ্থ/ট্টাৰ মান্দ্ৰেয়ে | |

HAB उमाणित करता/करती हूँ कि मैंने पिछले एकातीनादत॰ वर्षी में वारत सरकार/राज्य सरकार या जन्य समाजिक योजना के जंतर्गत किसी धातकीय/जधासकीय/ज नहीं किया है। यदि मेरे द्वारा दी गई सुचनाएँ गलत गई जाती है तो मेरे उपर कानूनी कारवाही या आपूर्ति किये गये उपस्कर एवं उपकरण की पूरी सागत मुगतान ग

apo AR certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years* from t/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of th pliances supplied, from me. Davies अधिमरी सन रता अधिकृत अधिकारी । एलिम्को पतिनिध लाआयों / संरक्षक के इस्लाक्षर / अंगुठा निधानी | igned by - Dist Author Paul Proc R Signature/Thumb Impression of the Beneficiary/Guardian (In c पावती RECEIPT OF APPLIANCES HAR प्रमाणित करता/करती हैं कि जाज दिनांक मैंने सारत सरकार के ADIP-SPL (VIP) योजना के जेतर्गत 1. TD 0M 01 उपकरण जिल्हाक गिर किया है। Ifree of cost of Rs. Nil & in a good working condition. שומ פא שחטוני Date : तला जयिवस्थवाय्यस्थिक पनित्रको प्रान्सीय नामाची / सरहाक के हस्ताहार तथा igned by - Dist Authority/ALIMCO Rep. Place :

billity: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categories न्यनतम १ वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा १० वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

Signature&Thumb Impression of the Beneficia

| Slip No. : 2016 Name of the Bo Type of Disabut | A TT/NAVR4/T12/00734// enoficiary MALIJASV y 1 MENTALLY IMPAIRED (ces Detail | ASSESSMENT ACKNOWLE परीक्षण पावली | DGEMENT SL | JP Camp Ves | |
|--|---|---|--|---------------------------------|--|
| S.No. | MENTALLY MALI JASV | ADIP-SPL (VIP) | पया | | MATRYA PATI |
| 1 TO ON | ces Detail | (70%) | Date 22/ | 00/16 | POOL JUN S |
| 000001 | MSIED Kit - MIN | | Age : 13 | Sex : Male | |
| | Ces Defail MSIED KI - MULTI-SENSOR | OY INTER | | | Mobile N |
| | | CT INTEGRATED EDUCAT | | Quantity T | |
| | | | | 1 1 | Value |
| | | | Total | 1 | 4500.00 |
| | | | | Counteren | 4500.00 - Date allows allo nod by - Date |
| | | | | ocumer Sig | - Drat affinition and mod by - Dimit Acc.) |
| पता | | | | | |
| Address | | | | | |
| शहर/कस्वाधंशाव | TALSU COLOR | | | | |
| City/Town/Villaga | INAVSARI | चिनकोड : उद्या राग | | | |
| Clora State | 1011110-00 | Pin Code :396310 | | | |
| पहचान पत्र और न | GUJARAT | जिता :NAVSARI | | | |
| D Card Type & No. | : Aadhar Card (49800600 | District | | | |
| | |)2329) | | | |
| Turne of the | | PARTI | | | |
| type or Disability : | 1. MENTALLY IMPAIRED (70 | %) | | | |
| S.No. Appliances | | | | | |
| 1 TD OM DI MS | ED Kit Musico conservation | and the second second second | | Quantity | Value |
| | ED KIL - MULTI-SENSORY IN | NTEGRATED EDUCATIV | | 1 | 4500.00 |
| | | | Total | 1 | 4500.00 |
| | | | | নিযাকে তি | कत्सा अधिकाशिर्य |
| | | | | Signature of | of Medical Offic |
| তসালির জিলা ব্যার ট | at the million and a | PART III नुसार नामाधी / उसके विता / उसके वरशक व | | | |
| Certified that to the housand Five Hundre | he heat of my knowledges a | ne monthly income of the beneficia | ry/ lather / gua | rdian of the p | |
| में MALI JASWSAN हे के जिस्तान प्राप्त की हो होगी। | र प्रमाणित करता/करती हूँ कि मैंने केवा है। वरि मेरे द्वारा दी नई त्या भारणी दि मेरे द्वारा दी नई त्या | पिछले एक/तीन/दस- वर्षी में जारत सरकार/एत नाएँ मनल पाई जाती है तो मेरे उपर कालूनी । पिक्सरी से थ | ज्य सरकार या अल्य कारवाही या आप्तिं | समाजिक योजना किये गये उपस्कर | के अलगेत किसी सार एवं उपकरण की पूरी |
| Overnment/Non Gov | I certify that I have not rec | eived similar Ald/Equipment either se the undertaking is found false, | free of cost/su | bsidized in th | e last one/three/t |
| ids and appliances s | upphed from and all | and ma | I WILL DO HADIO | | |
| | Ald and states and | aud and | | | Tessi |
| | જીલ્લા સમાજ સુરક્ષા અ | 14314 | | | Yaco |
| स्तालर - जिला अधिकृत | Dist Authonity/ALIMCO | | नामात | 11 1 संरक्षक क | R4-R1217 1 357 35 10 |
| counter Signed by | DISEAUDIONLY/ALINCO | Rep. Signature/Thum उपकरण पावली RECEIPT OF | | | ficiary/Guardia |
| | | PARTIV | | | |
| A VIALI JASWSAN | भा प्रमाणित कारता/करती हूँ कि आज | र हिलाक | ADIP-SPL (VIP) | वीजना के जतमंत | 1. TO OM 01 39 |
| P MALI JAST | | I received 1. TD 0M 01 ap | pliances unde | ADIP-SPL (V | IP) scheme of Go |
| addaton countree of our | | | | | |
| | | | | | - with |
| | | Profession - | and the second | | · Degit |
| क्तावर - जिला जाधिकृत | अधिकारी । एतिउन्को प्रतिनिधि | Date : | - | ताआर्थ | । सरक्षक के हस्ता |
| Counter Signed by | - Dist Authority/ALIMCO | Rep. Place : | Signature&T | | ssion of the Be |
| | | 10 years for High Cost High V बच्चों के लिए तया १० वर्ष उच्च | | | |
| | | | | | |



| | TTATET | кноwLebor ग पावती पर | EMENT SLIP | Camp Versio : (| CHIC XHEROAM | |
|--|----------------------|-------------------------|--------------------------|-----------------|---|-------|
| of the Beneficiary : MALTI BEN | L (VIP) | | Dute : 08/6/ Age : 26 | | Modella Risci | |
| of Disability : 1. MENTALLY MAPAIRED (50%) | | | | | | |
| Appliances Detail | | IRemark | | Quantity 1 | Value | |
| TO OM OT MSIED KIL - MULTI-SENSORY INTEG | RATED EDU | TAT | | 1 | | |
| | | | Total | 1 | 6900.00 | |
| | | | | Counter Sign | Thus alleges after ad by - Dist Auth | |
| /Town/Village te :GUJARAT | Pin Code রিনা | : NAVSARI | - | | | |
| तन पत्र और नं. | District | | | | | |
| Card Type & No. : Aadhar Card (65058030506 | 53) | De altring and | | | Bikram Ku Mor | |
| | | PART II | | | Marneo Menas, E | хроп |
| e of Disability : 1. MENTALLY IMPAIRED (50%) | | | | | גרסא פנא גסא | 015-0 |
| Appliances Detail | apair and the second | | | | | |

| NO, | TAppliances Detail | Quantity | Value | - |
|-----|--|----------|---------|----|
| 1 | TD OM 01 MSIED KIL- MULTI-SENSORY INTEGRATED EDUCATI | 1 | 6900.00 | 62 |
| | Total | 1 | 6900.00 | L |

निर्धारक चिकित्सा अधिकारी/पुनर्वास

Signature of Medical Officer

PART III

ज्याणित किया जाता है की जेरी व्यक्तिगत जानकारी के जनुसार सामायी / उसके पिता / उसके संरक्षक के माहिक आय द. 1000 (हम्दी में One Thousand मान) है

Certified that to the bast of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupee ousand only.)

3221, न्तावर - सहयोगी संस्था/जिला अधिकृत अध्यक्ती ounter Sig, by - Collaborative Agency/ Dist. Authority

निर्धारक प्रधानावाये/हेड मास्टर/पत.पत. प. प्रतिनिधि Signature & Stamp of the Principal/Head M

में MALTI BEN प्रमाणित काता/काती हूँ कि मैंने पिछले एक/तीन/दन+ वर्षों में प्रारत सरकार/राज्य सरकार या अन्य समाजिक योजना के जंतर्गत किसी शासकीय/जणाक करण पाप्त नहीं किया है। यदि मेरे द्वारा दी गई सूचनाएँ गलत पाई जाती है तो मेरे उपर कानूनी कारवाही या आपूर्ति किये गये उपरकर एवं उपकरण की पूरी लागत मुगल ð1

I MALTI BEN certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years" overnment/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of ds and appliances supplied, from me.

0

| নোমার্ঘী / संरक्षक के इस्ताकर / tep. Signature/Thumb Impression of the Beneficiary/Guard |
|---|
| tep. Signature/Thumb Impression of the Beneficiary/Guard |
| |
| उपकरण पावती RECEIPT OF APPLIANCES PART IV |
| |
| ,I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of ding condition. |
| V V |
| Date : |
| 10 years for High Cost High Value and three years for all others cate बच्चो के लिए तया to वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए |
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| |

anned by CamScanner

| No. : 2016-17/NAVS1/T8/02272/10/02/ | LEDGEMENT S | LIP Camp Ver | nue : CHC,KH | ERGAM |
|--|-------------------------|--|--|-----------------------------------|
| No. : 2016-17/NAVS3/T8/03373/ADIP-SPL (VIP) ne of the Beneficiary : MAN KUMAR of Disability : 1. MENTALLY IMPAIRED (40%) | Date : 0 | 8/06/18 2 Sex : Male | Mob | lle No. : +91- |
| o. Appliances Detail | | | | |
| TD OM 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT | ark | Quantity | 1 Valu | ei |
| ELECTRONIC INTEGRATED EDUCAT | Tatal | 1 | 6900.00 | 2 |
| | Total | 1 | <u>6900.00</u> सर - जिला अधिक | a witness a . |
| | | Counter S | ligned by - Dis | t Authority/ |
| 12/5e/16 256 ×9 | Dabl | Jary | | |
| :GUJARAT जिला :NAVSARI पत्र और न. d Type & No. : Aadhar Card (923034898008) | | | | |
| | | | | |
| f Disability : 1. MENTALLY IMPAIRED (40%) | | | | |
| | | | | |
| Appliances Detail | | Quantity | Value | |
| TO OM 01 MSIED KIT - MULTI-SENSORY INTEGRATED EDUCATI | Total | 1 | 6900.00 | |
| | Total | Outro Or | 6900.00 | |
| | | | केत्सा अधिकारी/ of Medical O | |
| PARTII | | | | AND RUNNERS |
| जित किया जाता हे की देरी व्यक्तिगत जानकारी के जनुसार सामायी / उसके पिता / उसके संरक्ष | ह के मासिक आव ठ. | 1000 (शब्दों में | One Thousand | मात्र) है |
| tifled that to the best of my knowledge, the monthly income of the benefit nd only.) | | | | |
| r Sig. by - Collaborative Agency/ Dist. Authority | Signature & | नाचार्य/हेड मास्टर & Stamp of th | e Principal/H | ead Master |
| रन कल नहीं किया के विद्या के विद्या के व्युक्तार्थ नवत गई जाती है तो मेरे उपर कान्ती के AN KUMAR Service that I have not received similar Ald/Equipment either fr ment/Non Government organization. In case the undertaking is found fais d appliances supplied, from me. | ie, i will be liable | for legal action यौँ / संरक्षक के । | n beside recov हस्ताक्षर / अंगुठा | ery of the fu |
| उपकरण पावती RECEIPT O PART IV | | ES | | |
| PART IV MAN KUMAR ज्याणित करता/करती हूँ कि आज दिसांक | | ran in viscolar 1 | TO OM 01 YER | on Diverse A |
| ne | lances under AD | IP-SPL (VIP) so নাসার্ঘা | heme of Govt / संरक्षक के हर | of India at तालर तथा अं |
| | | humb Impres | | and the state of the state of the |
| icability: Minimum 1 year for CWSN & 10 years for High Cost High : न्यनतम t वर्ष विशेष आवश्यकता वासे बच्चों के लिए तया to वर्ष उच्च | | | | |
| ASSESSMENT ACKNOWLE परीक्षण पावती | पची | | CHC, KHER | GAM |
| o.: 2016-17/NAVS3/T8/00898/ADIP-SPL (VIP) of the Beneficiary : MAN KUMAR | Date : 08/0 Age : 12 | Sex : Male | Mobile | No. : +91-96 |
| f Disability : 1. MENTALLY IMPAIRED (40%) | | | | |
| Appliances Detail Reman | k | Quantity | Value | |
| TO OM 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT | Total | 1 | 8900.00 6900.00 - जिला अतिप्राल med by - Dist | afitanti / efi |
| | | | | |

| ASSESSMENT ACKN | OWLEDGEME | NT SLIP | Comp Venue | CHC, KRERGAM | |
|---|--|----------------------------|---------------------------------------|---|----------------------|
| परीक्षण प 2016-17/NAVS3/T8/00770/ADIP-SPL (VIP) | पावता पथा | te : 08/06/ | | Mobile No.: | |
| he Beneficiary : MANAS | A | ge: 14 | 30% . 10500 | 100000000000 | |
| ability : 1. MENTALLY IMPAIRED (75%) | | | | | |
| | The ack | | Quantity | Value | X |
| ppliances Detail | Remark | | 1 | 0000.00 | Q8/ |
| D OM 01 MSIED KI - MULTI-SENSORY INTEGRATED EDUCAT | | Total | 1 | 8900.00 | V |
| | | 100000 | हरस्यावार - | - Dest afficient afficie | and 1 and |
| | | and the second | Counter sign | wed by - Dist Auth | onupa |
| 258, KM | | | | | |
| आर न. pe & No. : Other (na) | DADTH | | | | |
| | PARTI | | | | |
| sability : 1. MENTALLY IMPAIRED (75%) | | | | | |
| pliances Detail | and all all and | and the second | | 10 | and and |
| | | | Quantity | Valuepixia | |
| OM 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI | | | 1 | 6900.004 lime | 10-159 |
| | | Total | 1 | 6900.00 RC | Refe |
| () | | | | कित्सा अधिकारीएक of Medical Offic | |
| PA | ARTIII | | orgriaturo | or meandar onn | 00171 |
| केया जाता है की मंग व्यक्तिकात जानकारी के जनुसार सामायों / उसके पिता / cliggel हेल्था को विसेट, d that to the best of an knowledge, the monthly income of t nly.) cliggel हेल्य वेयारा, sigiligel हेल्य वेयारा, | সমন্দ ৰাজেক উ স the beneficiary/ | father / gu | ardian of the p | atient is Rs. (Ru | pees |
| प्योगी संस्था/जिला अधिकृत अधिकारी g. by - Collaborative Agency/ Dist. Authority | S | नेयारक प्रय ignature | बाबाय/हेड मास्टर & Stamp of th | ।/एस.एस. ए. प्रतिदि le Principal/Hea | तिय के त ad Mas |
| AS प्रमाणित करता/करती हूँ कि मैंने पिछले एक/तीन/दस• वर्षी में आरत सरकार रही किया है। यदि मेरे द्वारो दी गई सूचनार्य गलत पाई जाती है तो मेरे उपर | एंग्रज्य सरकार या अ कानूनी कारवाही या । | न्य लमाजिक आपूर्ति किये | योजना के जंतर्गत गये उपस्कर एवं उप | किसी धासकीय/जवास करण की पूरी सामत । | हीच(उन्न पुगलान । |

AS certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years* from a nt/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of the pliances supplied, from me,

तेला अधिकृत अधिकारी । एलिम्को प्रतिनिधि Igned by - Dist Authority/ALIMCO Rep.

लाआयीं / संरक्षक के हरूताक्षर / अगुठा निशानी (Signature/Thumb Impression of the Beneficiary/Guardian (In o

उपकरण पावती RECEIPT OF APPLIANCES PARTIV

VAS प्रमाणित करता/करती हे कि आज दिनाक _ मैंने आरत सरकार के ADIP-SPL (VIP) योजना के अंतर्मत 1. TD 0M 01 उपकरण जिल्हानक हिंच किंबर है।

MANAS certify that today, I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at su Rs. Nil & in a good working condition.

रात्रा अधिकृत अधिकारी / एतिम्को प्रतिनिधि igned by - Dist Authority/ALIMCO Rep. Place :

Date:

तात्राची / सरक्षक

Signature&Thumb Impression of the Benefici

bility: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categories न्यनतम १ वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा १० वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

I have cherked me applance given to the association Estimat and the signature thumb impression on part ill showe done a sty presence 12:20 A सिरियराज, अधिकारी । युवारांस जिलेकक Presciona Mellical Officer/Rehabi Experi-10000 0.210

ed by CamScanner

| | | | CHC.XH | ERGAM |
|--|-----------------|------------------|---------------------|--|
| ASSESSMENT ACKNOWLED | CEMENT SI | LIP Camp Ve | 0.04 | |
| ASSESSMENT ACKNOWLED | वर्धी | | | silie No.: +91-714 |
| ASSESSMENT ACKNOWLLD प्रीक्षण पावती | Date : 0 | 8/06/16 Sex : Ma | ale Mol | Stole Neor |
| | Age : 1 | 8 344 | | |
| 2016-17/NAVS3/T8/00771/ADIP-SPL (VIP) | | | Val | ud (D) |
| the Beneficiary : MAYANK | | Quanti | 6500 | 00 (2007 |
| isability : 1. MENTALLT IN PARTA | rk | 1 | 6900 | 00 00 |
| Appliances Detail TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT | Tota | | NAMESAL - CALIFIC M | 00 without I vita Dist Authority/AL |
| TD OM 01 MSIED KIL-MULTI-SENSORT INTE | | Coun | ter Signed by | |
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| | | and and and | | |
| PARTI | | 1.1.5 | 0.1 | Ku Mahaman |
| IIITY : 1. MENTALLY IMPAIRED (75%) | | | | - Donay Capany |
| nces Detail | | | Alim | -Reg 10-2015-5 |
| 1 MSIED KIT - MULTI-SENSORY INTEGRATED EDUCATI | | Quantity | Value | Herea |
| | Total | 1 | 6900.00 6900.00 | |
| | Total | | | |
| 0 | | Signature | action and and | नवीस विशेषज के ह ficer / Rehab.E |
| PARTIN | - | Signature | or medical Of | ncer / Renab.E |
| जाता है की भेरी व्यक्ति कालकारी के अनुसार लामायी / उसके थिता / उसके संरक्षक के | मासिक आव व | 4500 (mæŤ ž | Four Thousand | Elva Hundred 202 |
| | | | | |
| it to the best of my knowledge, the monthly income of the beneficiary fundred only.) | / father / gua | rdian of the p | patient is Rs. (P | Rupees Four |
| And the second | | | | |
| संस्या/जिला अधिकत अधिकारी | Stefane utra | much like more | | निधि के हल्ताकार प |
| | Signature & | Stamp of th | e Principal/H | ead Master /SS |
| रमाणित करता/करती है कि मैंने पिछले एकातीन/दस+ वर्षी में जारत जरकार/राज्य जरकार द | । जन्म जनानिक | गोनना के भंतर्गर | · Deal marking | भावतीत।जन्म जंदमा व |
| वया है। यदि मेरे द्वारा दी गई सूचनाएँ गमत पाई जाती है तो मेरे उपर कान्ती कारवाड़ी या | आपूर्ति किये गर | र उपस्कर एवं उप | करण की पूरी जागत | मुगतन की जिल्लोडा |
| | | | | |

n Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of the full cost news supplied, from me.

त्रचिकृत अधिकारी । एलिम्को प्रतिनिधि

लाआयीं । संरक्षक के हस्ताक्षर । जंगूठा निर्शानी (अवयस्क

| d by - Dist Authonty/ALINCO Rep. | Signature/Thu | mb impression of th | e Beneficiary/Guardian (In case | 110 |
|---|--|--|--|-----|
| उपव | हरण पावती RECEIPT O PART IV | F APPLIANCES | | |
| থমানির করে/করৌ টু কি রার হিরাজ | ived 1. TD 0M 01 appliance | | | 27 |
| त्रिकृत अधिकारी / एजिम्को प्रतिनिधि d by - Dist Authority/ALIMCO Rep. | Date : | | लामार्थी / सरक्षक के हस्ताक्षर तथा अंग Impression of the Beneficiary/ | |
| : Minimum 1 year for CWSN & 10 year | pars for High Cost High के लिए तथा १० वर्ष उद्य | Value and three yes कीमत उच्च कोटि के | irs for all others categories उपकरणों के लिए | |
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| Enave checked the appliance of | ven to the disabled as per pr | excaption given atore an | in I have substred under my | |

Course Rouse alough I gusta many 12212 Date Prescubing works Universitioned Export

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| | | | | | UC KHERGA |
|--|-------------------------------|---|-------------------------------|---------------------|--------------------|
| | ASSESSMENT ACKNO | WI EDGEME | NT SLIP Ca | mp Venue : vi | |
| 781 | ASSESSMENT ACKNO | ावती पची | 11/10/14 | | Mobile N |
| 1 | 44141 | The second se | uto:08/06/16 go:18 B | ex : Male | |
| .: 2016-17/NAVS3/T8/00782/ADIP | SPL (VIP) | A | garris | | |
| | | | | vantity | Value |
| Disability : 1. MENTALLY IMPAIRED (40% | 0) | Remark | | 1 | 6900.00 |
| | | | 7-101 | 1 | 00.000 |
| TD OM 01 MSIED Kit - MULTI-SENSORY | INTEGRATED EDG | The second | Total | Counter Sign | ed by - Dist |
| TTO GALOT MISIEO HA | | | | Counter org | |
| | | | | | |
| | | | | | |
| | | | T | | |
| | | PARTI | | | |
| of Disability : 1. MENTALLY IMPAIRED | 40%) | | | Quantity | Valu |
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| क MANSI प्रसाणित करता/करती हे कि मैंने पिछने | एक/तीज्य देवे वाली हे तो हो? | उपर कानूनी कारता | ही वा जापूति क | a sia sicare co | |
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| aner - जिला अधिकृत आधकारा / पालम्का क punter Signed by - Dist Authority/AL | IMCO Rep. उपकरण पावती | RECEIPT | OF APPLIA | NCES | |
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| Journal and the state | CWSN & 10 years for | High Cost H | ign value al | क ठीक घडर | 3 |
| Applicability: Minimum 1 year for uradi : न्यनलम र उप विशेष आवश्य | कता वाले बच्चों के लिप | तथा १० वन | 36d month . | | |
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| ASSESSMENT ACKNOWLED | रची | | | |
|--|---|---|--|---------------------------|
| ne of the Beneficiary : MAYANK | Date : 07/0 Age : 19 | 6/10 Sex : Male | Mobile | Ma.: - |
| o of Disability : 1. MENTALLY IMPRIRED (40%) | | | | (|
| | | Quantity & | Value | |
| pondrices Dotail | - | 1 | 6900.00 | |
| TO OM OT MSLED KIT - MULTI-SENSORY INTEGRATED EDUCAT | Total | 1 | 69:00.00 | |
| | | Counter Si | re - Ease software igned by - Dist | Author |
| क स्वाग्निंड own/Village :GUJARAT पत्र और तं. | Mobi \$-मेल Emai | le No. | | |
| rd Type & No. : Aadhar Card (NA) | | | | |
| PARTII | | | | |
| of Disability : 1. MENTALLY IMPAIRED (40%) | | | | |
| Appliances Detail | | Quantity | Value | |
| TD OM 01 MSIED KIL - MULTI-SENSORY INTEGRATED EDUCATIA | C. Carriella | 1 | 6900.00 | 1200 |
| | Total | 1 | 6900.00 K | o H |
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| PARTI | | | L Lines | |
| गणित किया जाता हे की जेरी व्यक्तिगत जुद्धमारी के सनुसार लाजायी / उसके पिता / उसके सरहाक | के मालिक आय ह. | 1000 (शब्दी मे | One Thousand | माम) है |
| ensitied that to the best of my encodedge, the monthly income of the benefici and only.) | ary/ father / gu निर्धारक प्रधा Signature | ardian of the p जावार्य/हेड मास्ट & Stamp of th | oatient is Rs. (। । एएस.एस. ए. प्रति ne Principal/H | Rupee तेनिपि lead M |
| UP Sig by - Contaborative Agency - कार्यन्य - वर्ष में सारत सरकार/तज्य सरक MAYANK प्रमाणित काता/कार्टी हैं कि मेंत पिखने एकार्यन्य प्रम - वर्षी में सारत सरकार/तज्य सरक प्रान्त रही किया है। वदि मेरे ट्वाय दी गई स्वनार्थ मजत गई जाती है तो मेरे ज्यर कान्त्री कारवार्ट | ार या अन्य समाजि वि या आपूर्ति क्षिये | | त किसी शासकीय/1 रकरण की पूरी लाग collbroollen ve | |

MAYANK certify that I have not received similar Aid/Equipment either free of cost/subsidized in the moment/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of and appliances supplied, from me.

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जर - जिला अधिकृत अधिकारी । एलिसको प्रतिनिधि nter Signed by - Dist Authority/ALIMCO Rep.

लाआयीं । संरक्षक के हस्तावार । जंगुठा निशा Signature/Thumb Impression of the Beneficiary/Guardian (

उपकरण पावती RECEIPT OF APPLIANCES PART IV

ें MAYANK क्यांगित करता/करती हूँ कि आज दिसांक _____ मैंने बारत सरकार के ADIP-SPL (VIP) बोजना के अंतर्गत 1. TD OM 01 उपकरण जिल्हान I MAYANK certify that today ______ I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India के काल किया है।

sidized/free of cost of Rs. NII & in a good working condition.

& cronarlaio

लाजायाँ । संरक्षक के हरूलाक्ष

धार - जिला अधिकृत अधिकारी । एतिमको प्रतिनिधि Date : Inter Signed by - Dist Authority/ALIMCO Rep. Place : _____ Signature&Thumb Impression of the Ben

opplicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others catego जेला : न्यनतम र वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा र॰ वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

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| | पावती | | | | | | | |

| Adding Andre A | A.A. | | | |
|--|--------------------------|--------------------|--------------------------------|--|
| Slip No. : 2016-17/NAVS45/T17/01492/ADIP-SPL (VIP) Name of the Beneficiary : MAYURI | Date : Age : | | 16 Sex : Femal | e Mobile N |
| Type of Disability : 1. MENTALLY IMPAIRED (40%) | | | | |
| S.No. Appliances Detail Remark | | E | Quantity | Value |
| 1 TD OM 01 MSIED KI - MULTI-SENSORY INTEGRATED EDUCAT | | Sec. 1 | 1 | 6900.00 |
| | Tota | at 1 | 1 | 6900.00 |
| | | | | re - Dran affrava at igned by - Dist Au |
| Dukliak | | 17/ | 09/16 | |
| GUJARAT STAT :NAVSARI | T | | | |
| त पत्र और ने. ard Type & No. : Aadhar Card (492005921148) | | | | |
| PART II | | | | |
| of Disability : 1. MENTALLY IMPAIRED (40%) | | | | |
| To a state | | Qua | antity | Value |
| Appliances Detail | | | 1 | 6900.00 am Ku |
| TO OM OT MSIED KIL - MULTI-SENSORY INTEGRATED EDUCATH | Total | | 1 6 | 900 dor co Reha |
| | | R Sig | nature of N | त अधिकीसीपुमित्वनी Medical Officer |
| PART III | The Carlos | | | |
| Certified that to the best of my knowledge, the monthly hicore of the seneficiary/ fa | | | | |
| isand Four Hundred only.) वार - सहयोगी संस्था/जिला अधिकत आपने प्रिंद कार्यावर्ग है। Sig | gnature | & Sta | imp of the l | त.एस. ए. प्रतिनिधि Principal/Head I |
| anter Sig. by - Collaborative Agent of Cast Autor State करकार राज्य सरकार या अ में MAYURI प्रमाणित करता/करती हे कि मैंने कि | त्य जमाजित तप्ति किये | क योजन गर्वे उप | मा के अतमेत कि एकर एवं उपकर | मा ची पूरी सागत मुगत |

I MAYURI certify that I have not received similar Ald/Equipment either free of cost/subsidized in the last one/three/ten years* from ment/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of and appliances supplied, from me.

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| ताहर - जिला अधिकृत अधिकारी / प्रतिम्को प्रतिनिधि runter Signed by - Dist Authority/ALIMCO Rep. | Signature/Thumb | নাসাযাঁ / Impression of | संरक्षक के हस्तावार the Beneficiary | । अंगुठा लिस /Guardian |
|--|---------------------------------|----------------------------|---|---------------------------|
| उपकरण | पावती RECEIPT OF | APPLIANCES | | |
| | ADIR-SPL | (VIP) बोजना के अंत | Far 1. TO OM 01 3 | पकरण निःशुल्य |
| ही MAYURI प्रसाणित करता/करती हैं कि जाज दिसांकमें प्राप्त में जाउन किया है। I <u>MAYURI</u> certify that todayI received I cost of Rs. Nij & in a good working condition. | <u>1. TD 0M 01</u> appliances u | nder ADIP-SPL (| /IP) scheme of G | ovt. of India |
| The second secon | ate : | | लाझाची । संरय | |
| Counter Signed by - Dist Authority/ALIMCO Rep. Pl Applicability: Minimum 1 year for CWSN & 10 year बाजला : स्वनलम र वर्ष विश्वेष जावरपकला ताले बच्चा के | ace : | Signature& Thu | mb Impression | of the bei |
| ASSES | SSMENT ACKNOWLED | GEMENT SLIP | Camp Venue : 0 | COTTAGE H |
| × | परीक्षण पावती | Date : 10/06 | and the second states a | |
| 17/NAVS45/T17/02175/ADIP-SP | PL (VIP) | Date Toros | 14.8 | |
| Slip No. : 2016-17/NAVS45/T17/02175/ADIP-SP Name of the Beneficiary : MAYURI Name of Disability : 1 MENTALLY IMPAIRED (40%) Type of Disability : 1 MENTALLY IMPAIRED (40%) | | Age : 18 | Sex : Female | Mobile |
| | | Age : 18 | /16 Sex : Female | |
| | | Age : 18 | Quantity | |
| | | Age : 18 | Sex : Female | Mobile |
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| 502 | ASSESSMENT ACKNOWLED | GAMENT SU | P Camp Vo | ane : CIVIL I | HOSPITA | AL JEAN |
|---|---|---|--|--|--------------------------------|-----------------|
| No. : 2016-17/NAVS2/T17/00513/AD | | Date 07/ | Sex : Fau | saler M | | |
| O OF DISABILITY , I MENDALLY IMPAIRED (5) | G767 | | | | | |
| o. J Appliances Detail | Remark | <u></u> | T Quantity | 1 Vi | itus | TA |
| TO OM OF MASIED KIL MULTI-SENSOR | Y INTEGRATED EDUCAT | | 1 | 000/1 | | X |
| | | Total | 1 1 | 0300 107 - 1200 at | | |
| | Jollet | | Counter | ligned by - | Dist Aut | |
| m/ma :.IAEALPORE wn/Village :GUJARAT | Marata :396404 Pin Code Marat :NAVSARI District | Email | D | | | |
| गर और लं | | | | | | |
| Type & No. : Ration Card (3010208672) | PART II | | | | | |
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| Disability : 1. MENTALLY IMPAIRED (50%) | | | | Value | | |
| Appliances Detail | | | Quantity | 6900.00 | . ash | arana |
| TO OM OT MSIED KIL - MULTI-SENSORY INTE | EGRATED EDUCATI | Total | 1 | 690000 | "Solo | woor. |
| | | | Signature d | कत्सा आंखिकी of Medies | | /Reh |
| | PARTI | | | | | |
| nd only.) - सहयोगी संस्थातिमा अधिकात संधिकाति | Authority | Ration guan Ration guan Signature & | dian of the p वार्य/हेड मास्टा Stamp of th | natient is Rs. र/एस.एस. ए. प् ne Principal | (Rupee দ্বনিনিথি VHead I | te ere Maste |
| MAYURI BEN certify that I have not received MAYURI BEN certify that I have not received MAYURI BEN certify that I have not received | एकालेम्सरम । वची में सारत सरकार/राज्य स गजर पाई जाती हे तो मेर उपर कान्सी कारत | | and in the la | et ono three | Iten year | s' fron |

| d appliances supplied, nom has | | d | and the |
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| - জিলা এন্টিকুর এন্টিকার্টা / চরিদ্রুর বরিরিন্টি er Signed by - Dist Authority/ALIMCO Rep. | Signature/Thur | जामायीं / संरक्षक के हस mb Impression of the Benefic | ताशर / अंग्ठा निशानी (अव siary/Guardian (In cas |
| ar Signed by - blac Additionly - blac 344 | ल पावती RECEIPT OF | F APPLIANCES | |
| | A were wrant to Al | DIP-SPL (VIP) बॉजरा क अंतर्मल 1. र | D OM 01 उपकरण जिल्हुल्क |
| MAYURI BEN senifite aton/atoli (18 and Sala | ceived 1. TO OM 01 appli. | ances under ADIP-SPL (VIP) sch | eme of Govt. of India at |
| त - जिला अधिकृत अधिकारी / प्रतिम्को प्रतिनिधि | Date : | तामार्ग्स) | ग्रेरशक के हमतालर तथा ! |
| surginand by - Dist Authority/ALIMCO Rep. | Place : | Signature&Thumb Impress | tion of the Beneficiar |
| oplicability: Minimum ? year for CWSN & 10 year | ars for High Cost High | a कीमल उच्च कोटि के उपकरणी | के लिए |

Prescribing Medical Officer/Rehab Experi

nned by CamScanner

| >1 C TASSESSMENT AC | KNOWLEDGE | P | | | | |
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| | ग पावती पच | Data Var | 06/16 | x : Female | Mobile No | 2. +91- |
| NO : 2016-17/NAVS1/TS/00047/ADIP-SPL (VIP) | | Age : 29 | 50 | A. Ponder | | |
| e of Disability 1 MENTALLY IMPAIRED (60%) | | | | | Valued | |
| | Remark | | 1 QU | antity | 6900.00 | 10 |
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| ity/Town | | | | | | |
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| Lote | | | | | | |
| Card Type & No. : Aadhar Card (989520999977) | PARTI | | | | | |
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| pe of Disability : 1. MENTALLY IMPAIRED (60%) | | | | | | |
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| 1 TO OM OT MSIED KIT - MULTISERIOUT | | T | otal | 1 | | - |
| | | | | निर्णाक वि | कित्सा अधिका PKMETCa | office |
| | | | | Signature | P&O | - and |
| | PART III | an in militar | with a | 3500 (शब्दी में | -Freek Thous | and Five |
| Certified that to the best of my knowledge, the monthly incor housand Five Hundred only. | विता / उसक सरक | the set with the set | | ALD | Govt of Ir | Mr. Ak |
| the second and the monthly incor | ne of the benef | iciary/ fathe | er l gua | ardian of the | bacoul Balan | harren |
| housand Five Hundred only. | | | | | | |
| housand Five Hundred Only. Of CUL | | निर्णार | - | नाचार्य।हेड मार- | त्र/एस.एस. ए. | प्रतिनिधि |
| | | Signa | iture à | s Stamp or | Die Finicipe | |
| Counter Sig. by - Collaborative A Dist. Authority | तभी में आरत सरका | धराज्य शारकार | | र समाजिक योजन | त के अतमंत किल एक राजाण की | ते शासकाय परी सामल |
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| | | | | | | |
| I MAYURIKA BEN certify that I have not received similar Aid | Equipment ett | alse, I will b | e liable | e for legal act | tion beside re | covery |
| I MAYURIKA BEN certify that I have not received similar Aid Government/Non Government organization. In case the underta aids and appliances supplied, from me. | | | | | | |
| aids and apphances supplied in a | | | - | | - Contraction of the second | |
| | | | ्र. | तायाँ । संरक्षक | क् हस्तासर / 3 | দন্তা নি |
| हस्ताक्षर - जिला अधिकृत अधिकारी / एतिम्को पतिनिधि | Signature/T | humb Imp | ressi | on of the Be | neticiary/Gi | Jarunan |
| Counter Signed by - Dist Authority/ALIMCO Rep. | A RECEIPT | OF APPI | LIANC | CES | | |
| | PART | IV | PL (VIE | रा बोजला के इस | ta I. TD OM | 01 348 |
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| ar well mer if and a REN certify that today | ved 1. TD OM 0 | 1 appliance | s unde | or ADIP-SPL I | ATE Printing | |
| subsidized/free of cost of Rs. Nil & in a good working condition | п. | 1 | | | - | 100 |
| SUCHERCE | | | | | and the second | |
| | | | | 4 | | - |
| इस्ताकर - जिला अधिकृत अधिकारी / एतिस्को प्रतिनिधि Date : | | | - | | HTUI ALMONT | the Be |
| FILL FILL FILL FILL FILL FILL FILL FILL | | Sign | ature | & Thumb Im | pression of | 010 00 |
| Counter Signed by - Dist Automity - day | - High Cost) | High Value | and | three years | for all other | s categ |
| Counter Signed by - Dist Authority/ALIMCO Kep File * Applicability: Minimum 1 year for CWSN & 10 years for पात्रता : न्यनतम र उर्ष विशेष आवश्यकता वाले बच्चों के लि | ाए तया १० वर्ष | उच्च कीम | त उटर | ग कोर्डि के उपति 1 | करणा काल | |
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| Certified that I have actually paid a sum of Re | | | | | | |
| working condition Castle and a | | the same of a local state of a local sta | | | | |
| working condition. Certified that I have not received such | h appliance si | nce last the | lave n | eceived the a | ppliance in g | boog |
| "per/Artificial Limb for Children) under ADIP Scheme | or Govt. of Ind | lia or from | any of | ther source. | | |
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| | B | meficiary/(| Sward | impression an (in case | of Minor) | |
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| Hes adra | | | | | | |
| | | | | nere | | - |

Regard C Courtesy : Gandhighar- Kachholl, Phone : (026

| Appliances Detail Remark TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT Total | Quantity 1 1 gratient | Value 6900.00 6900.00 |
|---|--------------------------------|-----------------------------|
| Total | 1 BERDER | 6900,00 |
| | Counter Sign | red by - Dist Authorit |
| (804) A. Dut | alicate | 17/09/16 |

PARTI

Disability : 1. MENTALLY IMPAIRED (75%)

| Appliances Detail | Quantity | Value | |
|---|--------------------------|------------|------------|
| TO OM 01 MSIED KIL- MULTI-SENSORY INTEGRATED EDUCATIN | 1 | 6900.00 | |
| Total | 1 | 6900.00 | x Ram |
| | निर्धारक चि Signature | of Medical | Carlo Expo |
| PART III | | C NGLI M | ag no-caro |

ति किया जाता हे की मेरी व्यक्तिमत जानकारी के अनुसार लाखार्थी / उसके पिता / उसके तरशक के मालिक आय व. 2500 (शब्दों में Two Thousand Five Hund

ified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees The Five Hundred only.)

a Health Officer नाधकारी ave Agency/ Dist. Authority

निर्धारक प्रधानायायं/हेड मास्टर/एस.एस. ए. प्रतिनिधि के इस Signature & Stamp of the Principal/Head Mast

EGHA प्रमाणित करता/करेती हूँ कि मैंने पिछले एक/तीन/दस+ वर्षी में झारत सरकार/राज्य लरकार वा जन्य लमाजिक योजना के अंतर्गत किसी गासकीय/अगासकीय/जन्य ल नहीं किया है। यदि मेरे द्वारी दी गई सुचनाएँ गलत पाई जाली हूँ तो मेरे उपर कानूनी कारवाही वा आपूर्ति किये गये उपरुकर एवं उपकरण की पूरी तागत झुनतान की

GHA certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years* from an ent/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of the appliances supplied, from me.

जिला अधिकृत अधिकारी / रलिस्को प्रतिनिधि Signed by - Dist Authority/ALIMCO Rep. लाझायीं / संरक्षक के हस्ताक्षर / जंगूठा निशानी (3 Signature/Thumb Impression of the Beneficiary/Guardian (In ca

उपकरण पावली RECEIPT OF APPLIANCES PART IV

EGHA प्रमाणित करता/करती हूँ कि आज दिलांक _____ मैंने बारत तरकार के ADIP-SPL (VIP) योजना के जंतमंत 1. TD 0M 01 उपकरण निजुल्क दिराय प्रन किया है।

जिला अधिकृत अधिकारी / एलिस्को पतिनिधि Date :.....

लाजायी । संरक्षक के हरूताकार तथा

Signed by - Dist Authority/ALIMCO Rep. Place : Signa

Signature&Thumb Impression of the Benefician

cability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categories - ज्यनतम र वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा १० वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

| ASSESSMENT ACKN | vowLEDG | EMENT SLI | P Camp Venue | CHC, CHIKHLI | |
|--|---------|--|--------------|------------------|--|
| 2016-17/NAVS46/T17/01530/ADIP-SPL (VIP) | | Date : 11/06/18 Age : 24 Sex : Female | | Mobile No. : +91 | |
| Disability | Remark | | Quantity | Value | |
| Appliances Detail TD 0M 01 MSLED KR MULTI-SENSORY INTEGRATED EDUCAT | | Total | 1 | 00.0000 100 0000 | |

| CONTRACT FOR ASSISTANCE TO D | ISABLED PERSON | 15 | | |
|--|--------------------------------|---|---|-------------------|
| | NOWLEDGEMENT SL पावली पर्चा | IP Camp Venue | VIVERANAND | SHAMANG |
| : 2016-17/NAVR5/T12/00979/ADIP-SPL (VIP) the Beneficiary : MEHUL | Date : 23/ | 08/16 | POOLJUNA | HANA MAYSAA |
| billity : 1. MENTALLY IMPAIRED (50%) Age : 16 Sex : Male | | | Mobile Ne | a.: +91-7585868 |
| | | | | 17 + 91-1 20,0000 |
| Appliances Detail | 10 and 1 | | | |
| TO OM 01 MSIED KIL- MULTI-SENSORY INTEGRATED EDUCAT | Remark | Quantity | Value | |
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| | Total | 1 | 4500.56 | P |
| 1.160 | | Counter Sice | The stars and | ants / viliant at |
| 2 photo 805 | a DC. | | ed by - Dist Aut | hority/ALIMCO |
| SUJARAT (Sistrict GUJARAT District जिला : N. District Type & No. : Aadhar Card (486369194438) | AVSARI | | | |
| | PARTI | | | |
| Disability : 1. MENTALLY IMPAIRED (50%) | | | | |
| And the second sec | | Quantity | Value | |
| Appliances Detail TO OM 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT | Tr | 1 | 4500.00 | |
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| 0 | | | of Medical O | |
| | PARTIII | 3958 (Carl 2011) | | |
| ति किया जाता है की की किस्तित कातवारी के जनुसार सामायी / उसके पिता tifled that to the server my knowledge, the monthly income o id Five Hundred only) जा/र ख़ल्म प्रतिक्षधंक्र अपिकारी संख | f the beneficiary/ father | / guardian of the | patient is Rs. (| (Rupees Two |
| - सहवोगी संस्था/अला अधिकत अधिकारी। " सुरक्षा अधिहारी | निर्यारक Signati | प्रधानाचार्य/हेड मास् ure & Stamp of | the Principali | Head Master A |
| EHUL certify that page not received similar Aid/Equipment e nent/Non Governing of arganization. In case the undertaking appliances supplied from me. | it and a sector paid | ired in the last of | nethree/ten vea | ers" from any |
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blicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categories ता : न्यनतम । वर्ष विशेष आवश्यकता वाले बच्चों के लिए तया । वर्ष उच्च कीमत उच्च काटि के उपकरणों के लिए

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| AND - 2016-17//AVXSJT17/61007/ADIP-SPL (V/P) Date:::::::::::::::::::::::::::::::::::: | e all | | | | |
| 2 Mor. : 2016-17/1/CAUSJIT17/CAUG7/ADIP-SPL (V/P) Date: 60/07/6 100 Januarity - MEXTALLY (MAARED (40%) Age: 20 Sex : Multi Sec 2 Age: 20 Sex : Multi Age: 20 Sex : Multi Sec 3 Age: 20 Sex : Multi Age: 20 Sex : Multi Sec 4 Age: 20 Sex : Multi Age: 20 Sex : Multi Sec 5 Total 1 Gaustaria Gaustaria 6 Age: 20 Sex : Multi Sec Sec Sec 6 Age: 20 Sex : Multi Sec Sec Sec 6 Counter Sterned to Counter Sterned to Sec Sec 7 Sec Sec Sec Sec Sec 7 Sec Sec Sec Sec Sec 8 COUARAI District Total 1 Sec 9 GOUARAI District Total 1 Sec 9 Counter Sterned to Sec Sec Sec Sec 9 Sec Sec Multi-Sec Sec Sec Sec 10 Sec < | T VI SARERE | MENT ACKNOW | | | |
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| PART III Set Add contended shared a second is anoth / sets from / sets from / sets from is anoth is another | | | | Signature | of Medical |
| Refer किया जला ह की मंग व्यक्तिन कार्यने के जनवर सकार्थ / उसके पिता / उसके परसक के मरीक आप क. 2000 (स्टंट) में ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | \cap | | | Signature | 011000 |
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| Autor stand diff. Autor stand diff. Autor and the stand stand Signature & Stamp of the Princip Signature & Stamp of the Princip Signature & Stamp of the Princip A MEHUL certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one-three diff. IMEHUL certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one-three diff. IMEHUL certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one-three diff. IMEHUL certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one-three diff. IMEHUL certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one-three diff. IMEHUL certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one-three diff. IMEHUL certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one-three diff. IMEHUL certify that I diff. Counter Signed by - Dist Authority/ALIMCO Rep. IMEHUL certify that today Imerce free free in MEHUL certify that today Imerce free free in MEHUL certify that today Imerce free free Imerce | प्रसाणित किया जाता ह का मंच व्यापान है। | income of the benefician | y/ father / gu | lardian of the | patient is Rs. |
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| ARRY - सहयोगी संस्थानिक अधिकार अधिकार Signature & Stamp of the Princes and one of the Action of the Princes of the second second of the Beneficiary MEHUL, certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten fit IMEHUL, certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten fit IMEHUL, certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten fit IMEHUL, certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten for overmentilion Government organization. In case the undertaking is found faise, I will be liable for legal action beside deard appliances supplied, from me. ECONT of Signed by - Dist Authority/ALIMCO Rep. Sugnature/Thumb Impression of the Beneficiary/f Counter Signed by - Dist Authority/ALIMCO Rep. # MEHUL certify that today I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Gov of cost of Rs. Nil & in a good working condition. ECONT Received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Gov of cost of Rs. Nil & in a good working condition. ECONT Received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Gov of cost of Rs. Nil & in a good working condition. | | | | | तालस तम. त. व |
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| র MEHUL আলির কলোকচেই ই ভি রঁর পিরুর হৈচনের্জে, বন্ধ বার বাই রা মই সদ মান্দী কালের যা স্বার্থ কিন মই সদে ব্যার্থ কিন মই সদে বার্থ কিন মই সদে মান্দী কালের বি কিন্তা হাই মই ব্যাট দের বাই কেনে হাই ব্যাট হাই মই ব্যাট বার বাই কেনে হাই ব্যাটে হাই মই হাই মই ব্যাটে হাই হাই মই ব্যাটে হাই মই হাই মই ব্যাটে হাই মহা মই ব্যাটে হাই মহা মই ব্যাটে হাই হাই মই হাই মই ব্যাটে হাই হাই মই হাই মই ব্যাটে হাই মহা মই ব্যাটে হাই হাই মই হাই মই ব্যাটে হাই মই ব্যাটে হাই মই ব্যাটে হাই মই ব্যাটে হাই মহা মই ব্যাটে হাই মই ব্যাটে হাই মহা মই ব্যাটে হাই মহা মহা মই ব্যাটে হাই মহা মই ব্যাটে হাই ব্যাটে হাই মহা মহা মই ব্যাটে হাই মহা মই ব্যাটে হাই মহা মই ব্যাটে হাই মহা মই ব্যাটে হাই মহা মহা মহা মই ব্যাটে হাই মহা | तातार - सहयोगी संस्थागजन्म आयवन्त आयवन्ति (Dist Author | ity | | and the second | - Conto and a later |
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| परीक्षण पावती No. : 2016-17/NAVR4/T8/00820/ADIP-SPL (VIP) e of the Beneficiary : MEHUU | पथा | | • : MATIYA PATIDA VIVEKANANO S POOLJUNA THI |
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| of Disability : 1 MENTALLY IMPAIRED (90%) | | | AND CITED THO, |
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MEHUL certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years' from mment/Non Government organization. In case the undertaking is found false. I will be liable for legal action beside recovery of and appliances supplied, from me.

| भाग खन्न मार्ग्स आधिश्वारी संख त - किल्लाइसम्बद्धक्रिका श्यिकिकधिताला | लाझायी / सरकाक के हस्ताकार / अगठा वि | 210 |
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| | करण पावती RECEIPT OF APPLIANCES | |
| में MEHUL रामाणित करता/करली हूँ कि जाज दिसाक | मैंज भारत जरबार के ADIP-SPL (VIP) कोजवा के क्रेस्ट्रीन 1. TD 0M 01 उपकरण जिला- | == / |
| | red 1. TD 9M 01 appliances under ADIP-SPL (VIP) scheme of GovL of Indi | - 4 |

विशेष आवश्यकता वाले बच्चों के लिए तथा ।॰ वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए त्रताः न्यनतम तव. ۲

| 813 | ASSESSMENT ACKNOW परीक्षण पाव | LEDGEMENT SI | LIP Camp Ver | | A PATIDAR ANAND SV JUNA THA |
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| : 2016-17/NAVR4/T8/00848/ADIP | -SPL (VIF) | Date : 22 | | a Mo | bile No : |
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| t filterer seraet it alle sinde southermore souther it | PARTIII | - | the second s | and the second se | |
| t किया जाता हे की मेरे व्यक्तिगत जानकारी के जनुसा led that to the best of my knowledge, the r Five Hundred gnly.) अञ्च प्रतिथि पित्र अधिकारी संख स्ट्रमॉन्स संस्था/ किसी प्रति अधिकारी Sig. by - Collaborative Agency/ Dist. A | monthly income of the bene authority | ficiary/ father / gua निर्धारक प्रधान Signature 8 | ardian of the p নাৰাৰ্য/টেৰ নাম্বৰ Stamp of th | atient is Rs. /एस.एस. ए. प्र | (Rupees) নিনিমি ৯ হ Head Mas |
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| OL SHAI certify that I have not received sint Non Government organization. In case opliances supplied, from me. | the undertaking is found fa | ree of cost/subsid lse, I will be liable | fized in the las | t one/three/te n beside reco | n years* fr |
| अञ्च प्रतिवर्षिङ अधिकारी सब | | | | | and " |
| Signed by - Dist Authority/ALIMCO Re | | umb Impression | ff / संरक्षक के ह of the Benef | स्तासर / जंगूठ iclary/Guard | त निशानी (अ dian (In ca |
| 3 | प्रकरण पावती RECEIPT (PART IV | OF APPLIANCE | S | | |
| HUL BHAI प्रमाणित करता/करती हूँ कि जाज दिलांक जे पापन किया है। | | DIP-SPL MP | n is sinks 1 | TD OM OT | |
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| D 818 KM ASSESSMENT / UTR | ACKNOWLEDGE रण पावती पर्च | MENT SLI | P Camp Venue | MATIYA PATIDAR VIVEKANAND SW POOLJUNA THA |
|--|------------------------------|----------------------------|---------------------------------------|--|
| o. : 2016-17/NAVR4/T8/00807/ADIP-SPL (VIP) of the Beneficiary : MILAN | | Date : 22/0 | | |
| f Disability : 1 MENTALLY IMPAIRED (85%) | | Age : 24 | Sex : Male | Mobile No. : |
| Appliances Detail | Remark | | Quantity | Value |
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| GUJARAT | 396445 NAVSARI | Mo \$-म | ाइल न. : bile No. ल : ail ID | |
| Disability : 1. MENTALLY IMPAIRED (75%) | PARTI | | | |
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| Appliances Detail | | | | |
| D OM 01 MSIED KIL- MULTI-SENSORY INTEGRATED EDUCAT | 74 | T | Quantity | |
| | | | 1 | 6900.00 |
| | | Total | 1 | 6900.00 |
| | | | Polo O.O. | |
| e किया जाता हे की मेरी ज्वकितगत जानकारी के जनुसार नामायी / उसके पिता / ed that to the best of my knowledge, the monthly income of t Five Hundred only) | ARTI | | | EUCAL Official of |
| ed that to the best of my knowledge, the monthly income of the first of the sector only income of the sector only income of the sector of the | / उसके सरक्षक के मालि | W HTH X 2 | | Aline |
| Five Hundred only.) Five Hundred only income of t | the basse | - July 6, 3 | 500 (1727 x Thr | ee Thousand Five Hu |
| N online and statistic and the | নির্ঘা Sign | रक प्रधानावा ature & St | र्य/हेड मास्टर/एस.ए amp of the Pri | स. ए. प्रतिनिधि के हर incipal/Head Mast |
| ना अधिकृत अधिकारी / एतिस्को प्रतिनिधि med by - Dist Authority (तनिषि | | | | as recovery of the fu |
| A A A A A A A A A A A A A A A A A A A | | | | and a state of the |
| Signati | re/Thumb Impre | लाजायी । स | रशक के हल्लाकार | / अंग्ठा निकाली (अवर /Guardian (In case |
| प्रमाणित करता/करती हूँ कि आज दिनांक करता/करती हूँ कि आज दिनांक करता/करती हूँ कि आज दिनांक करता/करती हूँ कि आज | IPT OF APPLIA | NCER | ne Beneficiary | /Guardian (In case |
| LAN cartify there a star 12 माख | RTIV | UTCES | | |
| Nij & in a good working I received 1. TO one of | WIP-SPL (VIP) योजन | र के अंतर्गत | TO OM OT THE | रण जि गुरुक /रिवावली दर |
| appli appli | ances under ADIP. | SPL (VIP) | chame of C | रण जि सुरूक गिरवायली दर |
| LAN certify that today I received 1. TO 0M 01 appli NJ & in a good working condition. | | | Gove of Gove | of India at subsidiz |
| ाधकृत अधिकारी / एजिस्को प्रतिनिधि Date : | | | 6 | |
| Minimum 1 year for CWSN g to | Signature | 8 Thursday | नामायाँ । संरक्षक | के हस्तावार तया अंग्ठा |
| ा तम विशेष आवश्यकता वाले बच्चों के for High Cost | High Value and | ainumbh | mpression of | के हस्ताक्षर तथा अंग्ठा the Beneficiar |
| Minimum 1 year for CWSN & 10 years for High Cost र र उमे विशेष आवश्यकता वाले बच्चों के लिए तथा र॰ वर्ष | उच्च कीमत उच्च | nree year कोटि के उ | s for all others पकरणों के जिन | Ca*- |
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| | | | | Smt Z.H. Shal |
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ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue : MATIYA PATIDA परीक्षण पावती पची

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VIVEKANAND S POOLJUNA TH

IIP No. : 2016-17/NAVR5/T8/00965/ADIP-SPL (VIP) ame of the Beneficiary : MILAN

-

Age : 12

Date : 23/08/16 Sex : Male

Mobile No.

pe of Disability . 1. MENTALLY IMPAIRED (75%)

| No | Appliances Detail | Remark | Quantity [| Value |
|-------|--|--------|------------|---|
| LIND. | TO OM OI MSIED KIL - MULTI-SENSORY INTEGRATED EDUCAT | | 1 | 4500.00 |
| -1-1 | TD OM OT MSIED RE MOLTISERSONT RECEIVED | To | 1 | 4500.00 |
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| a ite | :GUJARAT | Pin Code जिला District | :NAVSARI | |
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| रान पत्र और न. Card Type & No. | Ration Card (12500101010) | 6019) | | |

De of Disability : 1. MENTALLY IMPAIRED (75%)

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| 10. | TD OM 01 MSIED KIL- MULTI-SENSORY INTEGRATED EDUCATI | | | 1 | 4500.00 | |
| 1000 | TO ON OT MOLED RACE MOLTPOLICOTA AND CONTRACTOR | | Total | 1 | 4500.00 | |
| - | | The second | | निर्धारक चि | कित्सा अधिकारी/प | स्त |

Signature of Medical Office

PART III

PART II

प्रसाणित किया जाता हे की मेरी व्यक्तिमत जानकारी के जन्मार जामायी / उसके पिता / उसके सरक्षक के माहिक आय व. 4500 (सब्दी में Four Thousand Fiv

Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rup ousand Five Hundred only.)

બાળ લગ્ન પ્રતિબધંક અધિકારી સહ

ताकर - सहयोगी संस्वातिता अधिकत अधिकारी अस्त्वा सभाष सुरक्षा अधिशरी unter Sig. by - Collaborative Agency/ Dist. Authority -1

निर्धारक प्रधानावाय/हेड मास्टर/एस.एस. ए. प्रतिनिर्ग Signature & Stamp of the Principal/Head

में MILAN प्रमाणित करता/करती हूँ कि मैंने पिछले एक/तीन/दस+ वर्षी में प्रारत सरकार/राज्य तरकार या जन्य समाजिक योजना के अंतर्गत किसी धासकीय/अशासकीय मरण याप्त नहीं किया है। यदि जेरे द्वोग दी गई गुवनगर्ग तानत पाई जाती है तो बेरे उपर कानूनी कारवाड़ी या आपूर्ति किये गये उपरकर एवं उपकरण थी पूरी सामत अप अञ्च प्रातलय ५ आ च आर! सम 8

I MILAN certify that I have not received similar Ald Equipment either free of cost/subsidized in the last one/three/ten years' fro

| s and appliances supplied, from me. | se the undertaking is found raise | , I will be liable for legal action beside recovery |
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| por | | |
| unter Signed by - Dist Authority/ALIMCO | Rep. Signature/Thun | लाआयीं / संरक्षक के हस्ताझर / अंग्वा नि nb Impression of the Beneficiary/Guardian |
| untor signed by statication, general | उपकरण पावली RECEIPT OF | |
| | PART IV | and the second se |
| में MILAN प्रमाणित काता/काती हूँ कि जान दिसांक | | (VIP) योजना के जंतर्गत 1. TD 0M 01 उपकरण निशुल्क |
| I MILAN certify that today | received 1. TD 0M 01 appliances u | inder ADIP-SPL (VIP) scheme of Govt. of India |
| cost of Rs. Nil & in a good working condition. | | |
| तवार - जिला अधिकृत अधिकारी / एलिमको प्रतिनिधि | Date : | लाझावीं / संरक्षक के हस्ताव |
| ounter Signed by - Dist Authority/ALIMCO | Reo. Place : | Signature&Thumb Impression of the Ber |
| | | |
| Applicability: Minimum 1 year for CWSN ह पात्रता : न्यनतम १ वर्ष विशेष आवश्यकता वाल | & 10 years for High Cost High ते बच्चों के लिए तया १० वर्ष उच्च | Value and three years for all others catego कॉमत उच्च कोटि के उपकरणों के लिए |
| | | Prescribing Medical Officer/Rehab Expert |
| | | 151 |

ticket and during the journey, if demanded.

4) No alteration in this form is permitted !

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- 70 ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue : COTTAGE HOS परीक्षण पावली पची

Disability 1 MENTALLY IMPAIRED (40%)

Date : 10/06/16 Age : 13

Sex : Male

and the second second

Mobile No.

Appliances Detail TO OM 01 MSIED KIL- MULTI-SENSORY INTEGRATED EDUCAT Remark Quantity Value 1 6900.00 1 6900.00 seamer - Shan affitien affitte Counter Signed by - Dist Author Total

| . OUVAIN | CALIFICA | | | | |
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| पत्र और लं. | | | | | |
| Type & No. : Other (NA) | PART II | | Constant in | | - |
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| f Disability : 1. MENTALLY IMPAIRED (40%) | | | Quantity | Válue | |
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| TD 0M 01 MSIED Kit - MULTI-SENSORY INTER | GRATED EDUCATI | Total | 1 | 0344044 | |
| TO OM UT MISIED IN MUSIE | | | निर्धारक चि | किल्सा अविद्वीरीय | ON L |
| | | | Signature | of Medical Of | 0 |
| | PART III | TE COLORIS COLOR | and the second second | | |
| ertified that to the basis in my knowledge by and only.) At - and and a statistical statistical and and only.) At - and and a statistical statistical statistical of the statistical sta | a सामापी / उसके पिता / उसके सरसक व ponthly income of the beneficia Authority के एक/तीज/दस- वर्षी में झाला सरकार/राज्य तसन पाई जानी है नो मेरे उपर कान्ही के d similar Aid/Equipment either f e the undertaking is found fals | free of cost/si and limpress | ardian of the Instantics मास & Stamp of ब समाजिक बोजमा किवे गये उपस्कर ubsidized in th ble for legal ac | रर/एत.एस. ए. प्रति the Principal/H के उत्तर्गत किती सा एवं उपकरण की पूरी ne last one/three tion beside reco | No Za La Da |
| unter Signed by - Dist Authority/ALIMCO | BECEIPT C | F APPLIAN | ICES | | |
| | उपकरण पावला मट PART IV | ADIR SPL (VI | P) बोजना के अंतर | tar 1. TO OM OT | 3 |
| में MILAN KUMAR प्रमाणित करता/करती हूं कि आज है तो MILAN KUMAR certify that today ubsidized/free of cost of Rs. Nil & in a good wo स्तावत - जिला अधिकृत अधिकारी / प्रक्रिको प्रतिनिधि counter Signed by - Dist Authority/ALIMCO Applicability: Minimum 1 year for CWSN पात्रता : ज्यलतम र वर्ष विशेष आवश्यकता ज | rking condition. | X Signatur | er ADIP-SPL (| आर्थी / संरक्षक के pression of th | 1 |
| Pitzen an Data | Filed Preso | presence | any satisfied we | | |
| by CamScanner | | | | | |

| COMPACT ACKNOWLED | T | | POOLJUIU | - |
|--|------------------------------|--|---------------------------------------|---------------------------|
| ASSESSMENT ACKNOWLED | 141 | | Mobile No. | 1: +91 |
| 400 61 | Date: 230 | Sex : Female | MODING | |
| 2016-17/NAVR5/T12/00864/ADIP-SPL (VIP) 2016-17/NAVR5/T12/00864/ADIP-SPL (VIP) | Age : 17 | | | |
| 17/01/01/R5/T12/00864/ADIP-ST | | | Value | 1 |
| 2016-17/NAVRO/ MIMAL the Beneficiary : MIMAL MENTALLY IMPAIRED (75%) | | Quantity | 4500.00 | 1 |
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| Appliances Detail | Total | 1 | | Climit . |
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| D OM 01 MSIED Kit - MULTI-OL | | Counter | | |
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| Pin Code | | | | |
| Per NIAVSARI | | | | |
| :GUJARAT District | | | | |
| A | | | | |
| No. : Aadhar Card (289033669911) | | | | |
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| lity : 1. MENTALLY IMPAIRED (75%) | | | | 1 |
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| nces Detall and HIRARE HARARE HEATE | | Quantity | 4500.00 | 5 |
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| MARCONAL AND BED TO LET | Total | 1 4 | 500.009 | Ens |
| 7-1011 | | निर्धारक चिकित्स | त अधिकारी/पुनवार | न- गवरा |
| | | Signature of M | ledical Office | r / He |
| PART III | | | | |
| PART III 1 जाता हे की मेरी व्यक्तिगत जानकारी के जनुसार जालायों / उसके पिता / उसके संरक्षक वे | দ মারিক পার ব | 3500 (शब्दी में Thr | ee Thocsand Fiv | o Hur |
| hat to the best of my knowledge, the monthly income of the beneficia Hundred only.) | ury/ father / gua | ardian of the patie ताचार्य/हेड मास्टर/एस & Stamp of the P | र जज्ज ज. प्रतिनिधि | र के ह |
| by - Collaborative Agency/ Dist. Authority | Signature | a Stamp of anot | | र जन्म |
| by - Collaborative Agency/ Dist Authonity प्रताणित करता/करती हूं कि मैंने विद्यमें एकालीम/दतः वर्षी में झारत सरकार/राज्य सरकार क किया है। यदि मेरे द्वांग दी नई त्यमारे नजत पाई जाती है तो मेरे उपर कान्त्री कारवाही Certify that I have not received similar Ald/Equipment either free of co lon Government organization. In case the undertaking is found false lances supplied, from me. | st/subsidized | the lost another | ee/ten years* fro peside recovery | om an of the चानी (|
| ned by - Dist Authority/ALIMCO Rep. Signature/Thun उपकरण पावती RECEIPT OF | APPLIANC | ES | and the second | |
| START TIAN RECEIPT OF | 701 20 010 | | | - 0 |
| ADIP-SPI | L (VIP) बोजना के | अंतर्गत 1. TD OM | 01 उपकरण जिल्हुल्क | : तरबाः |
| PART IV L प्रमाणित करता/करती हूँ कि आज दिसांक | | | f Govt, of India | at su |
| MMAL certify that today | under ADIP-SP | L (VIP) actioning o | 324m | |
| Nij & In a good working condition. | _ | | | |
| બાળ લગ્ન પ્રતિબધંક અધિકારી સહ | and the second | and the filles | | |
| ેલ્લાન્સ આયુલરા સુહ | | | | |
| उप्टता समाज सुरका अपिशही Data: | State State State | | संरक्षक के हरूता | कार ता |
| त अधिकृत अधिकृती, गुलिमको प्रतिनिधि Date : | | | | |
| and by Diet Authority/ALIMCO Rep. Place : | Signature8 | Thumb Impress | non of the Be | none |
| ollity: Minimum 1 year for CWSN & 10 years for High Cost High जनतम । वर्ष विशेष आवश्यकता वाले बच्चा के लिए तथा १० वर्ष उच्च | n Value and ध च कीमत उच्च | area years for a काटि के उपकरणो | l others categ | jories |

| | | 2 | And A summer of | | |
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| 837 ASSESSMENT ACK | NOWLEDGEME पावती पर्ची | NT SLIP | Camp Venue | CHC,KHER | GAN |
|---|---------------------------|------------|--|-------------------------------------|-------------|
| of the Beneficiary : MITAL | पावला पंचा Da | to : 08/06 | /16 | | |
| Disability : 1. MENTALLY IMPAIRED (55%) | Ag | je:12 | Sex : Male | Mobile | No. |
| Appliances Detail | | | | | |
| TD OM 01 MSIED KI - MULTI-SENSORY INTEGRATED EDUCAT | Remark | | Quantity | Valuet | - |
| THE MOLTI-SENSORY INTEGRATED EDUCAT | | | 1 | 6900.00 | |
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| | | | Counter Sign | - जिला अधिकृत ned by - Dist A | alta uth |
| पत्र और नं. d Type & No. : Other (na) | VSARI PART II | | | | |
| Disability : 1. MENTALLY IMPAIRED (55%) | | | | | |
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| ertified that to the best of me knowledge are marel / sak fan / and Five Hundred og 4431 | he beneficiary/ fa | ther / gua | ardian of the p | atient is Rs. (/তম.তম. ত. দ্বনি | Rup |
| ter Sig. by - Collaborative Agency/ Dist Authority MITAL प्रमाणित करता/करती हूँ कि मैंने पिछले एक/तीन/दल वर्षों में झारत सरकार/ प्राप्त नहीं किया है। वदि मेरे द्वारा दी नई नुपनाएँ मलत पाई जाती है तो मेरे उपर | | जनातिक व | Stamp of th रेजना के अंतर्मत वि ये उपस्कर पर्व उपा | हसी शासकीय/जन्म | मकीर |

MITAL certify that I have not received similar Ald/Equipment either free of cost/subsidized in the last one/three/ten years* from ment/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery and appliances supplied, from me.

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| R - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि ster Signed by - Dist Authority/ALIMCO Rep. | Signature/Thur | लाझायौँ / संरक्षक के हस्ताक्षर / अंग्ठा नि nb Impression of the Beneficiary/Guardian |
| उपक | रण पावली RECEIPT OF PART IV | |
| में MITAL प्रसाणित करता/करती हूँ कि जाज दिसांक | मेंने सारत सरकार के ADIP-SPL | (VIP) बोजना के जलगंत 1. TO OM 01 उपकरण जि गुल्क |
| I MITAL certify that today | 1 <u>TD 0M 01</u> appllances (| Inder ADIP-SPL (VIP) scheme of Govt. of India a |
| तर - जिला अधिकृत अधिकारी / प्रतिम्को प्रतिनिधि | Date : | लाझाची / संरक्षक के हस्ताव |
| nter Signed by - Dist Authority/ALIMCO Rep. | | Signature&Thumb Impression of the Ber |
| pplicability: Minimum 1 year for CWSN & 10 ye त्रता : न्यनतम १ वर्ष विशेष आवश्यकता वाले बच्चा | ars for High Cost High के लिए तया १० वर्ष उटर | Value and three years for all others categor की मत उच्च कोटि के उपकरणों के लिए |

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Part III Date

| 840 - | ASSESSMENT AG | CKNOWLEDGE ण पावती पर | EMENT SLI | P Camp Vens | VIVEKAN | PATIDAR VADIN AND SWIMMING NA THANA MAY |
|---|--|---|-----------------|--|----------------------------------|---|
| ANTESH KUMA | SPL (VIP) | | Date : 22/0 | 8/16 Sex : Male | Mohi | le No.: +91-922 |
| T MEN ALLY IMPAIRED (75% | A REAL PROPERTY AND A REAL | | 190.10 | | | 10.1. 19 32. |
| Constant | | Remark | 1 | Quantity | Value | |
| MANAGED A - MULTI SENSORY I | NTEGRATED EDUC | TAT | | 1 | 4500.00 | |
| | | | Total | 1 | 4500.00 | |
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| Walds | 4 | | | YE | | 0 |
| NAVSARI | যিনকার মান Code | :396436 | | Email ID | | |
| | Pir Code जिला | :NAVSARI | | | | |
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| ype & No. : Other (school) | | | | | | |
| | | PARTI | | 22.617.527 | | |
| ANT IN TALLY IMPAIRED (| 75%) | | | | | |
| | | No. C. S. S. C. | | | | |
| es Detail | | NO NTH | | Quant | | alue |
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| | ने पिछले एक/तीन/दल• | वची में जारत सरकार | राज्य सरकार या | अन्य समाजिक | योजना के जंतर्गत | किसी धासकीयाउच |
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I Mill certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one overnment/Non Government organization. In case the undertaking is found faise, I will be liable for legal and appliances supplied, from me.

| ताकर - जिला अधिकृत अधिकारि । गरितानो प्रतिनिधि | Signature/Thum | लाआयीं / संरक्षक के हस्ताकर / अय |
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taking is found take, I will be liable for legal action beside recovery of t No. O M. Churk s supplied, from

| Signed by - Dist Authority/ALIMCO Rep. | जामाची / सरका के इस्लावर / अन्द्रा जिसकी Signature/Thumb Impression of the Beneficiary/Guardian (In |
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| | for High Cost High Value and three years for all others categories जेग तथा १॰ वर्ष उच्च कीमत उच्च कोट के उपकरणों के जिग |
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10. ARIF प्रमाणित कपता/कारती हूँ कि मैंने पिछले एक/तीम/दस॰ वर्षों में मारत सरकार/राज्य सरकार या अभ्य समाजिक योजना के अतमेत किसी भासकीय/अभासकीय जप्त नहीं किया है। यदि मेरे द्वारा दी गई सुप्रसार्प मानत पाई जाती है तो मेरे उपर कानूनी कारवाही या आपूर्ति किये गये उपरकर एवं उपकरण की पूरी जागत मुगता

nere D. ARIF certify that I have not received similar All Seuipment either free of cost/subsidized in the last one/three/ten years' fro nt/Non Government organization in date the Undertaking is found false, I will be liable for legal action beside recovery of the appliances supplied from me. Angel 200011 21 21 2 2012 20 202121. लाआयीं / सरक्षक के हस्ताकार / अंगुठा जिल् जेला अधिकृत अधिकारी । एतिम्को प्रतिनिधि Signature/Thumb Impression of the Beneficiary/Guz-Signed by - Dist Authority/ALIMCO Rep. उपकरण पावली RECEIPT OF APPLIANCES PARTIV ये जाटन किया है। MOHD. ARIF certify that today _____ I received 1. TD 0M 01 appliances --Wfree of cost of Rs. Nil & in a good working condition. वसा अधिकृत अभिकारी / सनिष्ट्रा कुलिवाकि विक Signed by - Dist Authority/AL ----WE received the the law store years (cr bility: Minimum * and of Gold of her and the sound of y other sound न्यनतम १ MINUT INTRIN BORNER STORE STORE (N Signature/Trumb Empression of D नाए अधिवारी/एमिव्वी प्रतितिधि Beneficiary/Guandien (In case of Mil Signature - Dist Authonity/ALIMCO Rep वेरे जाग विकल्तीन को दिया लवा उपरोपन जिपारित उपकाल जीव का दिया गया है। वे पुर्णलय ले हा निए तंतुव्द (एव राज्यो केवेरे लावचे प्रसासन/अंगुडर दिशाजी (घाल १८ वर) किये हैं। 10. impon given above and I fully sal I have checked the uppliance given to the disabled as of Lorenemice fitment and the signature thumb impression (in part III) a strange (Carl B 1 CUID

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POOLJUNA T

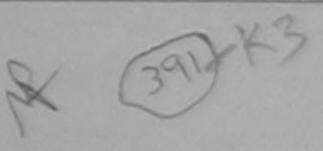
Mobile No

No.: 2016-17/NAVR4/T12/00721/ADIP-SPL (VIP) e of the Beneficiary : KETAN KUMAR of Disability : 1. MENTALLY IMPAIRED (50%)

Date : 22/08/10

Age: 9 Sex: Male

| Appliances Detail | Remark | | Quantity | Value |
|---|--------|-------|----------|--|
| TD 0M 01 MSIED KIL- MULTI-SENSORY INTEGRATED EDUCAT | | | 1 | 4500 00 |
| | | Total | 1 | 4500.00 |
| | | | | - fitter selfager a ned by - Dist A |



| | | | PARTI | | |
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| र और नं. ype & No. | :GUJARAT : Other (NA) | জিলা District | :NAVSARI | | |
| াসাঁৱ n/Village | :NAVSARI | বিনকার Pin Code | :396310 | Mobile No. \$-파리 Email ID | : |

isability : 1. MENTALLY IMPAIRED (50%)

| opliances Detail | | |
|--|--------------------------|---|
| OM 01 MSIED KIL- MULTI-SENSORY INTEGRATED EDUCATIN | Quantity | Value |
| CONTRACTOR DEDUCATION | 1 | 4500.00 |
| Total | 1 | 4500.00 khiler |
| | निर्धारक वि Signature | कित्सा अधिकारी/पुनवीस of Medical Officer |
| किया जाता है की मंग्रे व्यक्तिगत जानकारी के जनुसार लामायी / उसके पिता / उसके सरसक के मासिक आय व of that to the meeter dev logended of | | ALINCE |
| id that to the performed knowledge, the monthly income of the base | 3500 (যন্ত্রা স | Three Thousand Five |
| d that to the hear of the knowledge, the monthly income of the beneficiary/father / gu | ardian of the p | atient is Rs. (Rupees |
| 9. by - Colfadorative Agency/ Dist Authority | नाचार्य।हेड मास्टर | /एस.एस. ए. प्रतिनिधि वे |

| Non Government organization. In case the under liances supplied; from me. | Aid/Equipment either free of cost/subsidized in the last one/three/ten years ertaking is found false, I will be liable for legal action beside recovery of th |
|---|---|
| 10 खञ्न प्रतिजय अधियनी य | |
| ned by - Dist Authority/ALIMCO Rep. | लामार्थी / संरक्षक के हस्लावर / अग्ठा निशानी (|
| उपकरण प | Signature/Thumb Impression of the Beneficiary Guardian (In or Tarit RECEIPT OF APPLIANCES PART IV |
| N KUMAR semilita acautacilit & lis and litera # crear filter #: ETAN KUMAR certify that today | अंग्रे आरत सरकार & ADIP-SPL (VIP) योजना के जल्मेत 1. TO OM 01 उपकरण जिल् ived <u>1. TD OM 01</u> appliances under ADIP-SPL (VIP) scheme of Govt. of Ind on. |
| Place Dist Authority/ALIMCO Rep. Place | : |
| ity: Minimum 1 year for CWSN & 10 years for नतम र वर्ष विशेष आवश्यकता वाले बच्चों के जि | Signature&Thumb Impression of the Beneficia or High Cost High Value and three years for all others categories ए तथा to वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए |
| | र तथा १० वर्ष उच्च कामत उच्च कोटि के उपकरणों के लिए |
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जरादाण नावता नजा

POOLJUNA TH

| 0. : 2016-17/NAVR5/TTT/01211/ADIP-SPL (VIP) | | Date : 23/08/ Age : 8 | Sex : Famale | Mobile No. |
|--|--|--|--------------------------|---|
| o. : 2016-17/NAVR5/T17/01211/ADIP-SPL (VIP) of the Beneficiary : JIYA | | Agers | | |
| f Disability 1 MENTALLY IMPAIRED (50%) | | | | |
| | IRemark | | Quantity] | Value |
| Appliances Detail | and the second s | | | 4500.00 |
| TO OM OT MSIED KIL - MULTI-SENSORY INTEGRATED EDUC | | Total | 1 | 4500.00 |
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| :GUJARAT District | NAVSARI | | | |
| पत्र और तं | | | | |
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| | PARTI | | and a state of the | |
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| of Disability : 1. MENTALLY IMPAIRED (50%) | | | | |
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| | | | anter as | हत्सा अधिकारी/पुन |
| | | | | |
| | | and the second | Signature o | of Medical Offi |
| | PART III | | and the second | |
| माणित किया जाता हे की मेरी व्यक्तियत जन्तकारी के अनुसार माझायी / उसके पि | ता / उसके सरकक | के मासिक आय क | 2000 (शब्दों में | Two Thousand # |
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| ertified that to the best of my knowledge, the monthly income | of the benefici | ary/father/gu | ardian of the p | atient is as. (At |
| and only.) | | | | |

तर - सहयोगी संस्थाजिला अधिकृत अधिकारी

निर्धारक प्रधानावार्य/हेड मास्टर/एस.एस. ए. प्रतिति Signature & Stamp of the Principal/He

nter Sig. by - Collaborative Agency, Dist. Authority में JIYA (कार्किस्रोजेरेक) किसी के स्वानि का कार्यमार्ट्स कार्य सरकार या अन्य समाजिक योजना के जतर्गत किसी शासकीय/जनासकी में JIYA (कार्किस्रोजेरेक) किसी के स्वानि के स्वानिस कार्य सरकार/राज्य सरकार या अन्य समाजिक योजना के जतर्गत किसी शासकीय/जनासकी नहीं किया है। जिन्दी समाज प्रात्म के जिन्दी कार्यों में सारत सरकार/राज्य सरकार या आन्य समाजिक योजना के जतर्गत किसी शासकीय/जनासकी नहीं किया है। जिन्दी समाज के जाने हे तो मेरे उपर कान्नी कारवाही या आपूर्ति किये गये उपरकर एव उपकरण की पूरी नामत मुनातान

I JIYA certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years' fro

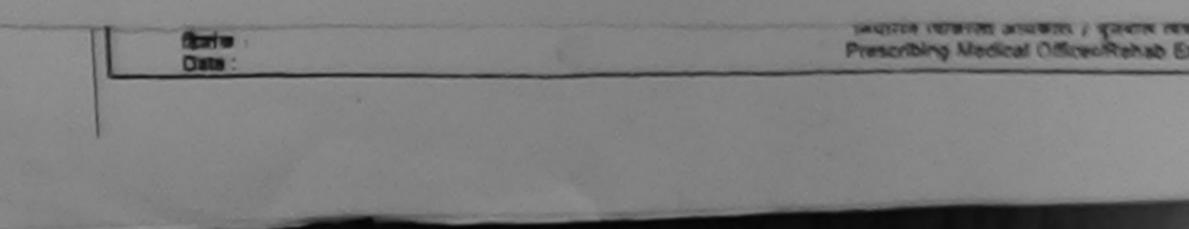
| and appliances supplied, from me. | taking is found taise, I will be liable for | legar decisit et al. |
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| तर - जिला अधिकृत अधिकारी । प्रतिम्को प्रतिनिधि | লামার্যা / | सरक्षक के हस्ताक्षर । जग्ठा |
| nter Signed by - Dist Authority/ALIMCO Rep. | Signature/Thumb Impression of | f the Beneficiary/Guardi |
| जाण लञ्ज प्रातलवड आविडारी सडफकरण पा | ad RECEIPT OF APPLIANCES | |
| में अपने महत्वा के कि जान दिनाक मही मेरे बार | PART IV त सरकार के ADIP-SPL (VIP) योजना के अलगेल | 1 TO OM 01 TURIO D 8100 |
| में JIYA वमाणित करता/करती हे कि जाज दिनाक मन मारत में पाच्य किया है। नी दिसदी. | | |
| 1 JIYA certify that today | 0M 01 appliances under ADIP-SPL (VIP) | scheme of Govt. of India |
| t of Rs. Nil & in a good working condition. | | 7 |
| | The second s | and the second |
| ~ | | |
| कर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि Date | 2 million and a second se | ताआयी । संरक्षक के हरु |
| Inter Signed by - Dist Authority/ALIMCO Rep. Plac | | mb Impression of the B |
| | | years for all others cate |
| pplicability: Minimum 1 year for CWSN & 10 years f | नेए तया १० वर्ष उच्च कीमत उच्च कोटि | के उपकरणों के लिए |
| ઉપલ્લા સમાજ સુરવા આવિકારી | | |
| નવસારી. | | |
| a curca. | | |
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| | and the second | |

| परीक्षण पावती प | वची | | POOLJUNA T |
|--|---------------------------|-----------------|------------------------------------|
| No. : 2016-17/NAVR3/T17/00488/ADIP-SPL (VIP) | Date : 21/08/1 Age : 9 | 9 Sex : Male | Modella No |
| Atha Panalician Allancari | | | |
| of Disability T MENTALLY IMPROVED (1510) | | Juantity 1 | Value |
| Appliances Detail | | 1 | 4500.00 |
| TD OM 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT | Total | 1 | 4559,90 |
| <u>L'incente</u> | | Counter Sig | ned by - Dist As |
| िट्टी (25) (396430 Pin Code जिला District Card Type & No. : Ration Card (1025913128) | | iir ID | |
| PART II | 1 242 | रहारे हेम्प | નાં સ્થળે |
| e of Disability : 1. MENTALLY IMPAIRED (75%) | | ર કરેલ આ | |
| | | Quantity | Value |
| IO. Appliances Detail 1 TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI | | 1 | 4500.00 |
| | Total | 1 | 4500.00 |
| | | | वेकित्सा जापिकारी। of Medical O |
| PART III | | | |
| प्रमाणित किया जाता है की मंदी व्यक्तिगत जानकारी के जनुसार नामायी / उसके पिता / उसके संस Certified that to the best of my knowledge, the monthly income of the bene usand Eight Hundred only.) ताहार - सहयोगी संस्था/जिला अधिकृत अधिकारी | ficiary/ father / gu | ardian of the | patient is Rs. |
| unter Sig. by - Collaborative Agency/ Dist. Authority | | | the Principal/h |

में JIGNESH प्रमाणित काता/काली हूँ कि मैंने पिछाने एक/तीन/दस॰ वर्षों में मारत सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतमत किसा शासकाय/उ काण पाप्त नहीं किया है। यदि भेरे द्वारा दी गई सूचनाएँ गलत पाई जाती है तो मेरे उपर कानूनी कारवाही या आपूर्ति किये गये उपस्कर एव उपकरण की पूरी नाम्त त

I JIGNESH certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten yes

| s and appliances suproper from me. | | |
|---|-------------------------------|---|
| DR. PRAMOD BALUBHAI FATEL | | |
| unter Signed TEDI Dist Aufforte /ALIMCO Rep. | Signature/Thu | लाप्रायीं । संरक्षक के हस्ताक्षर । अंग्ठा mb Impression of the Beneficiary/Guard |
| 1 montest | रण पावती RECEIPT O PART IV | |
| ਸੀ JIGNESH प्रसाणित करता/काती हूँ कि आज दिसक मान में जावन किया है। I JIGNESH certify that today | ived 1. TD 0M 01 applianc | |
| DB. PRAMOD BALUBHAI PATEL | Date : | लाझायीं / संरक्षक के हर |
| ounter Signed by - Dist Authority ALIMCO Rep. | Place : | Signature&Thumb Impression of the E |



| | - | परीक्षण पावली | | | VIVEKANANO S POOLJUNA TH |
|--|---|--|--|--|---|
| No. : 2016-17/NAVR3/T8/0 ne of the Beneficiary : JIG | AR | P) | Date : 21/ Age : 10 | | Mobile No. |
| of Disability : 1. MENTALLY IN | APAIRED (50%) | | | | |
| o. Appliances Detail | | Rema | rk | Quantity] | Value |
| 1 TD OM 01 MSIED KR - MUL | TI-SENSORY INTEGRAT | ED EDUCAT | | 1 | 4500.00 |
| | | | Total | 1 | 4500.00 |
| | | | | | - Does affirmer affit |
| (| 345 14 | | | | |
| ress | 4 GEVAN GANG AF | P. UDHNA SURA | 1. Tom: - | cegory गइल ने. | |
| कस्बा/गांव Town/Village GUJARAT न पत्र और नं. | पिनको Pin C जिला Distric | s :396436 | Mo g-z | bile No. | 91-9825174981 |
| ard Type & No. : Aadhar Card | (613519564761) | | | | |
| | | PARTI | | | |
| of Disability : 1. MENTALLY IM | PAIRED (50%) | | | | |
| Appliances Detail | | and the second | | | |
| TD OM 01 MSIED KR - MULTI-S | ENSORY INTEGRATED | EDUCAT | and the second sec | Quantity | Value |
| | CONTRACT CONVERCE | EDUCATI | Same Section | 1 | 4500.00 |
| | | | Total | 1 | the second se |
| | | | | | 4500.00 |
| | | | | निर्धारक विकि | त्सा अधिकारी/प्नर्वात |
| | | DADTI | | Signature of | Medical Office |
| ाणित किया जाता है की मेरी व्यक्तिगत ज | TRATA & STORE | PART III | | | |
| গাঁথীৰ কিয়া আৰা টু ক্ষী সঁহী আৰিবসৰ অ artified that to the best of my kno ind Five Hundred only.) | in violage, the monthly in | come of the beneficia | क माहिक आय क. ary/ father / gua | 4500 (한편) 국 Fo | our Thousand Five |
| | | | | | |
| - सहयोगी संस्था/जिला अधिकत अपि er Sig, by - Collaborative Age | ncy/ Dist Authority | રવા આવકારા ન | निर्धारक प्रधान | वार्य।हेड मास्टर/एस | .एस. ए. प्रतिनिधि । |
| यण्ल नहीं किया है। यदि मेरे द्वोरा ही नई | रखन एक/तीन/दत्त+ वर्षी में जा न्यनार्थे गलत पाई जाती है तो | त सरकार/राज्य सरकार या मेरे जपर कानूनी कारवाही | जन्य समाजिक बांव या आपूर्ति किये गर्य | जा के अंतर्गत किसी | rincipal/Head N |
| GAR certify that I have not receivent/Non Government organizated appliances supplied, from me. | ved similar Ald/Equipm tion. In case the undert | ent either free of cos aking is found false, | Usubsidized in I will be liable fo | the last one/three or legal action be | elten years' from a |
| जिला अधिकृत अधिकारी / एतिम्को Signed by - Dist Authority/A | आण खर्जेन प्रतिअध प्रतिनिद्ध स्था स्था अ | is અધિકારી સ હ રલા અધિકારી | | 1 2 | E. |
| | CLINICO Rep. dan | fignature/Thumk | b Impression o | of the Beneficia | सर / जगुठा निशानी rv/Guardian (In |
| IGAR VERSTE ATTENDE & C | उपकरण पाव | | APPLIANCES | | Y |
| IGAR WITTER ATTINGT & I STAT | देताक | WEATE & ADIP-SPL (V | (IP) कोजरत के संजय | T L TD ON OL | |
| I JIGAR contify that today | I received 1. TD (| M 01 appliances und | der ADIP-SPL (V | IP) scheme of Ge | ovt of India at an |
| | 2 | | | 7 | and the second |
| आण खञ्न प्रतिज जिला अधिकृत अभिकृति भ्रमिन्द्रिभु Signed by - Dist Authority/A | रंड अधिडारी सह सबितिया कि अधितत | | | 0 | |
| Signed by - Dist Authority | LIMCO Rep. Place | | | लामाची । संरा | धक के हस्ताकर तया |
| ability: Minimum 1 year for C | WSN & 10 years for | Si Si | ignature&Thur | nb Impression | of the Beneficia |
| ability: Minimum 1 year for 0 न्यनतम १ वर्ष विशेष आवश्यव | मता वाले बच्चों के लिए | तया to वर्ष उच्च की | ue and three y मित उच्च कोटि | ears for all oth | ners categories |

| Address Address MFG. CORP. OF INDIA G.T. ROAD, KANPUR - 209217 G.T. ROAD, KANPUR - 209217 G.T. ROAD, KANPUR - 209217 Jame of Beneficiary Jewich | - C | 2 ho ho : 8 : ST : +91-756 |
|--|--|--|
| ताहर/करना/गाव :BANSDA पिनकोड :396051 | ह-मेल | : |
| Pin Code State | Email ID | |
| पहचान पह और त. ID Card Type & No. : Aadhar Card (494165095149) | | |
| PART II | | |
| Type of Disability : 1. HEARING IMPAIRED (40%) 2. MENTALLY IMPAIRED (| 408/1 | No. and a local data |
| S.No. Appliances Detail | 4076) | |
| 1 TO OM OT MSIED KIL- MULTI-SENSORY INTEORATED EDUCATED | Quantity | Val |
| Bit Digital Type Pleaning Ave Turne II | 1 | 6900 |
| 3 TO DE 21 13 Zinc-Air Battery | 2 | 11764. |
| - To | tal 5 | 280. |
| | | 18944.0 चिकित्सा अधि |
| | Signatur | e of Medic |
| प्रताशित किया जाता हे की लेगे व्यक्तिगत जातकारी के प्रतार प्रकारी / The first / The first | Contraction of the second second | the second s |
| Certified that to the best of my knowled with nonthing in other if the baneficiary/ father if thousand only.) Thousand only.) Exercent - again arean/fam aftrant aft | guardian of the प्रधानाचार्य/हेड मास्- re & Stamp of t हत्य समाजिक बोजन ते किये गये उपरुक्तर | patient is R ct/पस.पस. प the Princip t के अंतर्गत कि पर्व उपकरण की |
| हस्तातर - जिला अधिकृत अधिकारी / एलिस्को प्रतिनिधि Counter Signed by - Dist Authority (A) प्रतिन्त | | |
| and a contraction of the second | Ion of the Ree | eficiary/Gu |
| ते JENISH KUMAR प्रताणित करता/करती है कि उन्हें कि जिन्हें कि जिन्हें कि जिन्हें कि जिन्हें कि जिन्हें कि जिन्ह | CES | |
| A JENISH KUMAR water a contract of the sum that a transmit of the sum that a transmit of a sum that a transmit of a sum that today | P) गोवना के जंतनेत I <u>D GE 21</u> applian | 1. TD OM O |
| हस्तालर - जिला अधिकृत अधिकारी / पलिम्को प्रतिनिधि Date : | | |
| Counter Signed by - Dist Authority/ALIMCO Rep. Place : | TIM | / संरक्षक के |
| * Applicability: Minimum Alexandres Place : | | |
| * Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and th भावता : ज्यनतम र वर्ष विशेष आवश्यकता वाले बच्चा के लिए तथा रेज वर्ष उच्च कीमत उच्च | The years for a | Il others ci |



पराक्षण पाता पया

PO'DL, JUNA THANA

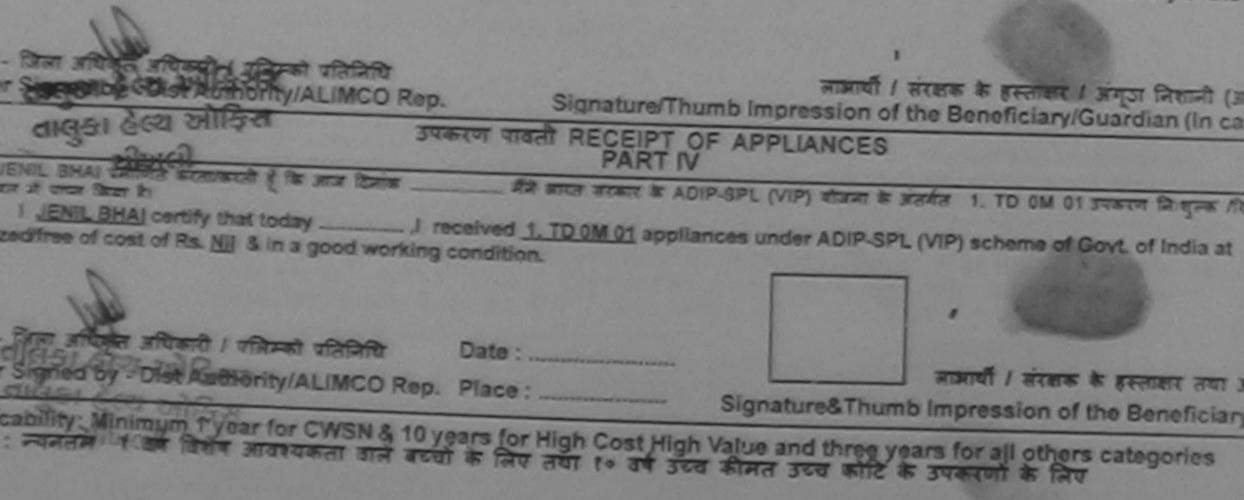
| No. : 2016-17/NAVR3/12/00315/ADIP-SPL (VIP) te of the Beneficiary : 'ENIL BHAI | | Date : 21/0 Age : 8 | 8/16 Sex : Mais | Mobile I | 40.: +91 |
|--|--------------|----------------------------|-------------------------------|--------------------------------------|----------|
| of Disability : 1. MENTAL .Y IMPAIRED (75%) | | | | | |
| | TRamark | | Quantity | Value | - |
| 0. Appliances Detail 1 TO OM 01 MSIED KIL- MULTI-SENSORY INTEGRATED EDUCAT | | | 1 | / 500.00 | 8 |
| 1 10.0M.0T MSIED KIL- PROCIPSENSONT ATTECTS | | Total | 1 | 1.00.003 - FR n 200.003 | met |
| | | | Counter S | igned - Dist A | Authorit |
| िर्णा/Village IGUJARAT पत्र और नं. Support S | | Mob \$-ite Ema | r : | 91-95984176 | 48 |
| rd Type & No. : Aadhar Card (556897846248) | ART II | | | | |
| of Disability : 1. MENTALLY IMPAIRED (75%) | UXT II | | and so and so | Marken State | |
| | | | | | |
| Appliances Detail | | | 0 000 | Mary and Street | |
| TO OM OT MSIED KIL - MULTI-SENSORY INTEGRATED EDUCATIN | | | Quantity | Value | |
| | | Total | | 4500.00 | |
| | | Total | 1 | 4300.00 | |
| - | 7.00 | | Signature o | f Medical Offi | cer / R |
| मित किया जाता है की मेरी व्यक्तियत जानकारी के बतवार जानकी । जाने के | et III | - | | and the second | |
| भित किया जाता है की मेरी व्यक्तियत जानकारी के अनुसार जात्रायी / उनके पिता / उन nified that to the best of my knowledge, the monthly income of the nd Five Hundred only.) | beneficiary/ | तिक आप व. father / guar | 4500 (한파리 처 dian of the pa | Four Thousand F stient is Rs. (Ru | live Hun |

- सहयोगी संस्थाजिला अधिकृत अधिकारी er Sig. by - Collaborative Agency/ Dist. Authority

निर्यारक प्रयानावार्य/हेड मास्टर/एस.एस. ए. प्रतिनिधि के ह Signature & Stamp of the Principal/Head Mast

JENIL BHAJ प्रमाणित काता/काती हूँ कि मैंने पिखले एक/तीन/दल • वर्षों में झारत सरकार/राज्य सरकार या जन्य समाजिक योजना के अंतर्मत किसी धासकीय/अधासकीय/ उप्त नहीं किया है। पदि मेरे ट्वारा दी नई त्यनाएँ नलत पाई जाती है तो मेरे उपर कानूनी कारवाड़ी या आपूर्ति किये गये उपस्कर एवं उपकरण की पूरी लागत मुगतान की

ENIL BHAI certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/threa/ten years* from ment/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of the





ASSESSMENT ACKNOWLEDGEMENT SLIP Comp Venue LASSES ARBAN विक्रम सालगा पथा

| a style St | ATTNAVSA1/T17/00 | | P) | Data : 08/9/ Age : 6 | Sex More | |
|---------------------|-----------------------|---------------------|--------------|-------------------------|-------------|--|
| of Disacilit | P. I MENTALLY IMPAIR | | | | | |
| | | | EDUCAT Roman | | Quantity | Valuer 4523.00 |
| 1 TD and | MCarta No - AMACTA DE | 100 | | Total | 1 | 4500.00 |
| | | erne, contrat | | Mobile | Counter Sig | favo stiligo stolio nid by - Dist Author -8860347271 |
| n/aja an/Village | INAVSARI | पिनकोंड Pin Code | :396430 | ई-मेल Email | : | |
| | :GUJARAT | রিনা District | :NAVSARI | | | |
| Type & No. | : Aadhar Card (59345 | 15689947) | | | | |

PART II

F Disability : 1. MENTALLY IMPAIRED (75%)

| Appliances Detail | | Quantity | Value |
|---|-------|----------|---------|
| TO OM OT MSIED KIL - MULTI-SENSORY INTEGRATED EDUCATH | | 1 | 4500.00 |
| TO UNION MOLETINGEN OF THE CONTRACT | Total | 1 | 4500.00 |

निर्धारक चिकित्सा अधिकारी/पुनर्वास वि

Signature of Medical Officer / I

PARTIL

जिल किया जाल है की मेरी व्यक्तिगत जानकारी के अनुवार लावायी / उसके पिता / उसके सरहाक के माहिक आय 8. 2500 (सब्दी में Two Thousand Five Hu

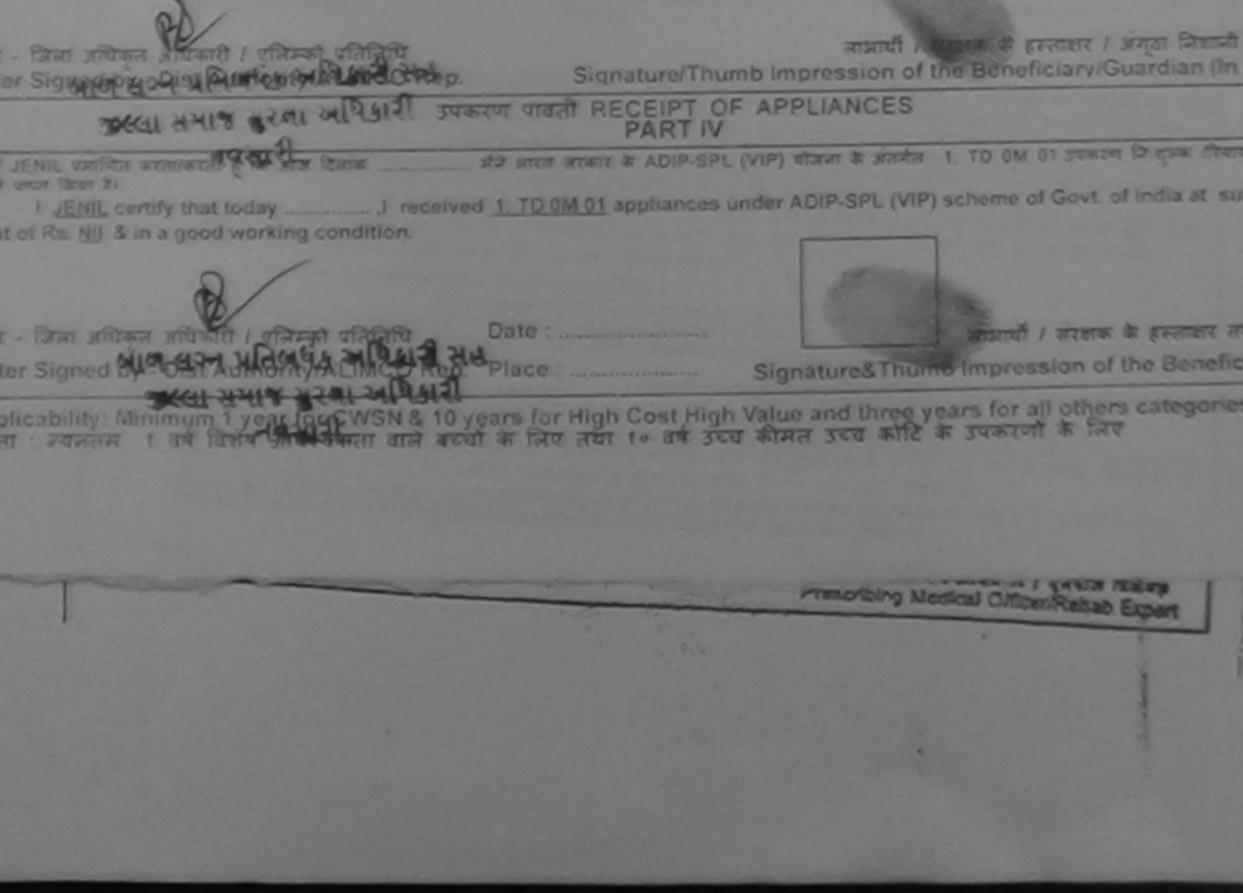
rtilled that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees nd Five Hundred only.)

- सङ्घोगी संस्था/जिला अधिकत अधिकारीन or Sig. by - Collaborative Ageney Dist Authority

निर्धारक प्रधानाचार्य।हेड मास्टर/एस.एस. ए. प्रतिनिधि के Signature & Stamp of the Principal/Head Ma

JENIL प्रमाणित स्वरणाकालित हिंब देव विकेत कितिहादन - वर्ष में आरत सरकार/राज्य सरकार या अन्य समाजिक योजना के अतर्गत किसी सालकीय/जनावकीय/जना जापत जही किसी है। यदि मेरे द्वारी ही गई मुचलाई गलन याई जाती है तो मेरे प्रयह कातूनी कारवाही या आपूर्ति किये गये उपरकर एव उपकरण की पूछे सामल समलान 10 ALC

ENIL certify that I have not received similar Ald/Equipment either free of cost/subsidized in the last one/three/ten years' from an ment/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of the id appliances supplied, from me.



3~1 ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue : MATIYA PATIDAR VACANE परीक्षण पवती पची

VIVERANANO SWAMPING POOL JUNA THANK MAY

P No. : 2016-17/NAVR5/T17/01072/ADIP-SPL (VIP) ime of the Beneficiary : JAY RAJ

Date: 23/08/10 Sox : Male Ago: 7.

Mobile No. : +91 9138

pe of Disability 1. MENTALLY IMPAIRED (50%)

| No. | Appliances Detail | Remark | 1 | Quantity [| Value | 7 |
|------|---|--------|------|------------|-----------------|----|
| 1 | TD OM 01 MSIED KIL- MULTI-SENSORY INTEGRATED EDUCAT | | | 1 | 4500.00 | VX |
| 1000 | | T | otal | 1 | 4500.00 | X |
| | | | | | a - Une affires | |

| Town/Village | | Pin Code | :394300 | |
|--------------------------------|--------------------|----------|----------|--|
| | :GUJARAT | | :NAVSARI | |
| त पत्र और न. ird Type & No. | Aadhar Card (65183 | 3398307) | | |

PARTI

of Disability : 1. MENTALLY IMPAIRED (50%)

| Lévelences Datail | | Quantity | Value |
|--|--------------------------|----------|---------|
| TO OM 01 MSIED KIL - MULTI-SENSORY INTEGRATED EDUCATIV | STATISTICS IN CONTRACTOR | 1 | 4500.00 |
| TID UM OF MSIEU KE - MOLTPSERGOTT BELEGITTE | Total | 1 | 4500.00 |

निर्धारक चिकित्सा अधिकारी/पनवीस विशेषज Signature of Medical Officer / Reha

PART

মালিল জিবা জানা ই জী নার্ট চারানিবনে নালকার্ট & জন্মার নাজায়ী / চরাই বিবা / চরাই ব্যক্তক উ মার্চিক জাব ব, 1500 (ধাহুট স One Thousand Five Hundred

Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees One sand Five Hundred only.)

ग - सहयोगी संस्था/जिला अधिकन अधिकावे अधिशारी सुध iter Sig, by - Collaborative Agency/ Dist, dearity

निर्यारक प्रयानायाये।हेड मास्टर/एस.एस. ए. प्रतिनिधि के हस्ता Signature & Stamp of the Principal/Head Master

LAY RAJ प्रमाणित वर्त्तिक के जिन्द्र एकातीवादन- वर्ष में झारत सरकार/राज्य सरकार या अन्य समाजित योजना के अंतर्गत किसी शासकीय/अधासकीय/अन्य स ा जापत नहीं किया है। यदि मेरे त्यानी दी स्ट्रांस्ट्रेस प्रायत पाई जाती है तो मेरे प्रपर कामूनी कारताही या आपूर्ति किये गये उपरकर एवं उपकरण की पूरी मामत मुम्पतन की दी

JAY RAJ certify that I have not received similar Ald/Equipment either free of cost/subsidized in the last one/three/ten years' from any mment/Non Government organization in case the undertaking is found false, I will be liable for legal action beside recovery of the fu ind appliances supplied, from me.

त - जिला अधिकृत अधिकारी । एकिस्को स्विकिधि निभाविङ अधिकारी सेख लाआयी । सरकक के हम्लाक्षर । जगुठा जिलाजी (जाव ter Signed by - Dist Authonity/ALIMCO Rep. 2 NI 34 Streature/Thumb Impression of the Beneficiary/Guardian (In cas TIGHT RECEIPT OF APPLIANCES PART IV AN AREA REALT & ADIP-SPL (VIP) ADARS & MARKA 1. TO OM OT STREET Drave ATERS A LAY RAJ THIRT AND A LAND LAN VAL 17 TELE (TELET &) J geceived 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at sub I JAY RAJ certify that today _ st of Rs. MI & in a good working condition. साझायी । सरक्षक के हस्त्राक्षर तया । Signature&Thumb Impression of the Benefician ter Signed by - Dist Authority/ALIMCO Repu Pade plicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categories ता : न्यनंतम १ वर्ष विशेष जावश्यकता वाले बच्चों के लिए तया १० वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

y weblicas CiflicaniRethalb Expert

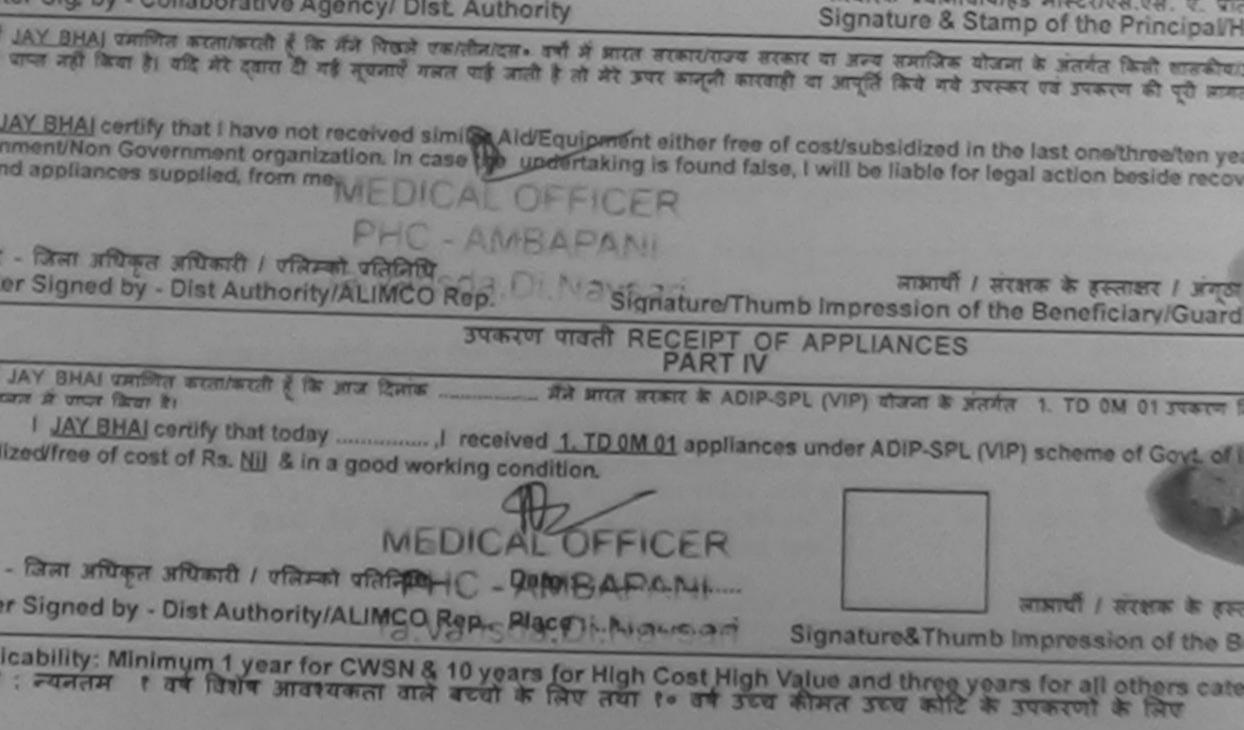
| ASSESSM | ENT | ACK | NOWLE | DGEJ | MENT | SI. |
|---------|-----|-----|-------|------|------|-----|
| | | | पावती | | | |

30

IP Camp Venue : MATTYA PAT WEKANAN POOR JUNA

| No.: 2016-17/NAVR3/T3/00506/ADIP-SPL (VIP) ne of the Beneficiary : JAY BHAI | Date : 21/0 Age : 11 | 8/16 Sex : Mate | Mobile |
|---|-------------------------|---|----------------------------------|
| of Disability : 1. MENTALLY IMPAIRED (45%) | | | |
| IRemark | | Quantity 1 | Value |
| E Ampliancae Datail | | 1 | 4500.00 |
| 1 TO OM 01 MSIED KR - MULTI-SENSORY INTEGRATED EDUS | Total | 1 | 1500.00 |
| 3 | | Counter S | igned by - Dist |
| A 332AA A 332AA A Source and a string and a | (Mc 書-3 | बाइल नं. : obile No. मेल : nail ID | +91-971289 |
| ard Type & No. : Ration Card (124006002131346) | | | |
| of Disability : 1. MENTALLY IMPAIRED (45%) | | | |
| (45%) | | | |
| Appliances Detail | | | |
| TO OM 01 MSIED KI - MULTI-SENSORY INTEGRATED EDUCATI | and the second | Quantity | Value |
| CONCALIN CONCALIN | | 1 | 4500.00 |
| | Total | 1 | 4500.00 |
| | | निर्धारक रि | किल्सा अधिकारी। |
| | | Signature | of Medical O |
| Rifter first and it shit with million and it | | | |
| entified that to the best of my knowledge, the monthly income of the beneficial and Five Hundred only.) | ry/ father / gu | ardian of the | Two Thousand patient is Rs. (|
| र - सहयोगी संस्था/जिला अधिकृत अधिकारी ler Sig, by - Collaborative Agenery/ Dist. t | | नाचार्य/देव माज्य | |

aborative Agency/ Dist Authority



ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue MATIYA PATIDAR VI परीक्षण पायती पर्या POOLJUNA THANA

the Beneficiary : JAY ASWINI

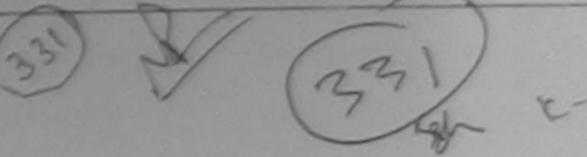
Datu: 21/08/16 Age: 7 Sex: Male

. Motor

Mokille No.: +'s

Disability : 1. MENTALLY IMPAIRED (60%)

| | | Counter Sic | - Taxes alternor a preci by - Dist A | distants I |
|--|--------|-------------|--------------------------------------|------------|
| LID das di masco na mocho occaso in intereste | Total | 1 | 4500.00 | Y |
| TO OM OT MELEO KIL - MULTI-SENSORY INTEGRATED EDUCAT | | | 4500.00 | |
| L'Angliagens Detail | Homark | Quantity | Value | |



1396430 Email ID

| Oisability - | 1. MENTALLY IMPAIRED (60%) | | | लहर उरंत आवह मुलल |
|--------------------------|----------------------------|------------------|----------|-------------------|
| | | | PARTI | |
| ात्र और ज. Type & No. | Ration Card (1025864056) | | | |
| | GUJARAT | जिला District | :NAVSARI | |
| wn/Village | | Pin Code | :396430 | Email ID |

| Appliances Detail | | Quantity | Value |
|--|-------|----------|---------|
| O OM OT MSIED KA - MULTI-SENSORY INTEGRATED EDUCATIV | | 1 | 4500.00 |
| | Total | 1 | 4500.00 |

निर्धारक चिकित्सा अधिकारी/पुनर्वात | Signature of Medical Officer /

PART III

te किया जाता है की मंग्री व्यक्तियन जानकारी के जन्मार जावाची / उसके पिला / उसके संरक्षक के माहिक जाय र. 1500 (राष्ट्री में One Thousand Five H

fied that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupped d Five Hundred only.)

सदयोगी संस्था/जिला अधिकृत अधिकारी Sig. by - Collaborative Agency/ Dist. Authority Signature & Stamp of the Principal/Read M

Y AGMINI प्रमाणित करता/करती है कि मैंने पिछले प्रकारीमाटन। वर्षों में सारत सरकार/राज्य जरकार या अन्य समाजिक योजना के अतर्मत किसी धासकीय/अधान ज नहीं किया है। तीर जेर स्वास से जह जवल्ली सजल पाई-जरती है जो जेरे क्या काजनी कारवारी या आपति किये सये उपरुकर एवं उपकरण की परी सारत सर्पत

| and the second second | A DE LEAST A DE LE | | Contraction of the second s | and the second sec | | |
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| | and the second s | | | and the second se | | |
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| ASWINI certify that I have not received | And Ald Equipment & Ber free of c | ost/subsidized in the last one/three/ten years* |
|---|-------------------------------------|--|
| ent/Non Government organization, Jo-su | The lufter wind is found false, I w | ill be liable for legal action beside recovery of |
| appliances supplied, from TALUKA | IL ALTH OFFICE | ostisubsidized in the last one/three/ten years* ill be liable for legal action beside recovery of |

| A JAL | Lapon and | | |
|---|--------------------------------|--|---------------------------------|
| दिला अधिकृत अधिकारी / राष्ट्रिको प्रतितिपि Signed by - Dist Authority/ALIMCO Rep. | Signature/Thu | तामायीं / संरक्षक के हस्तावर umb Impression of the Beneficiary | । এন্য্ডা নিয়ান Guardian (I |
| | करण पावती RECEIPT O PART IV | OF APPLIANCES | |
| ASWINI Zelite szenech (is sea izer) * * **** *** I JAY ASYMNI centry that today | LEAD OF POST POPULA | DIP-SPL (VIP) सोटना के अंतर्मत 1. TD 0M ances under ADIP-SPL (VIP) scheme o | f Govil of Ind |
| जिला आध्यकृत आधिकारी । पलिमको प्रतिनिधि | Date : | लाआयी । संरक्ष | राजात्त्रम् के स |
| Signed by - Dist Authority/ALIMCO Rep. | Place : | Signature&Thumb Impression | of the Benef |
| | | | |

ability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categories and the sea की से देशेव आवश्यकता वाले बच्चों के लिए तथा १० वर्ष उच्च की मत उच्च कोटि के उपकरणों के लिए

Prescribing Medical Officer/Rehab Expert

| - | ASSESSMENT ACK | NOWL | EDGEMENT | SLIP | Camp Venue : | CHC | CHIKAL |
|---|----------------|-------|----------|-------|--------------|-----|--------|
| | परीक्षण | पायदे | । पद्या | R. C. | | | |

| पराक्षण | पावता पच | San and the same | | and the second state of th |
|--|----------|------------------|---------------------------------|--|
| - 2016 17/NAVS46/T8/04032/ADIP-SPL (VIP) | | Date - 11/04 | Sex : Mais | Mobile No91 |
| Disability : 1. MENTALLY IMPAIRED (40%) Appliances Detail TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT | Remark | Total | Quantity 1 1 Counter S | Value 8900.00 8900.00 er - fixer affitiant / Igned by - Dist Authority |
| 37.43 | Pupli | Cak | | 769166 |

र आर न. Type & No. : Aadhar Card (102583915)

PART II

Disability : 1. MENTALLY IMPAIRED (40%)

| | | Quantity | Value |
|---|-------|----------|---------|
| opliances Detail | | 1 | 6900.00 |
| OM OT MSIED KI - MULTI-SENSORY INTEGRATED EDUCATI | Total | | 6900.00 |

ASTRICT

निर्धारक चिकित्सा अधिकाग्रीपुनवांस वि

Signature of Medical STRUCTURE AU

PARTI

त किया जाता हे की मेरी व्यक्तिगत जानकारी के जनुतार लामायी / उसके पिता / उसके संरक्षक के मासिक आय रु. 1200 (सब्दों में Ordiand कि किये कि मि

RCI Reg No-2013 Two Hundred only.)

in Office Dist Authority

निर्धारक प्रधानाचार्य/हेड मास्टर/एस.एस. ए. प्रतिनिधि के Signature & Stamp of the Principal/Head Ma

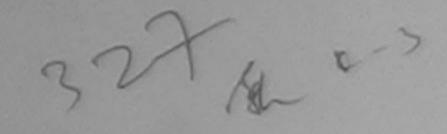
Y प्रमाणित किसी है कि मैंने पिखने एक/तीन/दस वर्ग में आरतं सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतर्यत किसी धासकीय/अधासकीय/अन्य भ हया है। यदि मेरे द्वारा दी गई सूचनाएँ गलत पाई जाती है तो मेरे उपर कानूनी कारवाही या आपूर्ति किये गये उपरकर एवं उपकरण की पूरी सामत मुगतान की जिस्म

certify that I have not received similar Ald/Equipment either free of cost/subsidized in the last one/three/ten years* from any ent/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of t upplied from me.

| जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि Signed by - Dist Authority/ALIMCO Rep | Signature/Thur | लामार्थी / संरक्षक के हस्ताक्षर / अंग्ठा निवानी nb Impression of the Beneficiary/Guardian (In |
|--|---|---|
| 379 | करण पावती RECEIPT OF | APPLIANCES |
| AY प्रसाणित करता/करती हूँ कि जाज दिसांक त्रा है। I <u>JAY</u> certify that today,I received ts. <u>Nil</u> & in a good working condition. | र्मने आरत तरकार के ADIP-SPL (\ I <u>1. TD 0M 01</u> appliances und | /IP) বাজনা & জনসন 1. TO 0M 01 उपकरण जिःशुल्क /रिवाय der ADIP-SPL (VIP) scheme of Govt. of India at sub |
| जिला अधिकृत अधिकारी / एसिम्को प्रतिनिधि Signed by - Dist Authority/ALIMCO Rep | Date : | लामार्थी । संरक्षक के हस्तावार व Signature&Thumb Impression of the Benefi |
| cability: Minimum 1 year for CWSN & 10 : न्यनतम १ वर्ष विशेष आवश्यकता वाले बर | years for High Cost High त्यों के लिए तया to वर्ष उटा | Value and three years for all others categorie व कीमत उच्च कोटि के उपकरणों के लिए |
| | | |

| ASSESSMENT ACKN परीक्षण | OWLEDGE | MENT SLIP | Camp Venue : | CHC ,CHIKHLI |
|--|---------|-------------------------|--------------------|--------------|
| o.: 2016-17/NAVS46/T8/01372/ADIP-SPL (VIP) of the Beneficiary : JAY | | Date : 11/0 Age : 11 | 6/18 Sex : Male | Mobile No. |
| Disability : 1. MENTALLY IMPAIRED (40%) | | | | |
| Appliances Detail | Remark | | Quantity | Value |
| TD OM 01 MSIED KIL- MULTI-SENSORY INTEGRATED EDUCAT | | | | 6900.00 |

| परीक्षण ' | नावली पच | ĥ | | POOLJ |
|--|----------------|-------|------------------------------------|---------------------------|
| 2016-17/NAVR5/T17/00976/ADIP-SPL (VIP) the Beneficiary : JAY | PL (VIP) | | Date: 23/08/16 Age: 8 Sex: Male | |
| isability : 1. MENTALLY IMPAIRED (75%) | | | | |
| Appliances Detail | Romark | | Quantity | Vali |
| Appliances Detail TD 0M 01 MSIED Ka - MULTI-SENSORY INTEGRATED EDUCAT | Carlo Carlo | | | |
| TO UN OT MISTED AL - MISETPOLICOURT AT COMPANY | and the second | Total | 1 | 4500.0 |
| | | | Counter Sid | - Stan 200 aned by - D |



| ny rown/village | | Pin Code | :396430 | EmailID | |
|------------------------------------|--------------------|------------------|----------|---------|--|
| tato | :GUJARAT | জিনা District | :NAVSARI | | |
| त्वान पत्र और न. Card Type & No | Aadhar Card (32649 | 0818414) | | | |
| | | | PARTI | | |

pe of Disability : 1. MENTALLY IMPAIRED (75%)

Slip No. Name of

Type of D

S.No.

| No. | Appliances Detail | | Quantity | Value |
|-----|--|-------|----------|----------|
| 1 | TO OM 01 MSIED KIL- MULTI-SENSORY INTEGRATED EDUCATI | | 1 | 4500 000 |
| | | Total | 1 | 4500.00 |
| | | | | |

निर्धारक चिकित्सा अधिकारी

Signature of Medical (

PART III

प्रमाणित किया जाता हे की मेरी व्यक्तिगत जानकारी के अनुसार सामायी / उसके पिता / उसके संरक्षक के मासिक आय रु. 15000 (शब्दों में Fifteen Thor

Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. ousand only.)

mar

ताजर - सहयोगी संस्या/जिला अधिकत अधिकारी unter Sig. by - Collaborative Agency/ Dist. Authority

निर्धारक प्रधानाचार्य/हेड मास्टर/एस.एस. ए. प्र Signature & Stamp of the Principal

A JAY UNITED A में निर्वे स्वतं प्रस्तित/इस - वर्षों में आरत सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतर्गत किसी शासकीय/जणान गई गुचनाए गर्सल विक्रियों को मेरे प्रपर कानूनी कारवाही या आपूर्ति किये यये उपस्कर एवं उपकरण की पूरी लागत जगत र नहीं किया है। यदि ?

I JAY certil milar Ald/Equipment either free of cost/subsidized in th

| s and appliances supplied from the | the undertaking is found false, I will b | e liable for legal action beside reci |
|---|--|---|
| Processia and and and | 1 24 | |
| ाशर - जिला अधिकृत अधिकारी । एक्टिको अतिनिधि | M.U. | लाआयीं / संरक्षक के हस्ताक्षर / अंग |
| unter Signed by - Dist Authority/ALIMCO R | | ression of the Beneficiary/Gua |
| | उपकरण पावती RECEIPT OF APPL PART IV | |
| में JAY प्रमाणित करत्य/करती हूँ कि आज दिवाक | | ग के अंतर्गत i. TO OM 01 उपकरण ति जु |
| I JAY certify that today,I recei st of Rs. Nil & in a good working condition. | red 1. TD 0M 01 appliances under ADIP | -SPL (VIP) scheme of Govt of Indi |
| લાગ લગ્ન પરિષધ અધિમરી સ | | |
| ाक्षर - जिला अधिकृत अधिकारी / प्रतिम्का प्रतिनिधि | Date : | |
| inter Signed by - Dist Authority/ALIMCO R | | जाआयों / संरक्षक के । ture&Thumb Impression of the |
| pplicability: Minimum 1 year for CWSN & | Quart for High Cast High Vol | a tal |
| pplicability: Minimum 1 year for CWSN & जिता : ज्यनतम १ वर्ष विशेष आवश्यकता वाले | ाच्यों के लिए तथा १० वर्ष उच्य कीमत | nd three years for all others c |
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| Reniw : | CH.CO.C. Antrate Pacifi SA Authority Prescribin | A Letter Officer Rebild Professional |
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| परीक्षण पावत | ो पची | | | |
|---|---|---|---|--------------------|
| No. : 2016-17/NAVS2/T17/00381/ADIP-SPL (VIP) me of the Beneficiary : JANVI BEN | Dute Age | : 07/06/16 : 8 Sex | | Mobilia |
| e of Disability | | | | |
| No. Appliance Detail | ank | Qua | viter | Value |
| 1 TO OM OT MISIED KIL- MULTI-SENSORY INTEGRATED EDUCAT | | | | |
| | 701 | | Rentate . | TAN Alleys |
| | | Co | Loter Signe | d by - Dist. |
| BUN 2° | Mo | Dung red. | : +91-942 | 27784115 |
| m/गांव :JALALPORE पिनकोड :396404 wn/Village Pin Code | Em | ल ail ID | - | |
| GUJARAT GIR :NAVSARI | | | | |
| District Type & No. : Aadhar Card (684745097101) | | | | |
| PARTI | | | | |
| Disability : 1. MENTALLY IMPAIRED (50%) | | | | |
| Appliances Detail | | Quantity | (V | alue |
| D OM 01 MSIED KR - MULTI-SENSORY INTEGRATED EDUCATIK | End and the second | 1 | 890 | |
| | Total | 1 | 6900 | 1.00 5100 |
| | | | विकिल्सा अर्थ re of Medi | |
| PART III | | | | - |
| बहबोगी संस्वाधिजा अधिकत अधिकारी Sig. by - Collaborative Agency/ Dist. Authority | ryl tather / gu निर्धालक ज्या Signature (| ardian of th নাতাৰ্থ/বৈ সা & Stamp of | e patient is record.re. (the Princ | r. dRAR |
| NVI BEN प्रमाणित बेब्हा/काती हूँ कि मैंने पिखने एब/तिमादत+ वर्षी में झारत सरकार/पत्रय सरका त नहीं किया है। यदि मेंचूँ इंडल, दी गई जुबनारों गुमंत/लेई जाती है तो मेरे उपर काननी कारवारी व | ন বা প্রনয় রন্য য প্রার্থনি জিরা ব | जिन्ह कोजना के विकेस्टर प्राय | अस्तरेत जिल्ही | THE ARE ARE |

a series and

VVI BEN certify that I have not received similar Aid/Equipment either free of costisubsidized in the last one/three/ten years ant/Non Government organization: In case the undertaking is found false, I will be liable for legal action beside recovery of appliances supplied, from me.

मामार्थ । संस्कृ के इस्टेक्स ? अन्य क्ष जिला अधिकृत अधिकारी । एजिमको प्रतिनिधि Signed by - Dist Authority/ALIMCO Rep. Signature/Thumb Impression of the Beneficiary/Guardian उपकरण पावती RECEIPT OF APPLIANCES NVI BEN UMPART & IN MIN THAT AND AND AND A ADIP-SPL (VIP) ADAM & ADIP OF 1, TO SH OT FRAME DAM ा ये जापन किसा है। I JANVI BEN certify that today _____) received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of Ind rdifree of cost of Rs. Nill & in a good working condition. A give 22-जिला अधिकारी / एलिमको प्रतिनिधि Date : _____ Signed by - Dist Authority/ALIMCO Rep. Place : ______ Signature& Thumb Impression of the Bene ability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categor न्यनतम १ वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा १० वर्ष उच्च कीमत उच्च काहि के उपकरणों के लिए

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| ASSESSMENT परी | ACKNOWLEDGE | MENT SLIP | Camp Venue | VIVEKANANE | DAR VADINEA SWIMMING THANA NAVS |
|--|---|---|-----------------------------------|--|---------------------------------------|
| -17/NAVR3/T8/00374/ADIP-SPL (VIP) | | Date : 21/08 | | | |
| leneficiary : JANVI BEN | | Age:8 | Sex : Female | Mobile N | 0.: +91-97256 |
| ty : 1. MENTALLY IMPAIRED (50%) | | | | | |
| inces Detail | Remark | 1 | Quantity | Value | 1 |
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| ge Pin Code | :396436 | the second se | ail ID | | |
| :GUJARAT जिला District No. : Aadhar Card (287182467417) | :NAVSARI | | | | |
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| ty : 1. MENTALLY IMPAIRED (50%) | CONT II | | | | |
| ces Detail | and the second second | and the second | | | |
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| | NGP111 | and the second | 1 | 4500.00 | |
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| | | | নির্ঘাকে যি Signature d | केत्सा अधिकारी/पु of Medical Of | नवीस विशेषज्ञ i |
| | PART III | | | | |
| ला हे की मेरी व्यक्तिगत जानकारी के अनुसार लाजायी / उसके | गिता / उतके तरलक के | मालिक आव उ. | 2400 (शब्दों में | Two Thousand | Four Hundred |
| to the best of my knowledge, the monthly incom indred only.) | te of the beneficiary | // father / gua | ardian of the p | atient is Rs. (R | upees Two |
| स्या/जिला अधिकत अधिकारी Collaborative Agency/ Dist. Authority | | निर्धारक प्रधान Signature 8 | नावार्थ/हेड मास्टर Stamp of th | /एस.एस. ए. प्रतिश e Principal/He | नेषि के हस्लासन ad Master /S |

प्रमाणित करता/करती हूँ कि मैंने पिछले एक/तीन/दस+ वर्षों में आरत सरकार/राज्य सरकार या जन्य समाजिक योजना के जंतर्गत किसी धासकीय/जधाशकीय/जन्य स है। यह मेरे देवारा दी गई मुचनाएँ गलत पाई जाती है तो मेरे उपर कानूनी कारवाही या आपूर्ति किये गये उपरकर एवं उपकरण की पूरी लागत मुगतान की जिस्में

ertify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years* from any sovernment organization: In case the undertaking is found false, I will be liable for legal action beside recovery of the full or NAVSARI

| हत अधिकारी / एसिम्को प्रतिनिधि y - Dist Authority/ALIMCO Rep. | Signature/Thu | लाआयीं / संरक्षक के इस्ताक्षर / अंग्ठा निशानी (अवयस्य umb Impression of the Beneficlary/Guardian (In case o |
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| the second se | रण पावता RECEIPT C | OF APPLIANCES |
| EN centily up today | eived 1 TD 0M 01 applie | IP-SPL (VIP) बोजना के अंतर्गत 1. TD 0M 01 उपकरण जिःशुस्क /रिवायती nces under ADIP-SPL (VIP) scheme of Govt. of India at |
| त अधिकारी / एतिम्को प्रतिनिधि । / - Dist Authority/ALIMCO Rep. । | Date : Place : | लाभार्यी / संरक्षक के हस्ताशर तथा जंगूठा Signature&Thumb Impression of the Beneficiary/Gu |

inimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categories १ वर्ष विशेष आवत्रयकता वाले बच्चों के लिए तथा १० वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

| ASSESSMENT ACKN परीक्षण प | owledgement : गवती पची | | VIVERANAND SWIMS POOLJUNA THANA |
|-----------------------------------|---------------------------|----------------------------|------------------------------------|
| 17/NAVR4/T12/00720/ADIP-SPL (VIP) | Oate : 2 Age : 1 | 22/08/16 9 Sex : Female | Mobile No.: +91- |
| y: 1. MENTALLY IMPAIRED (75%) | | | Value |
| nces Detail | Remark | Quantity | 4500.00 |

| ADDITATION OF A DECORA INTEGRATED EDUCAT | | | |
|--|-------|---------|-------------------------|
| TO OM OT MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT | Total | 1 | 4500.00 |
| ×4 | | Counter | Signed by - Dist Author |
| - 1/22 FOL DL | | | |
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| All and the second s | INAVSARI | पिनकोड Pin Code | :396450 | Email ID | |
| Village | GUJARAT | जिला District | :NAVSARI | | |
| और नं. pe & No. | : Aadhar Card (38453 | 24388673) | | | |
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sability : 1. MENTALLY IMPAIRED (75%)

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| OM 01 MISIED KIL- MULTI-SENSORY INTEGRATED EDUCATE | | 1 | 4500.00 | 611-1 |
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| | | निर्धारक चि Signature | कित्सा अधिकार of Mean | ी/पूनवीस विशेष Officer / Re |

PART III

किया जाता हे की मेरी व्यक्तिगत जानकारी के अनुसार सामायी / उसके पिता / उसके संरक्षक के मासिक आय ह. 4500 (हब्दों में Four Thousand Five Hund

ed that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees File Hundred only.)

danky/ Dist. Authority

निर्धारक प्रधानाचार्य/हेड मास्टर/एस.एस. ए. प्रतिनिधि के हर Signature & Stamp of the Principal/Head Mast

11 प्रमाणित **स्वार्यती** है कि मैंने पिछले एकालीत/दस- वर्षों में मारत तरका//राज्य तरकार या अन्य समाजिक योजना के जलमंत किसी शासकीय/अशासकीय/अन्य स 1 नहीं किया है। यदि मेरे द्वांक में नुपुनाएँ गजल पहि जाती है तो मेरे प्रपर कालूनी कारवाही या आपूर्ति किये यथे उपस्कर एवं उपकरण की पूरी जागत मुगलाज की

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| जिला अधिकत अधिकारी / एलिम्को प्रतिनिधि Date: लाआर्थी / संरक्षक के | - हस्ताहर तथा |
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| NVI unifits accelentifi & lis and lister state accelent & ADIP-SPL (VIP) store & state 1. TD 0M 01 state (or face bi 1 JANVI certify that today I received <u>1. TD 0M 01</u> appliances under ADIP-SPL (VIP) scheme of Govt. of I Rs. NJ & In a good working condition. | |
| उपकरण पावनी RECEIPT OF APPLIANCES PART IV | |
| un এসন মনির্জনার আখিরারী মন্ত আমার্থী / सरसक के हस्ताक्षर / अ Signed by - DishAnhority/ALIMCO Rep. Signature/Thumb Impression of the Beneficiary/Gu | गूठा जिशानी (3 ardian (In ca |

cability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categories : न्यनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा to वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue : MATIYA PATIDAR VADIN परीक्षण पावती पर्ची

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VIVEKANAND SWIMMEN POOLJUNA THANA NAM

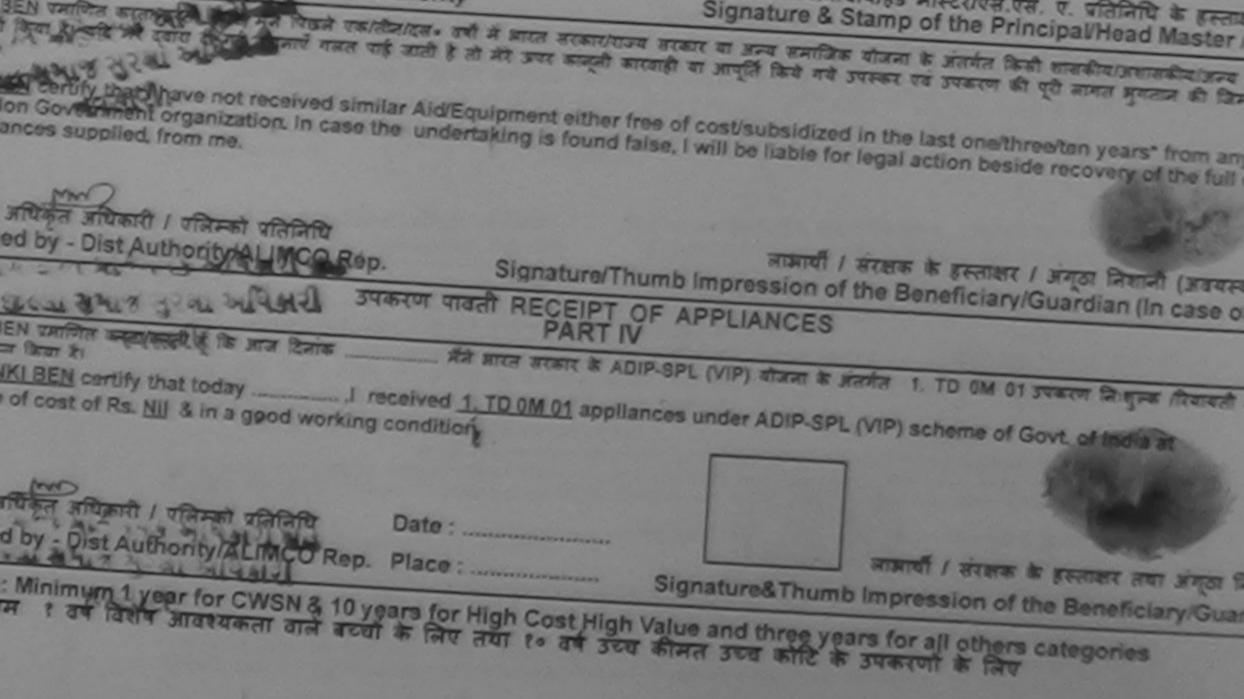
16-17/NAVR5/T8/01138/ADIP-SPL (VIP) Beneficiary : JANKI BEN

Date : 23/08/16 Sex : Female Age:7

'Iobile No.: +91-708

ility : 1. MENTALLY IMPAIRED (90%)

| liances Detail | IRemark | Uluantity | Value 214 |
|--|--|--|--|
| M 01 MSIED KR - MULTI-SENSORY INTEG | | 1 | 4500.00 P. H. P. H |
| | | otal | 4500.00 9 |
| 1 A | 7 | Counter Sig | - জিলা সমিকৃত সাঁঘিকটে / গতিন ned by - Dist Authority/ALI |
| igp - | | | |
| NOTINE | VALSAD | wategory | |
| Willage GUJARAT | पिनकोड Pin Code : 396436 | मोबाइल में. Mobile No. ई-मेल Email ID | : +91-7069950644 : |
| और नं. pe & No. : Other (school) | जिला District :NAVSARI | | |
| sability : 1. MENTALLY IMPAIRED (90%) | PARTI | | |
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| ्रिट सम्बद्धाः सिता | | | atient is Rs. (Rupees Fou |
| by - Collaborative Agency/ Dist Aut | hority निर्धा | रक जयानावाय/हेड मास्टर | एस.एस. ए. प्रतिनिधि के नाम |



| पराक्षण प | वला पचा | | | | THANA MAY |
|--|--------------|-------------------------|--------------------|------------------------------------|-----------------------------------|
| Baneficiary : JAMINI BEN bility : 1. MENTALLY IMPAIRED (50%) | | late 21/08 lige : 10 | 16 Sex : Female | | |
| Miances Detail | emark | | Quantity I | Value | 1 |
| MOT MELED NE - MULTI-BENSORY INTEGRATED EDUCAT | | | 1 | 4500.00 | North |
| | | Total | 1 | 4500.00 | Ale |
| 68 | | | Counter Sign | toter artigit a ed by - Dist Ar | uthority/ALIN |
| ofe अ. | 436 /SARI | t-A Em | all ID | ग्याः स्वार्य | |
| LABILITY : 1. MENTALLY INDAURED (SOTA) | | | | | |
| oliances Detail | | | Quantity | 4500.00 | |
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| p2 | ARTII | 2.12.3.233 | | Dell'and the | |
| there uses it shits self-terms answell is segare around / sails film / | | | | | |

तहवोगी तरका/जिला अधिकत अधिकारी Sig. by - Collaborative Agency/ Dist. Authority Signature & Stamp of the Principal/Head Master

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MINI BEN प्रसाणित जगगरवाती हूं कि संजे पिछले तकातीस/दल- वर्षों में झाल जरकार/राज्य सरकार या अभ्य समाजिक योजना के अंतर्गत किसी सासकीय/अफासकीय/3 त नहीं किया है। वर्दि मेरे द्वाना दी नई सूचनाने नजल पाई जाती है तो मेरे जपर कानूनी कारवाही या आपूर्ती किये गये उपस्कर एवं उपकरण की पूरी जायत मुमतान की

INI BEN certify that I have not received similar Ald/Equipment either free of cost/subsidized in the last one/three/ten years' from ent/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of the t

| ताआणी । संरक्षक के हस्तावर । जंगुठा निकानी Signature/Thumb Impression of the Beneficiary/Guardian (In | (38 |
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| Signatures i numb impression or the beneficiary | ca |
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| TO OM OI appliances under ADIP-SPL (VIP) scheme of Govt. of India REAL ADIP-SPL (VIP) scheme of Govt. of India | e at |
| | TO OM OI appliances under ADIP-SPL (VIP) scheme of Govt of India TO OM OI appliances under ADIP-SPL (VIP) scheme of Govt of India Rismell / Riters & Excess & Exces |

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| 7.51 | 54.5 C | | A. M. S. M. | |

CARD DISAPSING G. AND P. SOL RINA THANA N

| : 2016-17/NAVR3/TB/00552/ADIP-SPL (VIP) the Beneficiary : JAI SHRI | Date : 21/08/ Age : 9 | 16 Sex : Pemale | Mobile No. : | +91.9 |
|--|--------------------------|-------------------------------------|-------------------------------------|-----------------|
| Disability 1. MENTALL / IMPAIRED (50%) | | | | 1 |
| Appliances Detail TO GM GT MSIED KIT - MULTI-SENSORY INTEGRATED EDUCAT | Tctal | Quantity 1 | Value 4500.00 0600.90 | 1 |
| 61W 27 | | County County | Ta o shiran shira N - Dist Autho | sa ne zribyi |
| स्वा/गांव :NAVSARI पिनकोड : 20643 | Mc fr-J | নির : | 91-95865897 | 72 |
| wn/Village :GUJARAT पत्र और नं. d Type & No. : Aadhar Card (929802442923) :GUJARAT : 39643 District District | | nail ID | | |
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| f Disability : 1. MENTALLY IMPAIRED (50%) | | | | |
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| णित किया जल्म हे की भेरी व्यक्तिगत जानकारी के जनुसार सामाधी / उसके पिता / उसके | र सरहाक के मातिक आव | 2500 (গালহাঁ ম' | Two Thousand R | Five H |

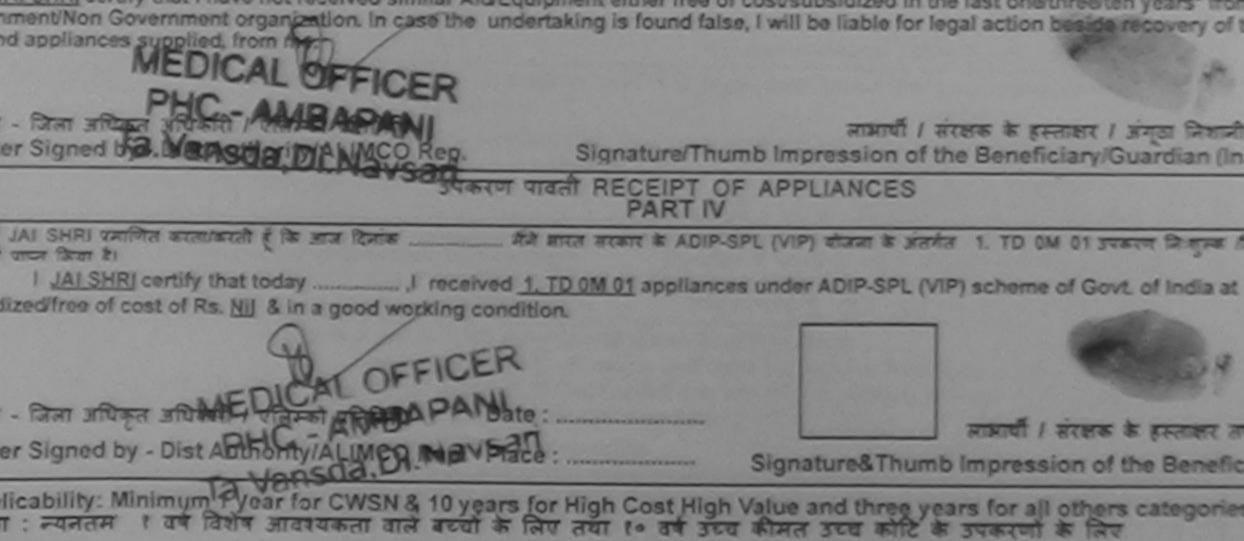
artified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees and Five Hundred only.)

| - | सहयोगी | संस्या/जिला अधिकृत | उधिकारी | |
|---|--------|--------------------|---------|----------------|
| | | | | Dist Authority |

निर्धारक प्रधानावाय/हेड मास्टर/एस.एस. ए. प्रतिनिधि के Signature & Stamp of the Principal/Head M.

JAI SHRI प्रमाणित करता/करती है कि मैंने भिछले एक/तीन/दस+ वर्षी में झारत सरकार/राज्य सरकार या जन्य समाजिक योजना के जंतर्गत किसी धासकीय/जधासकीय पाप्त नहीं किया है। यदि मेरे दवारा दी नई सुचनाएं मलत पाई आती है तो मेरे उपर कानूनी कारवाही या आपूर्ति किये यथे उपस्कर एवं उपकरण की पूरी लागत झुमतान

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Date 08/09/16

BATA PERSON

ALSA T

| | -17/NAVSA1/T12/00484/ADIP-SPL (VIP) eneficiary : JAHNVI | |
|-----------------|--|--|
| Indentifi to or | 1 MERITALLY MARALED (75%) | |

| - MSIED KI - MULTI-GE | NSORY INTEGRATED FOU | CAY I | | Prayery 100 |
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PARTI

pe of Disability : 1. MENTALLY IMPAIRED (75%)

| No | Appliances Detail | Quantity | Value |
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| 1000 | PARTIII | | |
| 23 | तणित किया जाता हे की मेरी व्यक्तिमत जालकारी के जनुसार लाकायी / उसके पिता / उसके संरक्षक के माहिक जाय ह | 2000 (mild # | Two Thousan |
| | ertified that to the best of my knowledge, the monthly income of the beneficiary/ father / gua and only.) | ardian of the | patiens is his |
| लाख | ter Sigue B-Collaborative Agency/ DBL Authority Signature & | & Stamp of th | uvalva v s ne Principali |
| में करण मी। | JAHNVER स्टिप्सिक तो प्रे के सेने विद्या एकालेमादन वर्षी में मारत सरकार/ताज्य सरकार या जन्म समाजिक प्राप्त नहीं किया है। पदि सिर्मिटि दी यह त्यनार्थ नासत पाई जाती है तो मेरे ज्यर कालूनी कारवाड़ी या जायूति किये म | बोज्रामा के अंडामेत यो उपलब्ध एवं उप | विवती सारवीत्वाः व्यापन की तुरी आग |
| 1 | JAHNVI certify that I have not received similar Aid/Equipment either free of cost/subsidized | in the last on | |

overnment/Non Government organization. In c ds and appliances supplied, from me.

ALLER & TEALER | HA म्ताज्ञर - जिला अधिकृत अधिकारी । पलिम्को पतिनिधि Signature/Thumb Impression of the Beneficiary Gua ounter Signed WAREAN AND CO Rep. CHINE: 394 ATT TITAR RECEIPT OF APPLIANCES અલ્લા સમાજ સરવા અધિકારી PART IV A LAHNVI TRIFT AND A LAHNVE TO THE ATTAC PROVIDENT RE MICH HEATE & ADIP-SPL (VIP) WIRKS & MERCH 1. TO GR 01 THERE ! WIRTH IN VIEW REAL TO of cost of Rs. Nil & in a good working condition. Date : THERE - THE REPORT OF A THE PARTY AND A STREET REALING / RECRESS NO ounter Signer an Automit An Mar Rep. Place: Signature&Thumb Impression of the Applicability: Minimun 934 at for CWSN & 10 years for High Cost High Value and three years for all others of पातता : ज्यनतम १ वर्ष विशय आवश्यकता वाले बच्चों के लिप तथा १० वर्ष उच्च कीमत उच्च कोटि के उपकरणों के विश Considered shares i have actually paid a sum of Ra. only) towards the cost of the sid mantioned above and I have received the appli-or caliper under a Californi under ACIP Schame of Gov. of Index or from any other source mundi area a conteni à mai l'arcal (areara THERE - THE TRUE PARTER - THIRD Signature Thums Incorrection of the Signature - Dist Authority/ALIMCO Rep at ann firmmin mi fan nur suiten fauffin summe afu as faut nur 8 : 8 gefinu it suit fo 10. The store (and softward from the bar way) son and



ANT ISLENT ACKNOWLEDGEMENT SLIP Comp In-

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| | | हि-मोल : | |

| | | Pin Code | :396430 | Email ID |
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| | | जिला District | :NAVSARI | |
| d Type & No | Aadhar Card (94237971 | 0763) | | |
| a subscription of the subs | | | PARTI | |

MAN L II

Desabring 7 MENTALLY MAPAURED (75%)

| Appliances Detail | | Quantity | Value |
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| D GM DI MISIED KI- MULTI-SENSORY INTEGRATED EDUCATH | | 1 | 4500.00 |
| | Total | 1 | 4500.00 |

निर्धारक विकित्सा अधिकारी/पनवांस Signature of Medical Officer

PART III

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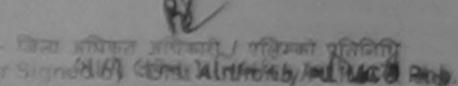
these that to the pest of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees

and the state of the second states of the " Sig by Collaborative Agency/ Dist Authority

निर्धारक प्रधानाचार्य/हेड मास्टर/एस एस ए प्रतिनिष्टि व Signature & Stamp of the Principal/Head M.

20019H प्राणित कामावारती कृत्य मेन विकले एक/लेमातन वर्षों में सारत सरकार/राज्य सरकार या जल्द समाजिक योजना के अलगेत किसी सासकीय/असालकीय ात नहीं किया है। बोट मर्ट लिकेस दें। नई मुखनार्च मजल पाई जाती है तो मेरे प्रपट कानूनी का आपूर्ति किये मये उपरकर एवं उपकाण की पूरी लागत प्रतालन

CDISH certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years' from mentation Government organization in case the undertaking is found false, I will be liable for legal action beside recovery of t Lapplances supplied from me.

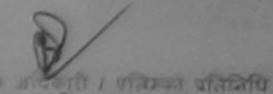


जन्माची / सरक्षक के कितालर / अगठा जिलाजी Signature/Thumb Impression of the Beneficiary/Guardian (In

अल्ला सभाष सरका अधिनारी उपकरण पातली RECEIPT OF APPLIANCES PARTIV

AN ATTA FIRST & ADIP-SPL (VIP) atom & MANN & TO OM 01 STREET States

I JAGDISH certify that today ______ I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at requires of cost of Rs. Nill & in a good working condition.



Date Sighigh down Hanks man alop Place:



नामाची / सरक्षक के हरताकार 🛛

Signature&Themib Impression of the Benefic

Minimum 1 your for CVISITE 10 years for High Cost High Value and three years for all others categorie CADINY Marimum न्यतालम ? वर्ष भाषां के विय के बिए तथा १० वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

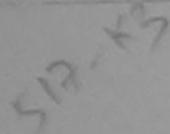
ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Volue LADUBER VERAM NOSP बराजण भावती पद्यी

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| | | BANU | |
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| | | | Value | |
|--|-------|------------|--------------|------------|
| ALL ALL ALL MALLENSONSCAL INTEGRATED SPECIAL | | | | |
| - 21 Plat all Str VI Man Parts Didou Tar - and - | Total | | 4500.00 | |
| | | Excellent | a fam shra | |
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| | Pin Code | INAVSARI | | |
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| GUJARAT | जिला District | INAVSARI | | |
| Other (501028534) | | | | |

PARTI

1 MENTALLY MPAIRED (75%)

| | Contraction of the | Quantity | Value |
|--|--------------------|----------|---------|
| chances Detail | | 1 | 4500.00 |
| ONE OF MISTED KIL MULTI-SENSORY INTEGRATED EDUCATI | Total | 1 | 4500.00 |

निर्धारक विकित्सा अधिकारी/पुनवीस विशेषत्र

Signature of Medical Officer / Reha

PART III

त जन्म अल्ल है की नेरी व्यक्तिताल जालकारी के अनुवाद जाआपी / उसके वित्र / उसके वरसक के जातिक आप के 2500 (बाब्टी में Two Thousand Five Hundred

net mus to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees Two only.

Non Ward and and a stand of Dist Authority

निर्धारक प्रधानाचार्य।हेड मास्टराएस एस ए. प्रतिनिधि के हल्ला Signature & Stamp of the Principal/Head Master

हिंगा अन्य स्वीकित्ति है कि जेते विकने वहातीनादत वर्षों में सारत सरकार पा सन्य समाहित योजना के अतमेत किसी सालकीयात्रा स्वीचा में के गई जो दलग ते यह सुधनाएँ गजत नई जाती है तो मेरे प्रपर कानूनी कारवाही या आपूर्ति किये गये उपरकर एवं उपकरण की पूरी जागत मुजताज व न्यून्य राष्ट्री

and BANU certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years' from Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of the fu

sponsances supplied from me.

लाआयी । सरक्षक के हस्लाक्षर । अंगुठा निवाली (अव Signature/Thumb Impression of the Beneficiary/Guardian (In cas राजेन्डो प्रतानचि Signed by - Dist Augurt Warshipp. उपकरण पावती RECEIPT OF APPLIANCES PART IV જીલ્લા સમાજ સુરક્ષા અપિકારી AR MICH STATE TO MO GT 7 STATE & MARTE (VIP) JUST A MARTE TO OM OT TAKEN IN THE LALITA BANU SUNTRA ASPARATO IN MIN COME tor it trans tator to zechtree of cost of Rs. Nil & in a good working condition. लाआयी । सरक्षक के हस्ताक्षर तया Date . गा । शतिस्को प्रतिनिधि . जिला अधिकत अपि Signature&Thumb Impression of the Benefician Signate and and a signation of the state Place icability जिलिमियों है कि दिने टिनिटिशि के 10 years for High Cost High Value and three years for all others categories जवनतम र वर्ष विवर्धारिहवकता वाले बच्चों के लिए तथा १० वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

| and a state of the | | | And a constant | | |
|--|---|------------------------------|---------------------------------|-----------------------------|---|
| : 2016-17/NAVR5/T17/01130/ADIP-SPL (VIP) the Beneficiary : NAYKA | | Date : 23 Age : 8 | | maie | |
| sability : 1 MENTALLY IMPAIRED (40%) | and the second se | | | | |
| isability. | Thenet | | Quantit | 1 | Value A |
| Appliances Detail | Remark | | 1 | | 00 00 |
| TO GM OT MSIED KIL- MULTI-SENSORY INTEGRATED EDUCAT | | Total | 1 | 45 | 00.00 |
| | | - Comment | 1 | enex - Dear | REAR NUMBER & |
| Jr Y | 112 | | Counte | r Signed by | - Quill Authority A |
| W. J. J. (516 | 2 | | | | |
| NAVSARI মিনকার : 396430 Pin Code : GUJARAT রিলা : NAVS/ District | | Mobil ई-मेल Emai | | Q 1-94991 | |
| 8 No. : Ration Card (1026344444) | | 20 20 20 | | | |
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| Dility : 1. MENTALLY IMPAIRED (40%) | | | | | |
| | and the second second | | | den ale | the second se |
| ances Detail | and the states | | Quantity | Valu | |
| 01 MSIED KI - MULTI-SENSORY INTEGRATED EDUCATI | 27-6 Mar 201 | | 1 | 4500.00 | 2 |
| | | Total | 1 | 4500.00 | 2 |
| | | | | | तरी/पुनर्वात्र विशेषज्ञ I Officer / Reha |
| PART | T III | Color I. | | | 100 C 10 S |
| त जाता हे की मंदी व्यक्तिमान जानकारी के जन्मार लामायी / उसके पिता / उसके | e nizerae de anfil | क आव व | 2500 (शब्दी में | Two Thous | and Five Hundred |
| hat to the best of my typowledge, the monthly income of the b | | | | | |
| by - Collaborative Agency/ Dist. Authority | fr Sig | unature & | तवार्थ/हेड मास्ट Stamp of th | र/एस.एस. ए. he Princip | प्रतिनिधि के हस्ताव al/Head Master |
| centify that I have not received similar Ald/Equipment either fr | ট কালোর্ট যা সা ree of cost/su | पूर्ति किवे मा bsidized i | e succes of su | करण का पूरा sthrea/tan y | ears" any |

n अधिकृत अधिकारी । प्रतिम्को प्रतिनिधि ned by - Dist Authority/ALIMCO Rep. त्रायों / संरक्षक के इस्तावर / अग्र की (अटवस्त Signature/Thumb Impression of the Beneficiary/Guardian (In case o

| and the second second | and an and a second a | and the second se | | | | |
|-----------------------|-----------------------|---|-----------------------|-----------------------|--|---|
| બાલ લગ્ન | MARYLE MPLAN | उपकरण पावती | PART IV | APPLIANCES | | |
| anti anti | मिडले में आतं के मा | त्राज्यः स्त्राज्याः | THE A ADIP-SPL (| VIP) बोजवा के अंतर्गत | 1. TO OM 01 उपकरण जि गुल्क /रियायनी द | 2 |
| CO1 21 | | 1.24 | and the second second | | subsense of Court of India at authorid | |

AYKA certify that Body ______, I received 1. TO OM 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at subsidiz

आआयी / संरक्षक में हस्ताक्षर तथा अग्ठा Signature&Thumb Impression of the Beneficiary/Gu

lity: Minimum 1 year जिनेटरेस्ट्रेस & 10 years for High Cost High Value and three years for all others categories प्रनतम १ वर्ष विशय आवनस्कृतम् वात्र बच्चा के लिए तया १० वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

परीक्षण पावती पची

VIVEKANAND SW POOLJUNA THAN

o.: 2016-17/NAVR4/T12/00779/ADIP-SPL (VIP) of the Beneficiary : NIRAV

Date : 22/08/16 Age : 11 Sex : Male

Mobile No

Disability : 1. MENTALLY IMPAIRED (75%)

| Appliances Detail | Remark | Quantity | Value (|
|--|--------|----------|---|
| TO OM 01 MSIED KIL - MULTI-SENSORY INTEGRATED EDUC | AT | 1 | 4500.00 |
| TO OM OT MSIED RIT - MOETPOERTOORT | Total | 1 | 4500.00 |
| 12 m | | | rz - film affitier affitier igned by - Orst Author |
| | | | |
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| | | | |

| own/Village पत्र और नं. d Type & No. | :GUJARAT | पिनकोड Pin Code जिला District | :396450 :NAVSARI | ई-मेल Email ID | : |
|--|----------|--|---------------------|-------------------|---|
| | | | PARTI | | |

f Disability : 1. MENTALLY IMPAIRED (75%)

| Appliances Detail | | Quantity | Value | |
|---|-----------------------|-------------|----------------|---------|
| TO OM 01 MSIED KIL - MULTI-SENSORY INTEGRATED EDUCATI | and the second second | 1 | 4500,000 | len |
| | Total | 1 | 4500.00 | |
| | | निर्धारक वि | किल्सा अधिकारी | 1)पुन्द |

Signature of Medical Officer

PART III

चित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार लासायी / उसके पिता / उसके सरक्षक के मासिक जाय रु. 3500 (सब्दों में Three Thousand Five

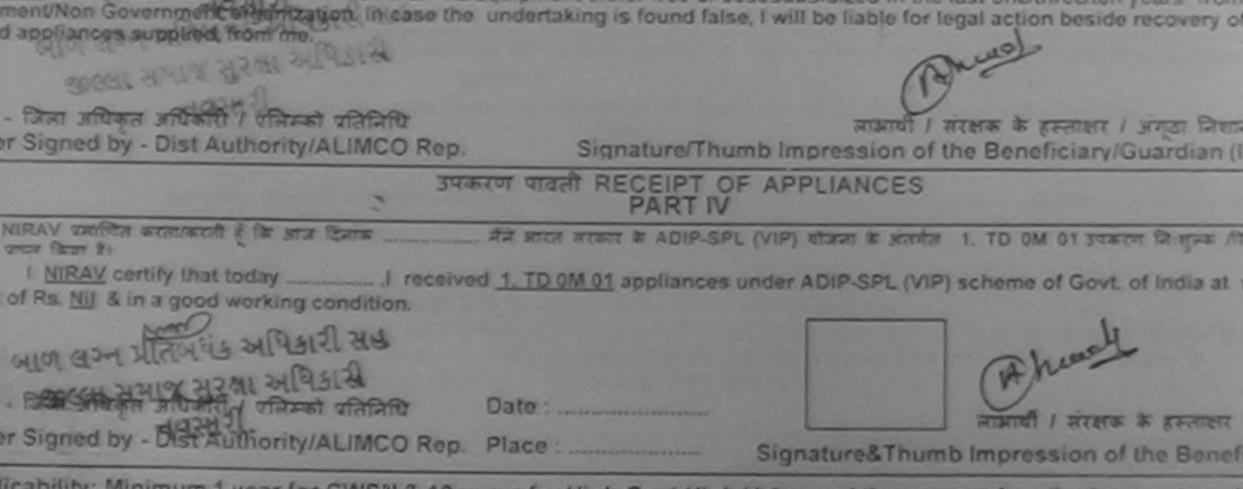
nd Five Hundred only.)

- सहयोगी संस्था/जिला अधिकृत अधिकारी ar Sig. by - Collaborative Agency/ Dist. Authority

निर्धारक ज्यानावार्थ/हेड मास्टर/एस.एस. ए. प्रतिनिधि Signature & Stamp of the Principal/Head N

NBAY प्रमाणित करता/कर्या के मैंते लिपने कि कि कि कि कि कि कि कि मारत सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतर्यत किसी शासकीय/जशासकीय/) जन वर्षि सिन्ध से ज्यूदि प्रोरिसिटी के कि लिमार मलव, याई जाती है तो मेरे उपर कानूनी कारवाही या आपूर्ति किये गये उपरकर एवं उपकरण की पूछि सामत झुमता अस्ति। सभाष सुरक्षा अधििंधारी

IRAV certify that I have not acceived similar Ald/Equipment either free of cost/subsidized in the last one/three/ten years' from



licability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categorie : न्यलतम १ वर्ष विशेष आवश्यकता ताले बच्चों के लिए तथा १० वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

| and and the second seco | | | PLUE WHEEDERASE | |
|--|------------------------------------|--|--|--------------|
| ASSESSMENT ACKNOWLEDGE | EMENT SLI | P Camp Venue : | CHCKARHONASA | |
| परीक्षण पावली पर | 1 | and the second second | | _ |
| of the Beneficiary : NIMESH | Date : 08/0 | 6/16 Sex : Male | Mobile No.: 491 | -156 |
| Disability 1. MENTALLY IMPAIRED (75%) | | | | |
| I Remark | | Quantity | Value N | T |
| LADDIances Detail | | 1 | 01.0000 | |
| TO OM 01 MSIED KIL- MULTI-SENSORY INTEGRATED EDUCAT | Total | | 6900.02 | - |
| | 1.O'Case | VICTORY - | মিনা মহিকল মাইকার্য / | |
| | | | ed by - Dist Authority/ | |
| 9998.946 EPS | 200 | nyme | Yey | |
| NH615 :396331 | TĚ | mailID | | |
| Town/Village Pin Code | | | | |
| :GUJARAT जिला :NAVSARI | | | | |
| District | | | | |
| न पत्र और न. ard Type & No. : Other (na) | | | | |
| PART II | 6.2 | | | |
| of Disability : 1. MENTALLY IMPAIRED (75%) | | | Moharana | P3 |
| Appliances Detail | | Quantity | - Hallal have | 200- |
| TD OM 01 MSIED KR - MULTI-SENSORY INTEGRATED EDUCATIK | | 1 | Soon Phases | 19267 |
| The full of model for model for model for the other the other the | Tot | b) 1 | Inteana Anto 2015- | |
| | 101 | | - oguster | |
| | | | कित्सा अधिकारी/पुनर्वास | |
| PARTI | | Signature | of Medical Officer | IRE |
| प्रमाणित किया जाता हे की मेरी वेदस्तितत जानकारी के जलतार लामायी / उजके पिता / उजके तंपलय | र के जातिक जा | र ज. 2500 (जम्हाँ में | Two Thousand Five H | londe |
| Certified that to the benefit and read | :lary/ father / | guardian of the | patient is Rs. (Rupeer | s Ti |
| सर - सहयोगी संस्था/जिल्हा स्थितने अधिकारी प्रशिद्धि nter Sig. by - Collaborative Agency/ Dist. Authority | Signatu | re & Stamp of ti | Uएस.एस. ए. प्रतिनिधि । he Principal/Head M | last |
| में NIMESH प्रमाणित करता/करती हूँ कि मैंने पिकने एक/तीम/दस- वर्षी में झारत सरकार/राज्य सरक ण पाण्ठ नहीं किया है। यदि मेरे द्वारी दी गई सूचनारें वजत याई जाती हैं तो मेरे उपर कानूनी करवा | ार या जन्म समा ही या आपूर्ति वि | विक बोवना के अंतर्गत वे गये उपस्कर एवं उप | र किसी सालकीय/जणासकीय। करण की प्री वामल मुगला | जन्म ह की |

I NIMESH certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years* from an vernment/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of the false and appliances supplied, from me.

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De P. a

unter Signed by - Dist Authority/ALIMCO Rep.

जाआयीं / संरक्षक के इस्ताक्षर / अंगूठा निधानी (अ Signature/Thumb Impression of the Beneficiary/Guardian (In cas

उपकरण पावती RECEIPT OF APPLIANCES

में NIMESH प्रमाणित काता.कालो हूँ कि जाज दिसांक _____ मैंने जारत सरकार के ADIP-SPL (VIP) बोजना के जेलमेत 1. TO OM 01 उपकरण जिलुल्क तिवाय ज में पापन किया है।

I NIMESH certify that today ______, I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at sub cost of Rs. Nil & In a good working condition.

ात्तर - जिला अधिकृत अधिकारी / एतित्रको प्रतिनिधि Date : ______ unter Signed by - Dist Authority/ALIMCO Rep. Place : _____

______ साम्रायीं ! संरक्षक के हस्ताचर तथा .

21.5

Signature&Thumb Impression of the Benefician

Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categories यवता : न्यनतम र वर्ष विशेष आवश्यकता वाले बच्चों के लिप तथा to वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

Oate

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| ASSESSMENT ACKI परीक्षण | NOWLEDG पावती पर | EMENT SLI | P Camp Venus | VIVEKAN | ATIDAR VAC |
|---|---------------------|-------------------------|--------------|----------------------------------|------------|
| 2016-17/NAVR3/T17/00558/ADIP-SPL (VIP) the Beneficiary : NILESH PATHAN | | Date : 21/0 Age : 11 | Sox : Male | Alloibide | e No. : |
| sability 1 MENTALLY IMPAIRED (40%) | | | | N. R. S. S. S. | |
| ppliances Detail | Remark | | Quantity | Value | |
| D OM OT MISIED KIL- MULTI-SENSORY INTEGRATED EDUCAT | | | 1 | 4500.00 | |
| | | Total | 1 | 4500.00 | |
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| Card Type & No. | : Other (na) | | PARTI | |
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pe of Disability : 1. MENTALLY IMPAIRED (40%)

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| NO. | Appliances Detail | Quantity | Value |
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| F | TO UM 01 MSIED KIL- MULTI-SENSORY INTEGRATED EDUCATI | 1 | 4500.00 |
| | Total | 1 | 4500.00 |

निर्धारक चिकित्सा अधिकारी/पुनवांस वि Signature of Medical Officer / F

PART III

प्रमाणित किया जाला हे की जेरी व्यक्तिगत जानकारी के अनुसार जामायी / उसके पिता / उसके संरक्षक के माहिक आय ए. 2500 (शब्द) में Two Thousand Five Hur

Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees ousand Five Hundred only.)

બાળ લગ્ન પ્રતિબધક અધિકારી સહ unter Sice Control Agener Alerth Dist Authority

निर्धारक प्रधानावार्य/हेड मास्टर/एस.एस. ए. प्रतिनिधि के । Signature & Stamp of the Principal/Head Mas

में NILESH PATHAN अभिनेती देशका काली हूं कि मैंने विकारे एकालीमादस वर्षों में सारत सरकारायाजय लरकार या अन्य समाजिक योजना के जंतर्गत किसी शासकीय/जर कोई उपकरन पापत नहीं किया है। यदि मेरे द्वारा दी गई लुवलाएँ गमत पाई जाती है तो मेरे उपर कानूनी कारवाती या आपूर्ति किये गये उपरकर एवं उपकरण की पूरी मागत मु ('गी।

I NILESH PATHAN certify that I have not received similar Ald/Equipment either free of cost/subsidized in the last one/three/ten year overnment/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of the is and appliances supplied, from me.

आण खञ्च प्रतिलेविङ अधिकारी सन Brook of march

| anature/Thumb Impression of the Beneficiary/Guardian (In o |
|---|
| PART IV |
| हे मारत तरकार के ADIP-SPL (VIP) योजना के अंतर्शन 1. TO 0M 01 उपकरण वि |
| 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of Ir |
| 5.2.17 |
| लामाधी / संरक्षक के हमताक्षर तथ |
| Signature&Thumb Impression of the Benefici |
| h Cost High Value and three years for all others categories त १० वर्ष उटव कीमत उच्च कोटि के उपकरणों के लिए |
| |

| | fitation : Date : | Prescribing Medical Officer/Rehab Expert | | | |
|-------|---|--|----------|--|--|
| | | | | | |
| | | | | | |
| | | Remark | Quantity | Value | |
| S.No. | Appliances Detail | Contraction of the | 1 | 6900.00 | |
| A | TD OM 01 MSIED KI - MULTI-SENSORY INTEGRATED EDUCAT | Tot | al 1 | 6900.00 | |
| | | | KI TOWN | - जिला अधिकत अधिक Inod by - Dist Auth | |

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| | ASSESSMENT ACKN | OWLEDGEMENT SL | JP Camp Ven | UN : CHC ,CHIKH | |
| Slin A | | गवती पर्ची | | | |
| Name | to: : 2016-17/NAVS46/T17/02458/ADIP-SPL (VIP) of the Beneficiary : NIKITA BEN | Date : 11/ | | | |
| | of Disability 1. MENTALLY IMPAIRED (40%) | Age : 11 | Sex : Femi | ale Mobile M | 10.: -97-81 |
| | | | | | |
| S.No. | Appliances Detail | Remark | Quantity | Value | |
| 1 | TO GM 01 MSIED KIL-MULTI-SENSORY INTEGRATED EDUCAT | | 1 | 6900.00 | |
| | | Total | 1 | 6900.00 | |
| | | | Counter S | तर - जिला अच्छित अ ligned by - Dist Ar | Runt / 10 |
| | 17/sep/16 00 | Dyble | 1 | | |
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| and a | त्र आर ज. Type & No. : Aadhar Card (78483418754) | · T | | | |
| | PAR | ТШ | | | |
| | Disability : 1. MENTALLY IMPAIRED (40%) | | | | |
| ba da | orsaomity | - | | | |
| NO. L | Appliances Detail | | Quantity | Value | |
| 1 1 | D OM OT MSIED KIL - MULTI-SENSORY INTEGRATED EDUCATI | | 1 | 6900.00 | |
| | | Total | 1 | 6900.00 KG | loharana-f |
| | | | निर्धारक चि Signature | of Medical Offic | er PRen |
| | PART | 111 | | ALL KOG M | 2015-592 |
| - | रत किया जाता है की अंधी व्यक्तिमान जालकारी के जानुसार नामार्थी / उसके पिता / उसके | | 1000 (सार्ट्स में | One Thousand Fi | म) है। |
| Cert | d only I.O | eneficiary/ father / gu | ardian of the p | patient is Rs. (Ru | pees One |
| ounter | Sig. by - consocrative Agency/ Dist. Authority | Signature a | & Stamp of th | থেতর. ত. রনিনি ne Principal/Hea | ad Master |
| স্ব <u>ম</u> রূলে থ টা | IKITA BEN प्रमाणित काला/काली हूँ कि मैंने पिछले एक/लेन/दत- वर्षी में मारत सरका पत नहीं किया है। यदि मेरे द्वारा दी गई जुयनाएँ गलत पाई जाती है तो मेरे उपर कान्ट् | त कारवाहा या आपृत्त तकव न | त्व उनस्कर एव उन | करण का पूरा लागल न | al al const and in |
| overna | KITA BEN certify that I have not received similar Aid/Equipment eith nent/Non Government organization. In case the undertaking is four appliances supplied, from me. | ner free of cost/subsid nd false, I will be liable | ized in the last for legal activ | t one/three/ten ye on beside recove | ars" from a ry of the fu |

| तज्ञर - जिला अधिकृत अधिकारी unter Signed by - Dist Au | । তরিস্কা তরিনিয়ি thority/ALIMCO Rep. | Signatur | Thumb In | | f the Beneficia | | |
|--|--|-------------------|----------------------------|---------------------------|--------------------------------------|--------------------------------|----------|
| | उपक | | TIV | | and the second second | | |
| সাঁ NIKITA BEN অহালির জনো জীব জারের এই তাতন জিরা দৈ I <u>NIKITA BEN</u> certify ibsidized/free of cost of Rs. ১ | that today , re | | | | | | |
| तालर - जिला अधिकृत अधिकारी punter Signed by - Dist Au | | Date : | | | লারার্থী। র umb impressio | रहरू के हल्ला | |
| Applicability: Minimum 1 पात्रता : न्यनतम १ वर्ष विरे | year for CWSN & 10 y वि आवश्यकता वाले बच्च | ears for High Cos | t High Valu र्ष उच्च की | ue and thre मत उच्च को | e years for all o टिके उपकरणों बे | thers cates | jories |
| × | ACC | SESSMENT ACKN | | MENT SHI | Camp Venue : | CHC CHIKH | 4 |
| | ASC | परीक्षण प | गवती पर्च | f | | | |
| lip No. : 2016-17/NAVS lame of the Beneficiary | : NIKITA BEN | SPL (VIP) | | Date : 11/0 Age : 11 | Sex : Female | Mobile | No.: +91 |
| ype of Disability : 1. MENT | ALLY IMPAIRED (40%) | | - transit | | | | |
| S.No. Appliances Detai | 1 | | Remark | | Quantity | Value | |
| | - MULTI-SENSORY INT | EGRATED EDUCAT | | Street States | | 6900.00 | |
| | Maria Maria Maria | | | Total | 1 | 6900.00 | |
| | | - Andrew - | | - | Counter Sign | - जिला अधिकृत and by - Dist | Authorit |
| | and the second sec | | | | | | |

| ASSESSMENT ACK | NOWL | EDGEMENT | SLIP Camp Venue | LADUEEN UR |
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| पराक्षण | | | | PUSPAK SOCI |

| N | 0. | : 20 | 16- | 17/ | NAI | VSA | 1/T1 | 7/00 | 567/ | ADIE | SPL | (VIP) | |
|---|----|------|-----|-----|-------|-------|------|------|------|------|-----|-------|--|
| 0 | of | the | Be | ne | fici: | INY : | NIK | ATI | | | | | |

Dato: 08/09/16 Sex Permaie Age: 7

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LAN HOS

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of Disability T. MENTALLY IMPAIRED (40%)

| Appliances Detail | Remark | Quantity | Value |
|---|--------|----------|-------------------------|
| TO OM OT MSIED KI - MULTI-SENSORY INTEGRATED EDUCAT | | 1 | 4500.00 |
| | Total | 1 | 4500.00 |
| | Total | KEVENE | - जिला प्राचित्रत प्राच |
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| ard type a riter of the | PARTU | |
|--|----------|--|
| बात पत्र और जे. ard Type & No. : Other (5091) | | |
| GUJARAT | District | |

e of Disability : 1. MENTALLY IMPAIRED (40%)

| | | Quantity | Value |
|--|-------------------|----------|---------|
| o. Appliances Detail | THE OWNER DOLLARS | 1 | 4500.00 |
| 1 TO OM OT MSIED KIL- MULTI-SENSORY INTEGRATED EDUCATI | Total | 1 | 4500.00 |

निर्यारक विकित्सा अधिकारी/पनवांस जिस Signature of Medical Officer / R

PART III

प्रताणित किया जाता हे की मंग्री व्यक्तियत जानकारी के अनुसार जानवारी / उसके थिता / उसके सरसक के मासिक जाय क. 2500 (सब्दों में Two Thousand Five Hun

Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees usand Five Hundred only.)

> निर्यारक प्रयानायाय/हेड मास्टर/एस.एस. ए. प्रतिनिधि के Signature & Stamp of the Principal/Head Mas

भावत - सहयोगी संस्थातिता अधिकत अधिकारी unter Statey स्टब्श्रिक्विक अधिकारी Rist Authority

ने NIKUTA करिता समावनोभूटित भूम विक्रा किलायतः वर्षे में मारत तरकारायज्य तरकार या जन्य तमाजिक योजना के अंतर्गत किली सामकीयामधानकीयाजन्य प्रण प्राप्त मही किया है। यद मेरे द्वीरि, दी यह त्यमार मानत यह जाती है तो मेरे उपर कानूनी कारवाही या आपूर्ति किये गये उपरकर एवं उपकरण की पूरी मागत मुमतान प् प्रण प्राप्त मही किया है। यद मेरे द्वीरि, दी यह त्यमार मानत यह जाती है तो मेरे उपर कानूनी कारवाही या आपूर्ति किये गये उपरकर एवं उपकरण की पूरी मागत मुमतान प्

I NIKITA certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years* from a vernment/Non Government organization. In case the undertaking is found false, I will be the for legal action beside recovery of the is and appliances supplied, from me.

| ताक्षर - जिला अधिकृत अधिकारी । एलिनको प्रतिनिधि | Signature/Thumb | Impression of the B | Beneficiary/Gu | ardian (In |
|--|---|------------------------|---------------------|---------------|
| nunter Sigger Past Strateport and Stratep | Signature Inumb ग पावती RECEIPT OF A | PPLIANCES | | |
| ALLE HALL ALCOLOUR | | | | Status fire |
| a service and the service of the ser | ER MICH HIGHT & ADIP-SPL (V | (१२) चोजाना के अलगत । | it ou or stated | Undia at 5 |
| I NIKITA certify that today I received | 1. TD OM 01 appliances und | der ADIP-SPL (VIP) sci | neme of Govil of | I Initia er s |
| I cost of Rs. Nil & in a good working condition. | | | | |
| 50 | | | | |
| त्राहार - जिला अधिकृत अधिकारी । प्रतिम्का प्रतिनिधि | Date : | | राजायी । संरक्षक वे | र स्वतासर र |
| ounter Signed by - Dist Authority/ALMCO Rep. 1 | Place : S | Signature&Thumb In | npression of t | he Benefi |
| Applicability Minimum 1 year for CWSN & 10 year पायला : न्यनलम १ वर्ष विशेष आवश्यकता वाले बच्चो | are for High Cost High Vi | alue and three years | s for all others | categorie |
| Applicability Minimum Tyear for UWSNA 10 year | के लिए तथा १० वर्ष उच्च व | कीमत उच्च कोटि के उ | पकरणा क ।लप | |
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| | ASSESSMENT ACKNOWLEDG | SEMENT SLI ची | P Camp Venue : | MATINA PATIDAR VA VIVEKANANO SWIM POOL, JUNA THANA | |
|--|---|------------------------|-----------------------|--|----|
| No. : 2016-17/NAVR5/T8/01049/AD e of the Beneficiary : NIKITA | IP-SPL (VIP) | Dats : 23/0 Age : 8 | 18/18 Sex : Female | Mobile No.: | |
| of Disability 1 MENTALLY IMPAIRED (5 | 0%) | | | | |
| Appllances Detail | Romark | | Quantity | Value 0 | - |
| TO OM OT MSIED KIL- MULTI-SENSOR | the second se | | 1 | 4900.00 00 21 1 | 4 |
| and the second of the second sec | | Total | 1 | 4500.00 | 1 |
| | . 0 | | | ad by - Dist Authority | |
| प्र स ति :GUJARAT ति पत्र और ने. Card Type & No. : Aadhar Card (51994 e of Disability : 1. MENTALLY IMPAIRED | PART | | | | |
| o. Appliances Detail | | | Quantity | Value | |
| C. I PLANDING INCOMENT | Y INTEGRATED EDUCATI | | 1 | 4500.00 | |
| | A D LL A C AM CONTRACTOR OF A D A D A D A D A D A D A D A D A D A | | | | |
| TD OM OT MSIED KIL - MULTI-SENSOR | | To | ital 1 | 4500.00 | |
| | | To | निर्धारक वि | वेकित्सा अधिकारी/पुनर्वार of Medical Office | |
| | PARTIII | | निर्धारक f | वेकित्सा अधिकारी/पुनर्वात of Medical Office | 5/ |

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में NIKUA प्रमाणित करताकालों हूँ कि मैंने विक्रमे एकईलिवेडिक वर्षी में मारत सरकार या अन्य समाजिक योजना के अंतर्गत किसी वासकीयाजवासकीयाजन उपकरण जप्त मही किया है। वदि मेरे द्वांग दी नई मुचनावें नजत पाई जाती हैं तो मेरे उपर कानूनी कारवाही या आपूर्ति किये गये उपरकर एवं उपकरण की पूरी जागत मुनतान होगी। DAN

I NIKITA certify that I have not received similar Ald/Equipment either free of cost/subsidized in the last one/three/ten years* from a Government/Non Government organization. In case the undertaking is found faise, I will be liable for legal action beside recovery of the aids and appliances supplied, from me.

| PPP | · Madada | the second | | 1 the start |
|---|---------------------------------------|---|---|--|
| इस्तव्या - जिला अधिकृत अधिकारी / रजिस्क Counter Signed by - Dist Authority/ | ALIMCO Rep. | Signature/Th | | तक के हस्ताझर / जन्ता जिल्लानी Beneficiary/Guardian (In |
| | उपकरण | पावती RECEIPT (PART IN | OF APPLIANCES | |
| में NUKITA प्रमाणित करता/करती हूँ कि जाव प्रायत से प्राप्त क्रिया है। | r হিসাজ সীৰ | RICH STATE & ADIP-S | IPL (VIP) वीजमा के अंतर्मत 1 | . TD 0M 01 उपकरण जिल्हुल्क गरिव |
| I <u>NIKITA</u> certify that today of cost of Rs. <u>NII</u> & in a good working o | condition. | <u>. TD 0M 01</u> appliance | is under ADIP-SPL (VIP) s | cheme of GovL of India at s |
| हरूलका - जिला अधिकृत अधिकारी / एलिस्क | t valatante Dat | Le : | a set of the | |
| Counter Signed by - Dist Authority/ | | | Signature&Thumb | लाजाची / संरक्षक के हस्ताकर त Impression of the Benefic |
| * Applicability: Minimum 1 year for पात्रता : न्यनतम १ वर्षे विशेष आवश्य | CWSN & 10 years बकता वाले बच्चा के | for High Cost Hig लिए तथा १० वर्ष उप | h Value and three yea ज्य कीमत उच्य कोटि के | rs for all others categorie उपकरणों के लिए |
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| .: 2016-17/NAVR4/TB/00850/ADIP-SP | L (VIP) | | Date: 22/08/16 Age: 7 8 | az : Main | Mobile No.: |
|--|--------------------|-----------------------|---|-------------------------------------|--|
| Disability I MENTALLY IMPAIRED (75%) | | | | | |
| | | IRemark | 10 | uantity (| Valung |
| TO OM OT MSJED KIT MULTI-SENSORY INTE | GRATED EDUC | | | | |
| The owner of Manual Control of Manual Control of Contro | | | Total | 1 | 4500.00 |
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| | (52 | 4)4 | | | |
| ess Realine Town/village GUJARAT | Pin Code | : 396436 : NAVSARI | 8-Am Emai | | |
| and Type & No. : Other (SCHOOL) | | PARTI | | | |
| | | | | | |
| a of Disability : 1. MENTALLY IMPAIRED (75%) | | | and the second | Quantity | Value |
| | | | | - 1 | 4500.00 |
| O. Appliances Detail TO OM 01 MOULD KI - MULTI-SENSORY INT | T GRATED EDL | ICATI | Total | 1 | 4500.00 |
| | | | | Signature | of Medical O |
| | | PARTI | | | # Three Thousan |
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| I NIKPIL Cartiny that I man and anization in a | lase the under | Calendy is reason | | | |
| ids and appliances supplied from me. | | | | | |
| The second second second second | | | | तामाची / संरकान | an avenuer 1. 30 |
| The local division of | O Rep. | Signature | Thumb Impres | sion of the t | Beneficiary/Gu |
| Counter Signed by Disk Authority/ALIMC | increased in the | RECEIP | T OF APPLIA | NCES | |
| | | | ID OP IVIP) ATOM | I RIVER A TA | TD OM OI STREET |
| र्थ NUKIAL प्रशासित करतात्वरांसे हैं कि अन्य दिशांक राज्यत से राज्य किया है। | | TO ON OT ADDIE | inces under ADI | P.SPL (VIP) ac | heme of Govt. o |
| af NIKHIL verifite waterwork & the area there at an a there as a constant that the second at a second to the second to the second second to the second second second to the second secon | ion. | | Γ | | e |
| | | | 012334 | - | लामाची । संरक्षक |
| व्रक्ताबार - जिला अधिकृत अधिकारी / पतिरको पति | (MIN | | (Carnet) | ure&Thumb | mpression of |
| Counter Signed by - Dist Authority/ALIN | ICO Rep. Pla | CO L'armanenterto | a Mark Mature an | nd three year | ra for all other |
| Counter Signed by - Dist Authority/ALIN | SN& 10 year | for High Cos | त्में उच्च कीमत | उच्च कोटि के | उपकरणा के लिए |

पात्रता : ज्यज्ञतम १ वर्ष विशेष आवश्यकता वाल

| | | ASSESSM | परीक्षण पा | | | | VIVERANAN PLOLENNA |
|---|--|--|-----------------------|--------|-------------------------------|------------|---|
| Slip No. : 201 Name of the | 6-17/NAVR3/T12/00 Beneficiary : NIHAL | 554/ADIP-SPL (V | IP) | | Data : 21/08 Age : 11 | Sex : Fema | |
| Type of Disab | IIIty I MENTALLY IMPA | URED (40%) | | | | | |
| S.No. Appl | lances Detail M OT MSIED KII - MULTI-S | ENSORY INTEGRATI | | lemark | | Quantity | |
| | 6 | 3) 19 | Ja- | , 19 | Total | | 4500.00 ax - Eller sriftspor Higned by - Dist |
| araa Areaninia Town/Village I Ia Ia पद्र और त. | :NAVSARI :GUJARAT : Aadhar Card (70408 | বিলকার Pin Code রিন্না District | : 396310 : NAVSARI | | Mobile N ई-मेल Èmail ID | 4 4 | |
| and the or test | | | PARTI | 1 | | | |

ype of Disability : 1. MENTALLY IMPAIRED (40%)

| Na | Appliances Detail | Quantity | Value |
|----|--|----------|---------|
| 1 | TO OM 01 MSIED KE- MULTI-SENSORY INTEGRATED EDUCATIV | 1 | 4500.00 |
| | Tota | i 1 | 4500.00 |

निर्धारक चिकिल्ला अधिकारी/पनशी

Signature of Medical Office

PART III

प्रजामित किया आज हे की जेरी त्यन्तित्रल आजकारी के अनुसार लाजायीं / उसके पिता / उसके संरक्षक के माहिक आय व. 2500 (त्राय्टी में Two Thousand Five

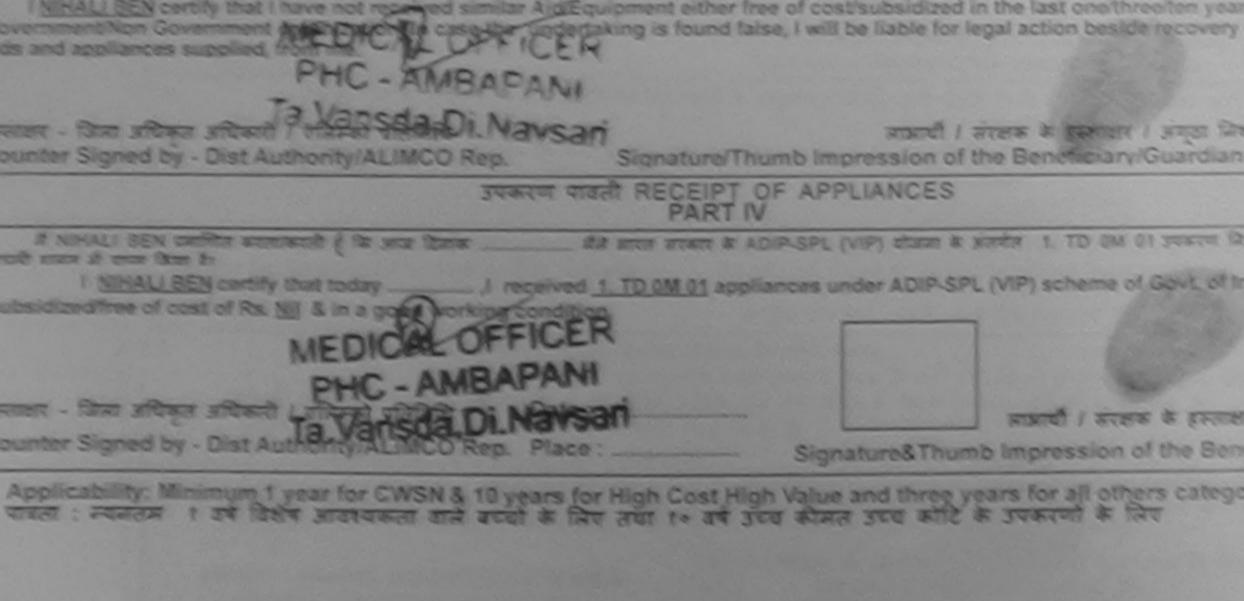
Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rup) nousand Five Hundred only.)

त्ताक्षर - सहयोगी संस्थाधीजेला अधिकृत अधिकारी ounter Sig. by - Collaborative Agency/ DIst. Authority

निर्धारक प्रधानाचार्थ/हेड मारूटर/एस.एस. ए. प्रतिजिति Signature & Stamp of the Principal/Head

में NIHALI BEN प्रसाणित कारणांकाली हूं कि मैंने रिकारे रकारीसाइस- वची में सारत नाकार/राज्य सरकार या अस्य समाजिक घोडना के अतर्गत कियी गायनीय मा करन ज्यत नहीं किया है। यदि मेरे इवाल ही येई त्यवार्ग बजत यहे जाती है तो मेरे उपर कान्सी कारवाही या आपूर्ति किये गये उपस्कर एव उपकरन की पूरी लागत हुन æ

I NHALI BEN certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten year



| Certified that to the best of my knowledge, the monthly income of sand Five Hundred 2019 | | Gehra u | पानाचार्य/हेड मास & Stamp of f | टरांपस.पस. प. प्र | तिनिधि । |
|---|-------------------|--------------------------------|--|---|-------------|
| Certified that to the least my knowledge, the monthly income of | / sas aces | के साहिक आव acyl father / o | र. 2500 (सन्दर्ग में uardian of the | Two Thousan patient is Rs. | (Rupees |
| | ADTU | | Signature | of Medical (| Officer / |
| | | | | किल्सा अधिकारी | |
| TD 2A 06 Wheel Chair Folding Child Size (MAMTA) | | Tota | 2 | 11700.00 | |
| TD OM 01 MSIED KR - MULTI-SENSORY INTEGRATED EDUCATI | | | 1 | 7200.00 | |
| Appliances Detail | | | Quantity | Value 4500.00 | |
| of Disability : 1. MENTALLY IMPAIRED (50%) | | | | | |
| | PARTI | | | | |
| ल पत्र और ल. ard Type & No. : Aadhar Card (321045542974) | | | | | |
| GUJARAT District | the second second | | | | |
| Town/Village Pin Code | AVSARI | | | | |
| Clark Carda | 6436 | Em | all ID | | |
| 7 | | E | | Spen | Part |
| 5 9998194880 | | 40 | L | SAM | |
| | | | Counter Sign | Ban alling an | the to I at |
| | | Total | 2 | 11700.00 | - |
| TD 2A 06 Wheel Chair Folding Child Size (MAMTA) | | | 1 | 4500.00 | 11/12 |
| TD CM 01 MSIED Kt - MULTI-SENSORY INTEGRATED EDUCAT | Remark | | Quantity | Value | 0 |
| | 100 | | | | |
| of Disability : 1. MENTALLY IMPAIRED (50%) | | Age: { | Bax : Mala | Moblie / | |
| No.: 2016-17/NAVR5/T8/01181/ADIP-SPL (VIP) | | Date : 21/08 | | POOLJUN | |
| AL TATA AND AND AND AND AND AND AND AND AND AN | | | | the second se | |

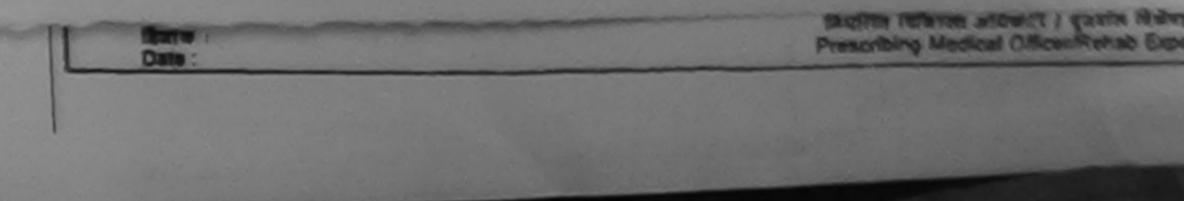


name : Date :

| | | पावली पर्च | ñ | | PUSP |
|---|-----------------------------------|---------------------------------|---|---|--|
| Slip No. : 2016-17/NAVSA1/T17/00515/ADIP-SPL Name of the Beneficiary : NAIM KUMAR | (VIP) | | Date . 08/0 Age : 10 | 9/16 Sex Atom | M |
| Type of Disability I MENTALLY MPAIRED (50%) | | | | | |
| S.No. Appliances Detail | | Remark | | Quantity [| |
| 1 TO OM OT MSIED KI - MULTI-SENSORY INTEGRAT | ED EDUCAT | | | 1 | |
| | | | Total | 1 | 450 |
| | | | | Counter Sig | t - Brail y gried by - |
| राज्य State पहचान पत्र और जे. ID Card Type & No. : Voter ID Card (bjn090068) | | ARI RT II | | | |
| Type of Disability : 1. MENTALLY IMPAIRED (50%) | | | - | 0 | Male |
| S.No. Appliances Detail | | | | Quantity | 4500.0 |
| 1 TO OM OT MSIED KI - MULTI-SENSORY INTEGRATED | EDUCATI | | Total | 1 | 4500.0 |
| 1 JED ON OT MOLES | | | Total | 1 | |
| | | | | Signature o | f Medic |
| | PAR | T III | | | |
| प्रमाणित किया जाता हे की मंदी व्यक्तिमत जानकारी के अनुसार सामायी / | | th areas in a | माहिक जाय ह. | 1200 (1122) 2 | One Thou |
| Certified that to the best of my knowledge, the monthly in Thousand Two Hundred only.) | ncome of the | beneficiary | father / gua নির্ঘাকে ত্র্যান Signature & | ardian of the p आवार्य/हेड मास्टर Stamp of th | atient is एएस.एस. ie Princi |
| Counter Sig. by - Collaborative Agency Disc Addition | • तथा म आरत • ती है तो मेरे उप | तरकार/राज्य सर र कानूनी कारण | कार या अल्य व ती या आपूर्जि वि | माजिक दोजना के इवे गये उपस्कर का idized in the la | त्रांतर्थत कि र उपकरण ist oneith |
| aids and appliances supplied, from me. | | | 1 | | 1 |

0 लाआयीं । सरक्षक के हरुताकर । हस्ताखर - जिला अपिकृत अगिराधि शिर्वलेग्को पतिनिधि Signature/Thumb Impression of the Beneficiary/ Counter Signed by - Dist Authonity/ALIMCO Rep. उपकरण पावती RECEIPT OF APPLIANCES A HIM STOL I NAIM KUMAR certify that today ______ I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme i भारती तावटन में प्राप्त किता है। subsidized/free of cost of Rs. Nil & in a good working condition. हरनाकर - जिला अधिकृत अपिनारित हिंद्धांकी प्रतिनिधि तामायी । सरका Date : Signature&Thumb Impression of Counter Signed by - Dist Authority/ALIMCO Rep. Place : Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all other पात्रता : ज्यनतन र वर्ष विशेष आवश्यकता वाले बच्चों के लिए तया र॰ वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

| ASSED | SMENT ACKNO | WLEDGEMEN | IT SLIP | Camp Venue | WATIYA PATIDAP VIVEKANANO SI POOL, RINA THU | 10 |
|--|---|---|--|---|--|------------------|
| | SMENT ACKING परीक्षण प | | | | | |
| IO. : 2016-17/NAVR4/T17/00827/ADIP-SPL | (VIP) | Dal | 10 : 22/01 10 : 9 | Sex Male | Moniter No. | |
| of the Beneficiary : UTSAV | | | | | Value | |
| of Disability 1 MENTALLY IMPAIRED (75%) | | Remark | 10000 | Quantity | | |
| of Disatinty | | | Total | 1 | 4500.00 | |
| TD OM 01 MSIED Kit - MULTI-SENSORY INTEG | | | TOLAN | Counter | Signed by - Dist Aut | |
| | - 1 | | 10000 | | | |
| ento | | | | | | |
| Diet | - NAV SI | ARI | | | | |
| Type & No. : Other (NA) | nct | | | | | |
| | PAR | TIL | | | | 1 |
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| | | | | | | |
| Appliances Detail | 0.000000 | | | Quantity | Value | |
| D OM 01 MSIED KIL- MULTI-SENSORY INTEGRATE | DEDUCATI | | Total | 1 | 4500.00 | |
| | | | Total | নির্ঘাচন ক্রি | 4500.00 | - |
| | | | | Signature of | of Madace) Office | D. |
| | | | 20.4 4. | IDUN (RING) M | One Thousand Five | H |
| Five Hundred only.) | y income of the b | eneficiary/ fath | er / guar | dian of the p | atient is Rs. (Ruper | T T |
| Hundred only.) (4101 (43-4 प्रतिजय अधिकारी सन् सहवागी सस्याजिता अधिका अधिकारी होरी Sig. basedunder ative Agency/ Dist. Authori | ty | eneficiary/ fath নির্ঘান Signa | er / guar ক বয়ানা iture & | dian of the p वार्य/हेड मास्टर Stamp of th | atient is Rs. (Ruper দেৱ.দেৱ. ব. ব্যৱিনিয়ি e Principal/Head I | H IS AM |
| Five Hundred only.) सहयोगी सस्या/जेता सपिकन करिनेषिडारी Sig. based control and a standard of the Sig. based control and a standard of the a नही किया हा यदि भर द्वांत दी मई त्यनाचे मनत पर्ड जाती AV certify Mar New not received similar AutEqu ent/Non Government and and the similar AutEqu ent/Non Government and the similar AutEqu oppliances subbled from me. - नवसारी. AUCI (10-1) तिपन्ध अधिकारी सन | ty में आरत शरकार/राज्य हे तो मेरे उपर कानूनी ulpment either fre | eneficiary/ fath निर्धार Signa सरकार वा अन्य स कारवाही या आप्ति e of cost/subsi | er / guar क प्रधाना iture & माजिक वो किये गये dized in bliable f | dian of the p वार्य/हेड मास्टर Stamp of th उपस्कर ला उप the last one/ or legal actio | atient is Rs. (Ruper एएस.एस. ए. प्रतिनिधि e Principal/Head I किसी सारकीष/अन्नासकीषा करण की पूरी सामत जुमत Unreelten years' from n beside recovery o | H IS AM SIG IN |
| Five Hundred only.) ALE GOM LACORDS ALE SIZE AS AREATING ALE | ty में ज्ञारत करकार/राज्य है तो मेरे उपर कान्ही ulpment either fre dertaking is four Signature | eneficiary/ fath निर्धार Signa सरकार वा अन्य स कारवाही वा आपूर्ति e of cost/subsi d false, I will be | er / guar क प्रधाना iture & माजिक वो माजिक वो विषये गये dized in fliable f लाआपी ession | dian of the p वार्य/हेड मास्टर Stamp of th उनस्कर एवं उपर the last one/ or legal actio | atient is Ris. (Ruper रिएस.एस. ए. प्रतिनिधि e Principal/Head I किसी सारकीय/अनामकीया करण की पूरी सामत मुगत | N DE BE ME ST |
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| Five Hundred only.) सहयोगी सस्याजिता झापकर का किस्ति कारी Sig. backcouldboratuve Agency/Dist Authori SAV प्रमाणित करता/करीति के मंद्र विद्य एक/लेबाट्स का त्या त नहीं किया है। यदि भर द्वांग दी गई त्यागरे मजत यई जाती AV certify किस्ति अपने के त्यागरे मजत यई जाती SAV certify किस्ति अपने के त्यागरे मजत यई जाती SAV certify किस्ति अपने कर ग्रेजिंद के अधि कारी तर्द् ent/Non Government अवस्ति क्याजित का का किस्ति का करिकन अधिका के राज्य जातिकारी सेखे जिला करिकन अधिका के राज्य जातिकारी सेखे जिला करिकन अधिका के राज्य का विकारी Signed by - Dist Authority/ALIMCO Rep. उपकरण | ty में जारत करकार/राज्य हे तो मेरे उपर कान्नी ulpment either fro dertaking is four Signature पावती RECEIF | eneficiary/ fath निर्धार Signa सरकार वा अन्य स कारकाही वा आपूर्ति e of cost/subsi d false, I will be | er / guar क प्रधाना iture & माजिक वो माजिक वो विरुवे गये dized in fliable f ession IANCE | dian of the p वार्य/हेड मास्टर Stamp of th उनस्कर एवं उप the last one/ or legal actio | atient is Rs. (Ruper Tora. ए. प्रतिनिधि e Principal/Head I किसी सारकीय/आगसबीया करण की पूरी सामत मुमत Unreelten years' from n beside recovery o C.A.C. हस्ताक्षर / अम्ठा निर्धा ficiary/Guardian (I | |
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| Five Hundred only.) सहयोगी सस्याजिता झापकर का किसी कारी Sig. baccouldooratuve Agency/Dist Authori SAV प्रमाणित करता/करीत के मंद्र त्ये प्रेयते एक/तीत/दस वर्ग त नहीं किया है। यदि से द्वांग दी गई त्यनाएं मतत एई जाते A नहीं किया है। यदि से द्वांग दी गई त्यनाएं मतत एई जाते SAV certify Multi Have not received similar Alaceque ent/Non Government अवस्था अधिकारी तेल का करिका आधीर मंद्र का प्रितारी से क्ष ताला करिका आधीर मंद्र का विकार का मिल्ली Signed by - Dist Authority/ALIMCO Rep. उपकरण (SAV प्रमाणित करता/काती हू कि आज दिनाक का | ty में जारत वरकार/राज्य हे तो मेरे उपर कान्ही ulpment either fre dertaking is four Signature पावती RECEIF PAR | eneficiary/ fath निर्धार Signa सरकार वा अन्य स कारकाही वा आप्ति e of cost/subsi d false, I will be of false, I will be Thumb Impr PT OF APPL T IV | er / guar क प्रधाना iture & माजिक वो माजिक वो विदेखे गये dized in bliable f ession IANCE | dian of the p वार्य/हेड मास्टर Stamp of th क्रिम के अंतर्गत के उपस्कर एवं उप the last one/ or legal actio f the Bene S कर्मत 1. TD 0 | atient is Rs. (Ruper प्रिय एस. ए. प्रतिनिधि e Principal/Head I किसी सारामीय/आगामनीया करण की पूरी सामत मुगत three/ten years' from n beside recovery o CAC हस्ताक्षर / अम्ठा निर्वा ficiary/Guardian (1 | |
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| | ASSESSMENT ACKNOWLE परीक्षण पाउली | DGEMENT SLI | P Camp Venue | MATIYA PATIDA VIVEKANAND POOLJUNA TA | AR VADINEAR SVIENMENO GANA NAVSAR |
|---|---|------------------------|-----------------------------------|--|---|
| 016-17/NAVR5/T 7/01071/A | DIP-SPL (VIP) | Date : 23/0 Age : 6 | Sex : Main | Mobile No | |
| e Beneficiary : TARUN Ibility 1 MENTALLY IMPAIRED (Inflances Detail OM 01 MSIED KIL-MULTI-SENSO | 75%) [Rema | Total | Quantity 1 1 Counter Siz | Value 4800 00 4500 00 4500 00 and by - Dist Au | Durity (ALIMACO |
| | 292° 143 | | -मेल : | | |
| Village :GUJARAT और ने. pe & No. : Aadhar Card (84582 | থিনকার : 396430 Pin Code : NAVSA District : NAVSA | E | Èmail ID | | |
| | PART | 111 | 198 | | |
| ability : 1. MENTALLY IMPAIRED | 2 (75%) | | | | |

| ppilances Detail | | Quantity | Value |
|--|-------|----------|---------|
| DOM OT MSIED KIL- MULTI-SENSORY INTEGRATED EDUCATI | | 1 | 4500.00 |
| | Total | 1 | 4500.00 |

निर्घारक धिकित्सा अधिकारी/पुनवांस विशेषअ के

Signature of Medical Officer / Rehab

PARTI

किया जाता हे की मेरी व्यक्तिमत जानकारी के अनुसार लामायी / उसके पिता / उसके वरशक के माशिक आय क. 2500 (शब्दों में Two Thousand Five Hundred म

ed that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees Two Five Hundred only.)

મબધંક અધિકારી સહ रहयोगी संस्थाजिला असी Sig. by - Collaborative Agency () 122 Authority 12

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निर्धारक प्रधानाचार्य।हेड मास्टर/एस.एस. ए. प्रसिनिधि के हस्ताक्षर Signature & Stamp of the Principal/Head Master /Si

UN प्रमाणित काताकाती हूं कि मैंने पिछले प्रस्तिति कर्ण में भारत सरकार/राज्य सरकार या जन्य समाजिक योजना के अंतर्मत किसी सालकीय/जसासकीय/जसासकीय/जस सरका । नहीं किया है। यदि मेरे द्वारा दी नई त्यनाचे मलत पाई जाती है तो मेरे जपर कानूनी कारवाही या आपूर्ति किये गये उपरकर एवं उपकरण की पूरी जागत भूगतान की जिन्दी

IN certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years' from any ht/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of the full continues supplied, from me.

| ना अधिकृत अधिकारी । एतिस्को प्रतिनिधि gred by - Dist Authority/ALIMCO Rep. | Signature/Thu | लाझायीं / संरक्षक के हस्लाखर / अयुठा नियानी (अवन्य) mb Impression of the Beneficiary/Guardian (In case o |
|---|---------------------|---|
| उपव | तरण पावती RECEIPT O | |
| IN পদালির কলে/কর্তেট ই ফি এবর ইনেক কিবা হ। ARUN certify that today | | L (VIP) बोजना के अलगेत 1. TO OM 01 उपकरण दि गुल्क गिवावली दर प under ADIP-SPL (VIP) scheme of GovL of India at subsidize |
| ग अधिकृत अधिकारी । एतिमको प्रतिनिधि | Date : | |
| ned by - Dist Authority/ALIMCO Rep. | | लामायी । सरक्षक के हरूलावर तथा अगुठा |

cuility: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categories न्यनतम र वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा १० वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए



| T.s. | 12- | ASSESSMENT | क्राण पावती प | चा | | WEXAMAND DAMA IN KXX, JUNA THANA IN |
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| +7 j | UNAVR3/TE/00461/ | | | Sect. 22.000 | 16 Sex : Female | |
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| Applianc TO OM 01 | ASTED KR - MULTI-SEN | SCRY INTEGRATED E | | Total | Carlos Series | ASLA IA Con alloga allocate i s id by - Crost Autocomp |
| E/254 | :NAVSARI | Rossis | :396436 | Mobi \$-## Emai | les 1960. | 7698608312 |
| an/Village रव और मं. | GUJARAT | Pin Code Grat District | :NAVSARI | | | |
| Type & No. | : Aadhar Card (9797 | 261121114 | | | | |

PARTI

Obability : 1. MENTALLY MPAIRED (50%)

| Anniances Detail | | Quantity | Value |
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| TO OM OT MOLED KIL- MULTI-DENGORY INTEGRATED EDUCATIV | | 1 | 4500.00 |
| | Total | 1 | 4500.00 |

Sectors Warm afterdirector for Signature of Medical Officer (P

PARTIN

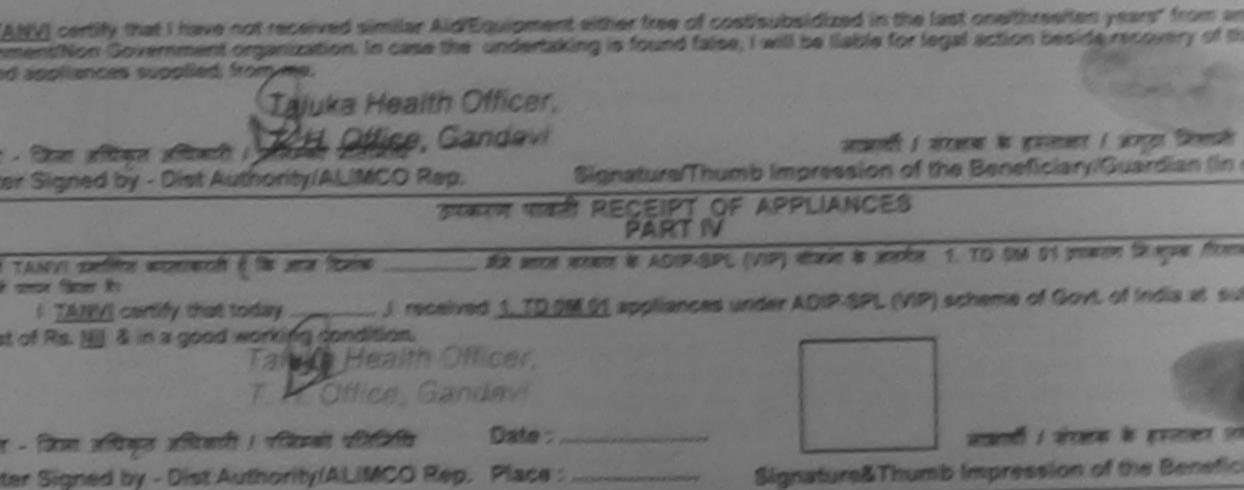
fine face and \$ 40 and calibrat means is anoth a part film I pain from a seller and a. 2400 (mail R. Two Thousand Four Hu-

rtified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Ruppers nd Four Hundred only.).

- उड्योमी सम्यादिका इतिकृत इतिकरी er Sig, by - Collaborative Agency/ Dist, Authority

निर्धारक प्रयानगर्धाहेई मामटरांगर गर. ग. परित्रिति के Signature & Stamp of the Principal/Head Man

LANNI TREAM ATAMATE & IN AN PORT TREAM TRADE OF A REAL STRUCTURE STATE IN AND A STRUCT TO A STRUCTURE STATE OF A मान नहीं किया है। बदि मेरे दलेग ही तई स्वतली मतन नई जाती है जो मेरे इन्द्र कार्यही कार्यही के जाते उपकार 18 उपकार की ती जाता प्रतान व



plicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categories of : म्यमतम 1 वर्ष दिशेष आवश्यकता तले बांग्यों के लिए तोग 1+ वर्ष उटव कीमत उपये कोई के उपकरणों के लिए

SSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue : MATIYA PAT परीक्षण पावती पची

VIVEKANAN POOL JUNA

p No. : 2016-17/NAVR5/T8/00966/ADIP-SPL (VIP) me of the Beneficiary : TANVI

Date : ?3/08/16 Age 7 Sex : Female

Mobile

pe of Disability : 1. MENTALLY IMPAIRED (90%)

| No. | Appliances Detail | Remark | Quantity | Value |
|-----|--|--------|----------|--------------------------------|
| 1 | TO OM 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT | | 1 | 4500.00 |
| 2 | TD 2A 06 Wheel Chair Folding Child Size (MAMTA) | | 1 | 7200.00 |
| 3 | TD 2N 86 Rolator Size II (Adult) | | 1 | 1026.00 |
| | | Tot | 3 | 12726.00 |
| | | | | - शिला अधिकृत nec by - Dist |

| | Pin Code | | |
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| GUJARAT | ত্রিনা District | :NAVSARI | |
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PARII

I DOWN I MENTALLY IMPAIRED (90%)

| Appliances Detail | | | Quantity | Value |
|--|--------------|-------|----------|----------|
| TO CM OT MSIED KI - MULTI-SENSORY INTEGR | ATED EDUCATI | | 1 | 4500.00 |
| TD 2A 06 Wheel Chair Folding Child Size (MAMTA | | | 1 | 7200.00 |
| TD 2N 36 Rolator Size II (Adult) - | | | -1 | 1026.00 |
| * | \$°. | Total | 3 | 12726.00 |

निर्धारक चिकित्सा अधिकारी/पून Signature of Medical Office

PART III

णित किया जाता है की मेरी व्यक्तिमत जानकारी के जनुसार जाजायी / उसके पिता / उसके संरक्षक के मासिक आय ए. 4500 (शब्दों में Four Thousand F

rtified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Ru nd Five Hundred only.)

- सहयोगी संस्या/जिला अधिकंस अधिकंतरे री सेखे or Siguer Collaborative Agency Ret Authority

निर्धारक प्रधानावायीहेड मास्टर/एस.एस. ए. प्रतिनि Signature & Stamp of the Principal/Hea

pro

IANVI पम कर्मलाकरती है कि मैंने पिकने पकातीनादन वर्षों में सारत सरकार/राज्य सरकार या जन्य समाजिक योजना के जंतर्गत किसी शावकीय/अधासक यप्त नहीं किया है। यदि मेरे-द्वीरा दियाई त्यनार गतत याई जाती है तो मेरे उपर कान्नी कारवाही या आपूर्ति किये गये उपरकर एवं उपकरण की पूरी लागत m

ANVI certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years' f ment/Non Government organization. In case the Undertaking is found false, I will be liable for legal action beside recover appliances supplied, from man 2211 2414121.

लाआयी / संरक्षक के हस्ताकर / अंगुठा - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि Signature/Thumb Impression of the Beneficiary/Guardia or Signed by -- Dist Authority/ALIMCO Rep. उपकरण पावती RECEIPT OF APPLIANCES all line PARTIV मैंने सारत जरकार के ADIP-SPL (VIP) बोजना के जंतमंत 1. TD 0M 01, 2. TD 2A 06 TANVI प्रमाणित करता/करती है कि आज दिनाक शिवाकनी तर पर जरतरी राजन में प्रापन किया है।

t subsidized/free of cost of Rs. Nil & in a good working condition.

- जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि Date : ar Signed by - Dist Authority/ALIMCO Rep. Place :

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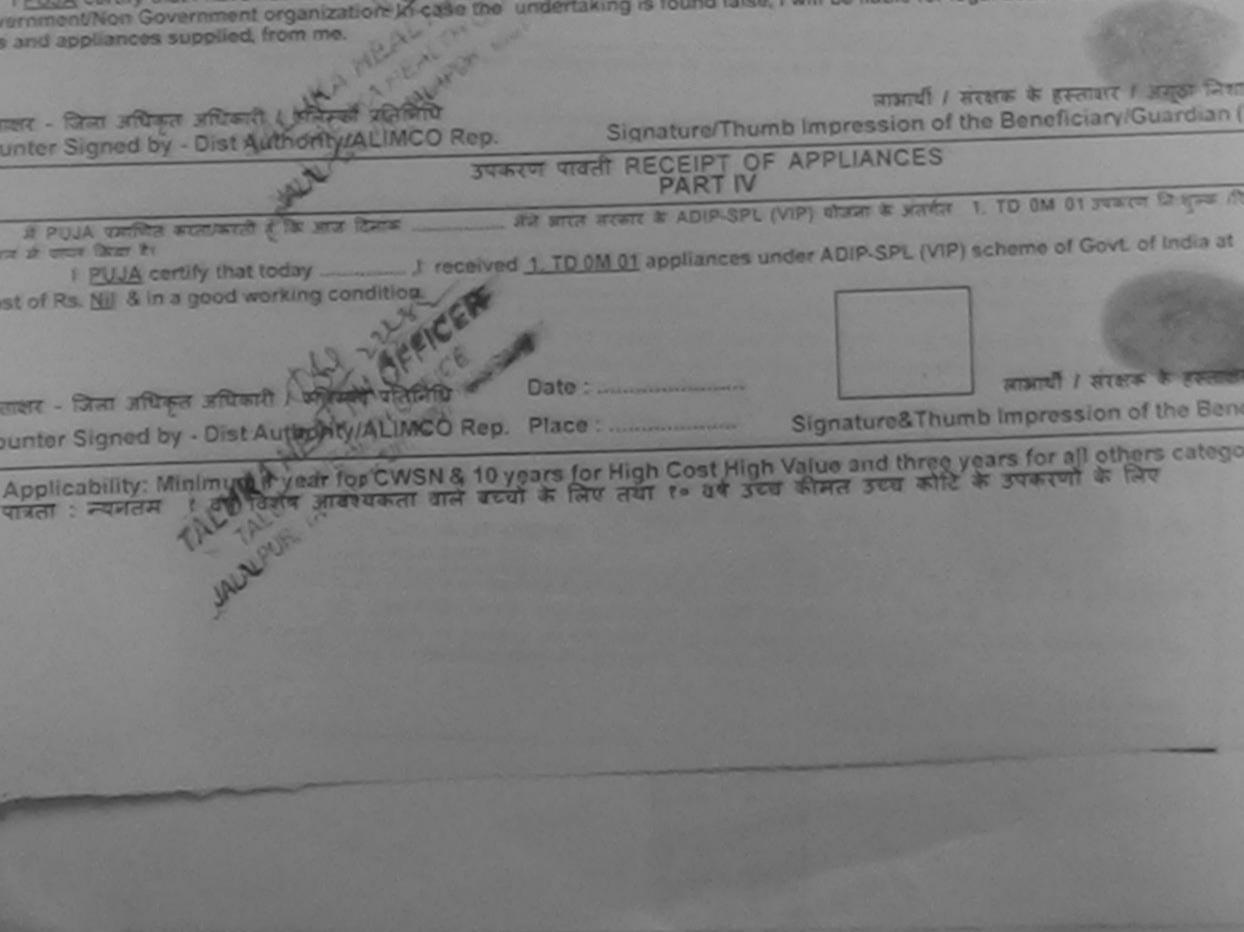
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लाआयी / संरक्षक के हस्त

icability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others cate : न्यनतम १ वर्ष विशेष आवश्यकता वाले बच्चों के लिए तया १० वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

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| AND ATTIMUM TO THE OPENATION OF ATIM DID SPL (VIP) | Outo : 21 | 08/16 Sex : Male | Mobile N | 2. +92.98 |
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| (283) Ar. | | | +91-9638992 | 22.40 |
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| own/Village 1396436 | | Émail ID | | |
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| पत्र और नं. d Type & No. / Patien Cand (42400000000000000000000000000000000000 | | | | |
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| PART | ॥ ३ | रिश्हारे हेमाल | ALL DOLL | |
| f Disability : 1. MENTALLY IMPAIRED (75%) | -114 | हर हरेख आव | SHACH | |
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| | | নির্ঘাকে পি | वेकिल्हा अधिकारी। | । प्रज्यांच्य वि |
| DADZW | | Signature | of Medical C | Hicer / F |
| PART III मेल किया जाता हे की मेरी व्यक्तिगत जानकारी के अनुसार लामायी / उसके पिता / उसके वर | war in writer w | | | |
| iffied that to the best of my knowledge, the monthly income of the bene d Five Hundred only.) | ficiary/father | य व. 2500 (शब्द) अ / guardian of the | patient is Rs | Buples |
| | | | dr. | |
| सहयोगी संस्थाजिता अधिकत अधिकारी Sig. by - Collaborative Agency/ Dist. Authority AHER चमाजित करता/करती हूँ कि मैंने पिछले एक/तीन/दस- वर्षों में सारत सरकार/राज्य अस ज नहीं किया है। यदि मेरे द्वारा दी गई सचनाएँ नजन यह जानी है जो हो? क्या करवनी कल | Signatu | uturnara the stamp of t | he Principal/h | lead Mas |
| ER certify that I have not acceived similar Aid/Equipment either free of ent/Non Government organization FICER undertaking is found fa appliances s HEDIGAL. OF FICER undertaking is found fa PHC - AMBAPANI First artist and the Ambapani | ose, i will de ll | able for legal acti | on beside recon | very of the |
| Signed by - Dist Authority/ALIMCO Rep. Signature/Th | umb Impres | नाझायीं / संरक्षक के sion of the Ben | eficiary/Guard | fian (în c |
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| UHER प्रमाणित करता/करती हूँ कि जाज दिसाक | SPL (VIP) योजना | के अंतर्मत 1. TD (| 0M 01 চৰমাল নি: | गुल्क गिराय |
| Rs. Nil & in a good working condition | is under ADIP | SPL (VIP) schem | e of Govt. of Ind | dia at sul |
| MEDICAL OFFICER | | | | |
| जेला अधिकृत अधिकारी / सिमिनि प्रतिनिधि मि A POWL | | | | |
| Signed by - Dist AJR NAME CLAOP PHERI | Signature | ्तामार्थ &Thumb Impre | ी। संरक्षक के हर scion of the F | |
| ability: Minimum 1 year for CWSN & 10 years for High Cost Hig न्यनतम । वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा १० वर्ष उद | h Value and | three years for | all others cat | egories |
| Date | | | | |
| | | | | |

| | ASSESSMENT ACKHOWI | LEDGEMENT SL | p Camp Venue | VIVERANAN POOLJUNA | |
|--|--|-----------------------|---------------------------------|-----------------------|--------|
| ip No. : 2016-17/NAVR4/T12/00665// | ADIP-SPL (VIP) | Oute - 228 Age : 7 | Sex : Female | Mobile fi | |
| pe of Disability 1. MENTALLY IMPAIRED | (50%) | | | | |
| No. Appliances Detail | Rati | nark | Quantity] | Value | |
| 1 TO OM OT MSTED KIT - MULTI-SENSO | and the second | | 1 | 4500.00 | |
| | | Teral | 1 | 4500.00 | |
| | | | | med by - Dist As | |
| | | | | (| |
| REALIZITA INAVSARI | चिनकोड : 396450 | Ěmai | I ID | - | - |
| fown/Village | Pin Code जिला :NAVSARI | | | | |
| GUJARAT | District : NAVSARI | | | | |
| r पत्र और जे. rd Type & No. : Aadhar Card (53298323 | 30305) | | अर्रार हे | armi zerch | |
| rd Type & No. : Additar Gard (Generation | PART | | NAZ 939 2 | AIGS HAR | |
| A REPORT AND A REPAIRED (S | | | | | |
| of Disability : 1. MENTALLY IMPAIRED (50 | | | Quantility | Value | |
| Appliances Detail | CONCATA | | Quantity | 4500.00 | |
| TO OM OI MSIED KIL - MULTI-SENSORY | NTEGRATED EDUCATI | Total | 1 | 4500.00 | |
| | | | निर्पारक चिकि Signature o | Medical Offic | रीस हि |
| | PARTII | | | ALIMU | 0.1 |
| ज्याणित किया जाता हे की मंग्री व्यक्तिगत जानकारी के | अन्ताव लामामी / उसके पिला / उसके संप | शक के मासिक आय व. | 4500 (8대로) 차 | Four Thousand F | ive H |
| Certified that to the best of my knowledge, | the monthly income of the bene | ficiary/ father / gu | ardian of the pa | tient is Rs. (Ru | pees |
| Sand Five Hundred only.) | Carls (including) and and a | | | W. | |
| तर - सहयोगी संस्था/जिला अधिकत अधिकारी nter Sig. by - Collaborative Agency/ D | Ist. Authority | Signature | arciarita anes & Stamp of In | eprincipatine | 00 1 |
| nter Sig. by - Collaborative Agency of में PUJA प्रमाणित करता/करती है कि मैंसे रिकले एकते ज पाप्त नहीं किया है। बरि मेरे देवारा दी गई स्पनाएँ I PUJA certify that I have not received say | तेत्र दश- वर्षे में सारत सरकार/राज्य सरक गलत यह बाही रातों मेरे उपर कान्नों क | | n the last one/th | reelten years" (| rom |



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ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue : MATIYA PATIDAR परीक्षण पावती पची

VIVERANAND SW POOL JUNA THAN

D. : 2016-17/NAVR3/T17/00579/ADIP-SPL (VIP) of the Beneficiary : IRFAN

Dato : 21/08/16 Age: 30 Sax : Male

Mobile No.:

Disability : 1 MENTALLY IMPAIRED (50%)

Appliances Detail Remark Quantity Value TO OM D1 MSIED KIL - MULTI-SENSORY INTEGRATED EDUCAT a. 4500.00 Total Ŧ. 4500.00 sectors - Exas allegie allegie Counter Signed by - Dist Authori

| Willage | Pin Code : 396430 | Curan to | |
|---|---------------------------|----------|--|
| GUJARAT और ज. pe & No. : Other (na) | जिला District :NAVSARI | | |
| | PARTI | | |

-ability : 1. MENTALLY IMPAIRED (50%)

| A CI MSIED KI - MULTI-SENSORY INTEGRATED EDUCATI | | Quantity | Value |
|--|-------|----------|---------|
| CENSORT INTEGRATED EDUCATI | | 1 | 4500.00 |
| | Total | 1 | 4500.00 |

निर्धारक चिकित्सा अधिकारी/पुनवीस वि

Signature of Medical Officer /)

PART III

भेषा जाल हे की मंग्रे व्यक्तिमल जानकारी के जनुसार नामायी / उसके पिल / उसके सरहाई के माशिव आय क. 200 (सब्दों में Two Hundred साम) हे।

a that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees

आण अञ्च प्रतिजये अधिकारी सक योगी अस्तर्भाजिसम् p by - Conaborative Agency/ Dist Authority

निर्धारक प्रधानाचार्य।हेड मास्टर/एस.एस. ए. प्रतिनिधि के Signature & Stamp of the Principal/Head Mas

प्रताणित करता/करती है कि मले पियले एक/तीत/दस - वर्षी में आरत सरकार/राज्य सरकार या जन्य समाजिक योजना के अतर्मत किसी धासकीय/अधास ही किया है। यदि मेरे द्वोरा दी गई मुखनाले मलत यह जाती है सो मेरे उपर कान्त्री कारवाही या आपूर्ति किये गये उपरकर एवं उपकरण की पूरी तामत मुमालन ।

| Non Government organization. In case the inner supplied from me. | Equipment either free of cost/subsidized in the last one/three/ten years* from an e undertaking is found false, I will be liable for legal action beside recovery of th |
|--|--|
| Med by - District Halling / ALIMCO Rep. | Nilcwj, M.K लाप्तार्थी / संरक्षक के हस्लावर / अगुठा निशानी (Signature/Thumb Impression of the Beneficiary/Guardian (In o |
| | HANT TITAL RECEIPT OF APPLIANCES |
| CAN BE A CONTRACT & SE STOR REALERS | मेंत्र आरत सरकार के ADIP-SPL (VIP) बोजना के जेलगीत 1. TO OM 01 उपकरण जिल्लाक तिवाद ed 1. TO OM 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at sub |
| ाण खञ्म प्रतिजये अधिशरी सत | |
| ed by - Distant Brity/ALIMCO Rep. | Date : |
| y: Minimum 1 year for CWSN & 10 y | ears for High Cost High Value and three years for all others categories के लिए तथा १० वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए |

| Cate : | | |
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| | | |

| | गराक्षण यावती | पची | antib Antion | VIVEKARANI POOLJUNA |
|--|---------------|------------------------|------------------|--|
| of Disability 1. MENTALLY IMPAIRED (75%) | ·) | Date : 224 Age : 15 | Sex : Male | Mobile N |
| TAppliances Detail TD 0M 01 MSIED KR - MULTI-SENSORY INTEGRATED | EDUCAT | irk | Quantity | Value 4500.00 |
| - | | Total | 1 Counter Sig | 4500.00 - fizer williger a ned by - Dillt As |
| | | | | |

| Disability : | 1. MENTALLY IMPAIRED | (75%) | | ਅਛੇਟ 5 ਦੇ ਕ ਆਪਤ ਸੁਕਾਰ |
|---------------------|----------------------|--------------------|----------|-------------------------|
| | | | PART II | अर्ट्यहारे डेम्पनां खात |
| | : Aadhar Card (47069 | 7689219) | | |
| र और मं. | GUJARAT | জিলা District | :NAVSARI | |
| ा/गांव m/Village | INAVSARI | पिनकोड Pin Code | :396450 | ई-मेल Email ID |

| Appliances Detail | | Quantity | Value |
|--|-------|----------|------------------|
| D CM 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI | | 1 | 4500.00 |
| | Total | 1 | 4500 Mochillende |

निर्धारक विकित्सा अधिकारी/हन्द्र्यल वि

DAR D SW

100

40 32

Signature of Medical Officer / I

PART III

त किया जाता है की मेरी व्यक्तिगत जातकारी के अनुवार वाझायी / उसके थिता / उसके संरक्षक के मासिक आय रु. 3500 (शब्दों में Three Thousand Five Hi

Five Hundred only.)

सहयोगी संस्था/जिला अपिकत अपिकारी Sig. by - Collaborative Agency/ Dist. Authority

Signature & Stamp of the Principal/Head Mas

HANDRESH BHAI प्रमाणित करता/करती हूँ कि मैंने पिछले एक/तीन/दल+ वर्षी में भारत सरकार/राज्य सरकार या अल्य सनाजिक योजना के अंतर्गत किसी सासकीय उपकरण जापत नहीं किया है। यदि मेरे द्वारा दी मई सूचनाएँ मलत पाई जाती है तो मेरे उपर कानूनी कारवाही या आपूर्ति किये गये उपस्कर एवं उपकरण की पूरी ल ते होनी।

ANDRESH BHAI certify that I have not perfored similar Ald/Equipment either free of cost/subsidized in the line one/three/ten

| d appliances supplied from ma. OF | the undertaking is found | false, I will be liable for legal action beside recovery i |
|--|--------------------------|---|
| जला जापिकत जिम्बारी & पलिम्बी योतनिपि Signed by - Dist Authonity/ALIMCO Rep. | Signature/Thu | लाआर्थी / संरक्षक के हस्तावर / अगुठा निशानी (mb Impression of the Beneficiary/Guardian (In c |
| अंग्रेजीय उपव | रण पावती RECEIPT O | APPLIANCES |
| CVHANDRESH BHAI certify that today | I received 1. TD OM (| त के ADIP-SPL (VIP) योजना के अनुसेत 1. TO 0M 01 उपकरण 1 appliances under ADIP-SPL (VIP) scheme of GovL |
| जला अधिकृत अधिकारी / एतिम्को प्रतिनिधि Signed by - Dist Authority/ALIMCO Rep. | Date : | आभाषी / संरक्षक के इस्लावार तथा Signature&Thumb Impression of the Beneficia |

ability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categories न्यनतम १ वर्ष विशेष जावश्यकता वाले बच्चों के लिए तथा १० वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

| ARTIFICIAL LIMBS MFG. CORP. 07 G.T. ROAD, KANPUR - 209217 Name of Beneficiary CHINTAN Age Age Father's Name BOGHA BALDANIA Father's Name BOGHA BALDANIA Camp Place NAMSAR Date 219/16 | DISABLED PER INTUT (A JTH STATE) CARE DRPORATION OF IN NA' UNDERTAKING S08016 JPANY Y LUNCIQUI, NAV Date : 08/09/16 | | 3 | Camp Type : | ADIP |
|---|--|---|-----------------------|--|--------------------|
| Assessed for 700 M0 | PARTI | आय | : 14 | लिंग | :N |
| Name of Assessing Rep | | Age जाति | : ST | Sex | |
| Signature | | Category | | | |
| own/Villago Pin Code | 396430 NAVSARI | मॉबाइल न Mobile No ई-मेल Email ID | | | |
| | PARTI | | | | |
| Disability : 1. MENTALLY IMPAIRED (75%) | | | | | |
| Appliances Detail TO OM OV MSIED KIT - MULTI-SENSORY INTEGRATED EDUCA | ATB | Qu | 1 45 | Value 00.00 00.00 | ~ |
| | | R | ार्धारक विकित्सा | अधिकारी/पुनवीस dical Officer | |
| | PARTIN | | and the second second | | |
| which face sent it at all cellines accessible argent anell / sale for indified that to the best of my knowledge, the monthly income and Five Hundrod only ? . again area form after a source area to the monthly income or Say, by a Collige contract and and the Authority | of the beneficiary/ far गिर Sig | ther / guardiar ग्रीरक ज्यानाचार्य nature & Sta | n of the patient | t is Rs. (Rupeer ম. ए. प्रतिनिधि व ncipal/Head N | s Or I Aaste |
| CHITAN certify that I have not received similar Aid Equipment | either free of costisu | bsidized in the | alast one/three | /ten years* from | n any |

to appliances supplied, from me.



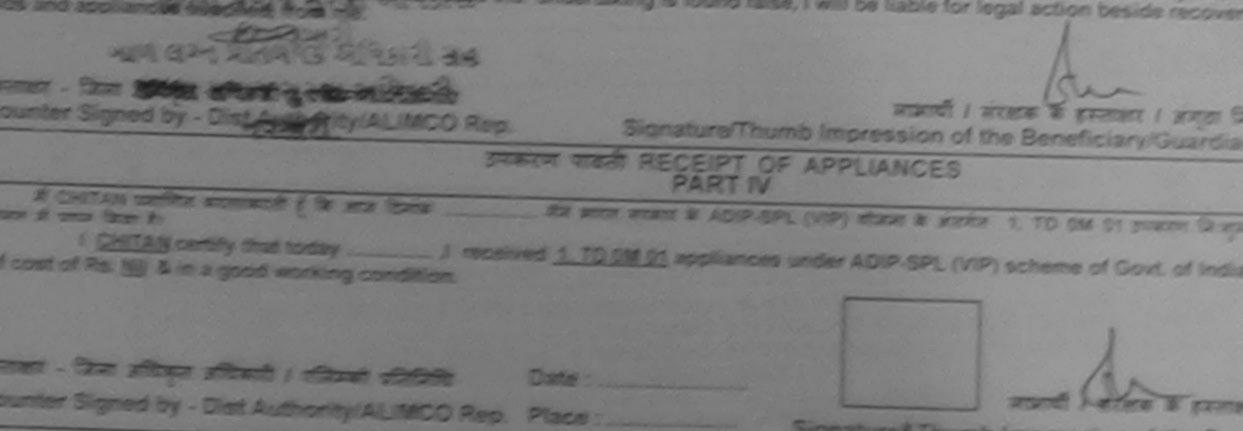
| י לאות אולנקה אוניאולו ו יוואדאל מהואלוע יי איקאולא אונייראולו אייראל אולי אייר אולאליי | Signature/Thumb | ताओची / तरबाक के हस्ताक्षर / अंगुठा निश्वजी (आ Impression of the Beneficiary/Guardian (In cas |
|--|-----------------------------------|---|
| अल्या समाज करना अपिकारी उपर | मरण पावली RECEIPT OF A PART IV | |
| CHILASE SOUTHTRE ADDRESS OF THE TOTAL | | VIP) बोबला के अंतर्गत 1 TD GM 01 उपकाल जिल्हरू तिवाक Ider ADIP-SPL (VIP) scheme of Govt. of India at sub |
| sb/ | | |

ter Signe MAR AND MARKAR Place :

Signature&Thumb Impression of the Benefician

phicability: Minumum I year for CWSN & 10 years for High Cost High Value and three years for all others categories तर . स्थानजम १ वर्ष विकास सामियकता वाल बच्चों के लिए तया १० वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

| 60 02 00 | पराव | नण पावता पच | 0 | | POOL JONN I |
|--|--------------------|---|-------------------------------|-----------------------|--------------------------------------|
| 30 272 10 | | | | 16 | |
| P NO. : 2016-17/NAVR4/T12/00760/ADIP | SPL (VIP) | | Age: 23 | Sex many | |
| me of the Beneficiary : CHITAN | | | | | |
| pe of Disability 1 MENTALLY IMPAIRED (50% | | | | Quantity 1 | |
| | | Remark | | | |
| No. Appliances Detail 1 TD-0M-01 MSIED KR - MULTI-SENSORY I | NTEGRATED ED | NCAT | Total | 1 | 4500.00 |
| TO OM OT MSIED KIL-MOLTPOLITION | | | | Kalenari Alexandra | - Drus x Bran J pred by - Dist A |
| A | | | | Counter on | pres of the |
| 280 | | | - 1 | | |
| | | OK | | | |
| | | OR | | | |
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| | | | | | |
| | | :396310 | 8-21 | | |
| | Pin Code | *220210 | Em | ail ID | |
| State :GUJARAT | विना | :NAVSARI | | | |
| हवान पत्र और न. | District | | | | |
| D Card Type & No. : Other (na) | | | | | |
| | | DADTI | | Serie Carlo Carlos | |
| ype of Disability : 1 MENTALLY IMPAIRED (50% | 6 | PARTI | | | |
| | | | | | |
| No. Appliances Detail | | | | | |
| 1 TO OM OT MSIED KIL - MULTI-SENSORY IN | TEGRATED EDI | CATH | | Quantity | Value, |
| | | - Contraction - | Tetel | 1 | 4500 58 |
| | | | Total | 1 | 4500.00 |
| | | | | निर्धारक विषे | Bert Marina |
| | | | Section of the section of the | Signature (| of Medical Of |
| surface face was 2 in the otherway would be | | PARTI | and and and | | |
| | गण मामणी / उसके | जिला / उसके संरक्षक व | र माहिक जात र. | 3500 (8782) # | Three Thousand |
| Certified that to the best of my knowledge it. | monthly incom | an of the horself of a | | | |
| rousand Pive Hundred only.) | , | N OF DRY DEFISING (3 | cyr racher i gus | irdian of the p | atient is Rs. (R |
| બાળ લગ્ન પ્રાંતન વક આવેકારા સ | | | | | |
| The formation of the second second second | | | Catron man | | |
| ounter Sig. by - Collaboratival Agency/ Dist. | Authority | | | | wa.स.स. प. प्रतिति e Principal/He |
| में CHILAN प्रसाणित कारताकाती है कि रेज लियज लकाते काल राज्य नहीं किया के बाद में। इसके दी नई स्वानां स्वान | ALCR - and # serve | - | | | |
| काल राज रही किन है। बीटे में द्वारी है की सुबात राजन है। | | जगर बाजरती कारवाड़ी । | स अपूर्व केंद्र म | T STRAT TO YOUR | |
| SCHOTTAN | | | | | |
| I CHITAN CREEK there have not received she is | FAIdEquipmen | t either free of con | traubaldized | n the last one | thread or and the |
| the and application of the state of the second state | e undertako | ng is found false, I | will be Rable | for legal action | hours of the second |



Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others catego ment : Former 1 of Teen presented and accel & RV Act 1+ of 300 Acre and three years for all others catego

| G.T. R Name of Benefit Age Father's Name | CHIR 21 PRAVIN D | HAMELIYA HAMELIYA | COMPANY | INDIA G | | |
|---|--------------------------|----------------------|--------------------------------|--------------------------|-----------|-----------|
| Assessed for | TOMOS | | nent Date : 07/09/16 PART I | | C | amp Typ |
| | ing Rep | | | आप Ago | : 21 | fan Se |
| Signature | | fr | | जगति Category | : General | |
| 271 | Ker | ./ | SAYAN SURAT | मोबाइल ने. Mobile No. | : +91-987 | 966464 |
| हर/करूबा/गांव Ity/Town/Village उन्य | :NAVSARI | থিনকার Pin Code | :385350 | ई-मेल Email ID | • | |
| जन्म tate हवाल पत्र और लं.) Card Type & No. | :GUJARAT : Other (na) | जिला District | :NAVSARI | | | |
| | | | PARTI | | | |

pe of Disability : 1. MENTALLY IMPAIRED (75%)

| No. | Appliances Detail | | Quantity | Value |
|-----|---|-------|----------|---------|
| 1 | TO OM OT MSIED KI - MULTI-SENSORY INTEGRATED EDUCATIK | | 1 | 4500.00 |
| | | Total | 1 | 4500.00 |

निर्यातक चिकित्सा अधिकारी/पुनड

Signature of Medical Offic

PART III

जनाणित किया जाता है की जेती व्यक्तितात जानकाती के जनुसार जात्राची / उसके पिता / उसके संरक्षक के मासिक जाय ह. 2000 (सब्दों में Two Thousand मान

Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rup ousand only.)

ERP

लाकर - सहयोगी अंध्योत्रिमा अविकृत अधिकारी कि जी आ ounter Sig. by - Collaborative Agency/ Dist. Authority

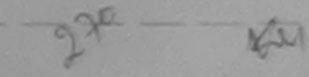
निर्यातक प्रयानायाय/हेड मास्टर/पस.पस. प. प्रतिनिर्ध Signature & Stamp of the Principal/Hea

में CHIRAG BHAI क्याणित करता करती है कि मैंने पिछने एकालेमादत- उमी में जारत तरकार/राज्य तरकार या जन्य समाजिक योजना के अंतर्मत किसी धासकीय है उपकरण जप्त नहीं किया है। यदि मेरे द्वादा दी नहे तुपनार नजत गई जाती है तो मेरे उपर कानूनी कारवाही या आपूर्ति किये गये उपस्कर एवं उपकरण की पूरी जान होगी।

| I CHIRAG BHAI certify that I have not received simi overmment/Non Government organization. In case the is and appliances supplied, fram me. | ilar Ald/Equipment either free of cost/subsidized in the last one/three/ten y undertaking is found false, I will be liable for legal action beside recovery |
|---|--|
| બાળ લગ્ન પ્રતિબંધ મ અપિકારી સહ | |
| aner - किंता अर्थिक अर्थिति किंती विश्वमिति किंति किंता कि | लामार्थी / संरक्षक के इस्ताक्षर / अंग्ठा जि Signature/Thumb Impression of the Beneficiary/Guardiar |
| and the second se | मण पावती RECEIPT OF APPLIANCES |
| স CHIRAG BHAI তমানির করেচকরেই 🕴 জার হিনাক | मेंग्रे क्रारत सरकार के ADIP-SPL (VIP) बोजना के अंतर्गत 1. TD 0M 01 उपकरण |
| | received <u>1. TO 0M 01</u> appliances under ADIP-SPL (VIP) scheme of Govt. o condition. |
| लावन - जिला अधिकृत अस्त्रिको जी प्रतिम्को प्रतिमिधि | Date : |
| nunter Signed by - Dist Authority/ALIMCO Rep. | लाआया / सरशक के हस्ताव |
| | |
| - प्रायताग्रि सामामाम् 1 year for CWSN & 10 ye | ears for High Cost High Value and three years for all others catego के लिप तथा to वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए |
| fitment, and the signature/thumb is | In to the dhabled as per prescription given above and I fully satisfied with its impression (in part III above) done in my presence |
| fizia : | |

विगरत अधिवारी / युजराज विजेवज Prescribing Medical Offices/Rehab Ext

×



Appliances Detail

पत्र अप्र न.

d Type & No. : Other (na)

Appliances Detail

and Five Hundred only.)

nd appliances supplied, from me.

Disability : 1. MENTALLY IMPAIRED (50%)

सहयोगी संस्थाजिला अग्रिकेले जिप्रकारी गणलगरी.

ter Sig, by - Collaborative Agency/ Dist. Authority

ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue ; CHC KHERCLAM

परीक्षण पावती पची

Remark

PART II

PART III

াদিব কিবা জনা है की मेरी বেকিনিষ্ঠ জনকাৰি के जनुसार सामायी / उसके पिता / उसके संरक्षक के माहिक जाय रू. 1500 (सब्दी में One Thousand Five Hu

ertified that to the besteft the keepedge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees

CHIRAG অমানির করে/করেই है कि मैंटे पिछले एक/तेमादन- वर्षों में सारत सरकार पा जन्म समाहित पोछल के अंतर्गत किसी सामक्रियाज्य सरकार या जन्म समाहित केसी केसी सामक्रियाज्य सरकार या जन्म जन्म नहीं किया है। यदि मेरे इवाये दी नई मुचनाई जनत पई जाती है तो मेरे प्रपर कानूनी कारवाही या जानूति किये गये उपल्कर पत उपकरण की पूरी सारत प्रस्तान

CHIRAG certify that I have not received similar Ald/Equipment either free of cost/subsidized in the last one/three/ten years' from mment/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of the

0. : 2016-17/NAVS3/T8/00769/ADIP-SPL (VIP) of the Beneficiary : CHIRAG Disability : 1. MENTALLY IMPAIRED (50%)

TO OM 01 MSIED KIL - MULTI-SENSORY INTEGRATED EDUCAT

TO OM 01 MSIED KIL - MULTI-SENSORY INTEGRATED EDUCATIN

વાલકા હેલ્ય કચેરી.

Age: 20

Total

Date: 08/06/16

BARA : Masia

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Michael Rep. ; +91

Value

RADIES - CEN ARCAN ARCAND P

Value

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5900.00

निर्धारक चिकित्सा अधिकारी/पुनर्दास वि

Signature of Medical Officer / I

Cepter

निर्धारक प्रधानावादीहेड मास्टर/पत्र. ए. प्रतिनिधि के Signature & Stamp of the Principal/Head Ma

Counter Signed by - Dist Authority

Quantity

4

Quantit

Total

लाआयी / संरक्षक के इस्लाक्षर / अंगुठा जिल्लानी न - जिस्रा अधिकृत अधिकारी । एसिम्को प्रतिनिधि Signature/Thumb Impression of the Beneficiary/Guardian (in ter Signed by - Dist Authority/ALIMCO Rep. उपकरण पावती RECEIPT OF APPLIANCES PARTIN AN ADDA START & ADIP-SPL (VIP) START & START 1. TO GM 01 THAT DAYS AN में CHIRAG प्रसाणित कार्यताकरती हैं कि जाज दिसाक में प्राच्य किंगा है। st of Rs. Nil & In a good working condition. CP.t9 भाषाची / सरहाक के इस्ताहर त ल - जिला अधिकृत अधिकारी / पलिम्को प्रतिनिधि Date : Signature&Thumb Impression of the Benefic nter Signed by - Dist Authority/ALIMCO Rep. Place : _____ oplicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categories रता : न्यनतम t वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा t॰ वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए THEN IT IT IN THE S

I make cherculed the appliance given to the disabled as per prescription given atoms and I toth satisfied with cal Estimant and the signature-thumb impression (in part 10 stroke) done in my presence 12214 Bugins where allow a cre's fiday Dala Providence Methods (Micer Richards Europen

by CamScanner

| 267 | Ky | प्राक्षण | ≫ NOWLEDGEMENT SLIP Camp Venue पावती पची | MATIYA PATIDAR VA VIVEKANAND SWIM POOLJUNA THANA |
|---------|-------------|----------------|--|--|
| -17/NAV | R4/T8/00776 | ADIP-SPL (VIP) | Date : 22/08/16 | · · · · · · · · · · · · · · · · · · · |

| the | Ben | efi | ciary | 12 | CHIRA | G | | |
|---------|-------|-----|-------|----|------------|-----|----------|--|
| Same Re | 2828- | 1 | AFAIT | 23 | IV ISSIDAL | DEC | 1.178.00 | |

Qate: 22/08/16 Age : 20 Sex : Male

Mobile No. : +31

Disability AIRED (75%)

.: 2016

| Appliances Detail | The second second | Remark | | Quantity | Vature | |
|--|----------------------|--------------------|---------------|------------------|-------------------------------------|--|
| TO OM OT MSIED KIL - MULTI-SENSORY I | NTEGRATED EDU | CAT | | 2 accontacty | Value | 1 |
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| | Setting Providence | | T G MEL | 1 1 | 4500.00 | P P |
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| ITTE :NAVSARI | पिनकोड - २ | 06426 | है-मेल | | | |
| Willage | Pin Code | 96436 | Ema | 110 | | |
| GUJARAT | जिला •N | AVSARI | 1.000 | | | |
| और नं. | District | | 1 | | | |
| pe & No. : Other (school) | | | | | | |
| | | Mary and Alberton | | | 1 | |
| | | PARTI | 1 74 | DOVEIZ 37 | धनां स्थले रावड मुझ्ल | |
| sability : 1. MENTALLY IMPAIRED (75%) | | | | S DEB CS | IIDS 3 | |
| | | | chic | 35000 | | |
| pliances Detail | | | | Quantity | Value | |
| OM 01 MSIED KIL- MULTI-SENSORY INTE | GRATED EDUCAT | 14 | | 1 | 4500.00 | |
| | | | Total | 1 | 4500.00 Hill | andra |
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| | | | | | केत्सा अधिकारी/ वेन | |
| | aller the state | | | Signature of | of Medical-Offic | per ARel |
| | F | PARTI | | | and the second second second second | Contraction of the local distance of the loc |
| केवा जाता है की मेरी व्यक्तिगत जानकारी के अनुसा | र लामाची / उलके पिता | / उतके सरहाक के मा | लिक आय क. | 4500 (सम्दों में | Four Thousand F | Iva Hundr |
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| d that to the best of my knowledge, the n ive Hundred only.) | nonthly income of | the beneficiary/ f | ather / guar | rdian of the p | atient is Rs. (Ru | pees Fo |
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| | | | | many | | |
| योगी संस्था/जिला अधिकृत अधिकारी a. by - Collaborative Accorcyl Diet A | where with a | P | रेपरिक प्रधान | THE REAL | the the lot of the | R & FF |

uve Agency/ Dist Authonty 2 -

Signature & Stamp of the Principal/Head Maste

AG प्रमाणित करता/करती हूँ कि मैंने पिछते एक/तीन/दस+ वर्षों में आरत सरकार/राज्य सरकार वा अन्य समाजिक योजना के अंतर्गत किसी धालकीय/अधालकीय/अज्य स तही किया है। यदि मेरे द्वारों दी गई ल्यनाएँ गलत पाई जाती हैं तो मेरे जपर कानूनी कारवाही या आपूर्ति किये गये उपस्कर एवं उपकरण की पूरी नागत भुगतान की दि

G certify that I have not received stall FAId Equipment either free of cost/subsidized in the last one/three/ten years" from any Whon Government organization Of case the undertaking is found false, I will be liable for legal action beside recovery of the fu

| मा अधिकृत अधिकारी / समिम्को प्रतिनिधि gned by - Dist Authority/ALIMCO Rep. | लामार्थी / संरक्षक के हस्लाक्षर / जंगूठा निशानी (जुव Signature/Thumb Impression of the Beneficiary/Guardian (In-Cas |
|--|--|
| | पावती RECEIPT OF APPLIANCES |
| AG प्रमाणित करता/करतों हूँ कि जाज दिसांक में | वे सारत सरकार के ADIP-SPL (VIP) बोजला के जंतमीत 1. TD OM 01 उपकरण जिल्हानक तिवायली |
| | 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at subs |
| ता अधिकृत अधिकारी / एतिस्को प्रतिनिधि Dat mearby - Dist Authority/ALIMCO Rep. Pla | te : |
| libe Minimum durant outrout in | |

nility: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categories यनतम र यर्ष विशेष आवश्यकता वाले बच्चों के लिए तया र॰ वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

| परीक्षण पाहती पची | | | | |
|---|-------------------------------|---|---------------------------------|-------|
| | Date : 03/03 Ago : 25 | Sox : Female | Mobile | No |
| of Disability : 1. MENTALLY IMPAIRED (40%) | | | | |
| 1Dot 1978 | | Quantity | 0900.00 | |
| I LTD OM 01 MSIED Ka - MULII-SENSORY INTEGRATED EDUCAT | | | 6900.000 | |
| 1 (JD OM OT MSICO NICH MOUTO | Total | Counter Sign | TANT MALES | 8 30 |
| टिएएस ok bi ok bi ok bi ok bi ok bi ok bi colubities a पत्र और नं. Colubication a var और नं. | ई-मेल Èma | | | |
| ard Type & No. : Other (na) PART II | | | | |
| of Disability : 1. MENTALLY IMPAIRED (40%) | | | | |
| Appliances Detail | 1 | Quantity | Value | |
| TO OM 01 MSIED KIL-MULTI-SENSORY INTEGRATED EDUCATI | | 1 | 6900.00 | |
| | Total | 1 | 6900:000 | inter |
| | | निर्धारक चिकि Signature of | | _ |
| PARTII | | | | |
| जमाणित किया जाते हैं की मेरी व्यक्तिगत जानकारी के अनुसार लाजायों / उसके पिता / उसके संरक्षक के म | ततिक जाय व. | 2000 (शब्दों में T | wo Thousand | 1 স্য |
| Certified that to the best of any knowledge, the monthly income of the beneficiary/ sand only.) CIGSI Collaborative Agency/ Dist. Authority | निर्धारक प्रयान | ardian of the par নাৰাৰ্য/हৈड सास्टर/ব Stamp of the | | तनि |
| में CHEINA जमाणित करता/करती हूँ कि मैंने पिछले एक/तीन/दस॰ वर्षी में झारत सरकार/राज्य सरकार या रण पाप्त नहीं किया है। यदि मेरे द्वारा दी गई स्वनाएँ मलत पाई जाती है तो मेरे ऊपर कान्नी कारवाही या | जन्य समाजिक आपूर्ति किये म | योजना के जंतर्गत । ये उपस्कर एवं उपकर | केसी शासकीय/3 (न की पूरी लाग | N BI |

I CHETNA certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years' vernment/Non Government organization. In case the undertaking is found faise, I will be liable for legal action beside recover and appliances supplied, from me.

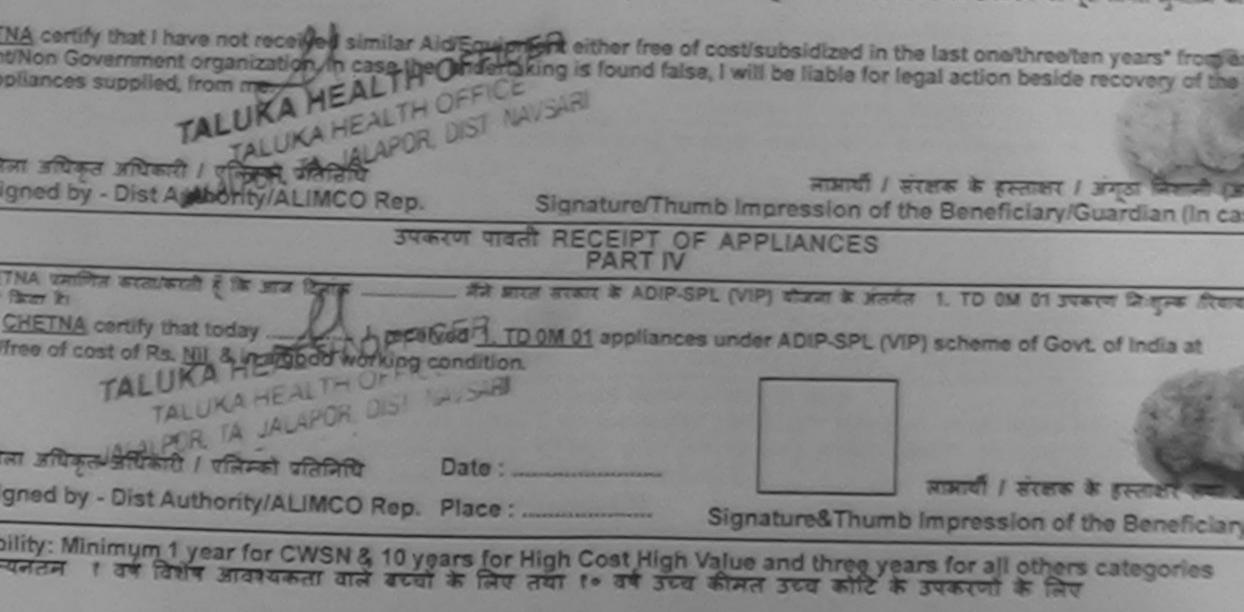
| सर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि Inter Signed by - Dist Authority/ALIMCO Rep. | Signature/Thu | जामायौँ / सरक्षक के हस्तकार / अंग्ठा नि mb Impression of the Beneficiary/Guardian |
|--|--|--|
| | रण पावती RECEIPT OF PART IV | |
| में CHETNA प्रसाणित करता/करती हूँ कि जाज दिनांक | | PL (VIP) बोजना के जंतर्गत 1. TD 0M 01 उपकरण मिःशु |
| CHETNA certify that today | ved <u>1. TD 0M 01</u> appliance condition. | s under ADIP-SPL (VIP) scheme of Govt. of Ind |
| ाखर - जिला अधिकृत जाधकारी / एलिम्को प्रतिनिधि | Date : | लामायाँ । संरक्षक के सामग |
| unter Signed by - Dist Authority/ALIMCO Rep. | Place : | Signature&Thumb Impression of the Ber |
| Applicability: Minimum 1 year for CWSN & 10 y गत्रता : न्यनतम १ वर्ष विशेष आवश्यकता वाले बच्च | pars for High Cost High के लिए तथा to वर्ष उच्च | Value and three years for all others categ कॉमत उच्य कोटि के उपकरणों के लिए |

TAUTOR PERSON THE PARTY NEWS Prescharge Strange & Collow Rehab Expans

ned by CamScanner

Date

| . 260 14 मडाइटडडआहामा मटामाठम | | | VIVEKANAN | |
|---|--|---|-----------------------------------|----------------------|
| L: 2016-17/NAVR3/T8/00398/ADIP-SPL (VIP) | Date : 21/ Age : 12 | | e Mobile I | ka:: +9 |
| Disability : 1. MENTALLY IMPAIRED (75%) | | | | |
| Lanniances Jotan | mark | Quantity | Value | |
| TD OM 01 MSIED KIL- MULTI-SENSORY INTEGRATED EDUCAT | | 1 | 4500.00 | N |
| | Total | | र - जिला अधिकात । | |
| | | Counter Si | gned by - Dist A | uthorit |
| Jull 260 P2 | ota - o | "De | | |
| त्रगंत :NAVSARI पिनकोड :396436 NVIllage Pin Code | Mol ई-मे | | 91-95868682 | 31 |
| :GUJARAT जिला :NAVSAR District :NAVSAR ype & No. : Aadhar Card (976517561001) | 8 | | | |
| PART | 11 | अरुपरारे ! | जम्पनां रखणे | |
| isability : 1. MENTALLY IMPAIRED (75%) | | ਆਉਤ ਤਤ੍ਹ | आवड मुवल | |
| opliances Detail | | Quantity | Value | |
| OM 01 MSIED KIL- MULTI-SENSORY INTEGRATED EDUCATIV | | 1 | 4500.00 | |
| | Total | 1 | 4500.00 | |
| | | निर्धारक चिवि Signature o | ल्ला अधिकारी/पुन Medical Offic | र्वात दिन cer / R |
| PART III | | No. of Concession, Name of Street, or other | | |
| किया जाता हे की मेरी व्यक्तिगत जानकारी के जनुवार नाकायी / उसके पिता / उसके के ed that to the best of my knowledge, the monthly income of the bene Five Hundred only.) बहयोगी संस्था/जिला अधिकृत अधिकारी Fig. by - Collaborative Agency/ Dist. Authority | efficiary/ father / gua | 4500 (met #) Indian of the pa MIMGRIE MIMGRIE Stamp of the | tiont is Rs. (Bo | pees F |
| INA उमाणित करता/करती हूँ कि मैंने पिछले एक/तोम/दस+ दबी में आरत सरकार/एउच स नहीं किया है। यदि मेरे द्वारा दी गई सूचनार्थ मलत पाई जाती है तो मेरे उपर कानूनी का | Contract Street St | | | |



| | | Country Si | | |
|--|-------------|------------|-------------------------------------|--------|
| (λ) | | Gounter Si | হ - জিলা প্রতিকৃত gned by - Dist | Author |
| own/Village IGUJARAT पत्र और नं. d Type & No. : Other (NS) | | | | |
| PART II | | | | |
| of Disability : 1. MENTALLY IMPAIRED (75%) | N. C. C. C. | | | |
| | | | | |
| | | | | |
| Appliances Detail TD OM 01 MSIED K& - MULTI-SENSORY INTEGRATED EDUCATIN | | Quantity | Value 4500.00 | |

and Five Hundred only.)

- सहयोगी संस्थाजिला अधिकृत अधिकारी or Sig. by - Collaborative A press De Authority

निर्धारक प्रधानाचार्य/हेड मास्टर/एस.एस. ए. प्रतिनिधि के Signature & Stamp of the Principal/Head Ma

HEMA जनाजत करता हरते हैं है के स्वार्थ कालेमादन वर्षों में सारत सरकार राज्य सरकार या जन्य समाजिक योजना के अंतर्गत किसी सासकीय/जसासकीयाज त्य नहीं किसी किसी प्रतिनिध के मुंदनाय गर्जन पाई जाती है तो मेरे उपर कानूनी कारवाड़ी या आपूर्ति किसे मये उपरकर पत उपकरण की पूरी लागत मुगतान

HETAN certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years* from ment/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of the appliances supplied, from me.

आण मान प्रतिमधे अभिमेरी - जिला अधिकर्म-अग्रिकेलि ह लाझायी । संरक्षक के हस्ताक्षर । जंगुठा निचानी er Signed by - Dist AutoriticaLIMCO Rep. Signature/Thumb Impression of the Beneficiary/Guardian (In उपकरण पावती RECEIPT OF APPLIANCES CHETAN रमाणित करता/करती हे कि जाज दिनाक मैंने जारत तरकार के ADIP-SPL (VIP) बोजना के जंतर्गत 1. TO OM 01 उपकरण जिल्हानक गरि कार किया है। I CHETAN certify that today ______ J received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at a of Rs. Nil & in a good working condition. - जिला अधिकृत अधिकारी / एसिमको प्रतिनिधि Date : लाझाणी / संरक्षक के हस्ताकार तथ er Signed by - Dist Authority/ALIMCO Rep. Place : Signature& Thumb Impression of the Beneficia icability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categories : न्यनतम र वर्ष विशेष आवश्यकता वाले बच्चा के लिए तथा १० वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

| 1 | NU | |
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| 55 | 44 | |

ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Vonue : MATIYA PATIDAR परीक्षण पावती पची

3~

VIVEKANAND SV POOL, JUNA THA

No. : 2016-17/NAVR4/T8/00846/ADIP-SPL (VIP) ne of the Beneficiary : CHETAN

Date : 22/08/16 Age : 12 Sex : Male

Mobile No. :

e of Disability : 1. MENTALLY IMPAIRED (50%)

Quantity Value Appliances Detail 0. Remark TO OM 01 MSIED KIL - MULTI-SENSORY INTEGRATED EDUCAT 4500.00 4500.00 Total 1 हस्तासर - जिमा अधिकृत अधिक Counter Signed by - Dist Author

| | | i. | | | | | |
|---------------------------|--------------|--------------------|----------|---|-------------------|---|--|
| /material | INAVSARI | | :396436 | | ई-मेल Email ID | : | |
| व te गल पत्र और नं. | :GUJARAT | ত্রিনা District | :NAVSARI | • | | | |
| Card Type & No. | : Other (ns) | | DADTI | | | | |

PARII

oe of Disability : 1. MENTALLY IMPAIRED (50%)

| - | 2.4.0 | - | Quantity | Value | |
|-----|---|---------------------|--------------------------|----------------------------|--------|
| NO. | Appliances Detail | Section Section and | 1 | 4500,00 | len |
| 1 | TO OM OT MISIED KIL- MULTI SENSORY INTEGRATE DUCATI | Total | _1 | 4500.00 | 100 |
| | | | निर्धारक चि Signature | कित्सा अधिका of Medical | til ya |

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के जनुवार नामायी / उसके पिता / उसके संरक्षक के मासिक आय रु. 4500 (शब्दों में Four Thousand F

Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Ru ousand Five Hundred only.)

બધંક અભિકારી સહ भाष खञ्न भार साहर - सहयोगी संस्वाधिता, अभिकृत काधिकारी out Sig by Collaborative Agency/ Dist Authority

निर्धारक प्रधानाचार्य।हेड मास्टर/एस.एस. ए. प्रतिनि Signature & Stamp of the Principal/Hea

में CHETAN र्राजिल करता/करती हे कि मैंने चिकले एक/तीन/दस वर्ग में जारत सरकार/राज्य सरकार या जन्य लमाजिक योजना के अंतर्गत किली शासकीय/जरात करण प्राप्त नहीं किया है। बदि मेंद्रे द्वारों दी गई ज्यनाएँ यजत पाई जाती है तो मेरे उपर कानूनी कारवाही या आपूर्ति किये नये उपरूकर एवं उपकरण की पूरी जागत उ

| 이 여 여 가 있었어 나 가 아이 | ar Aid/Equipment either free of cost/subside the undertaking is found faise, I will be li | fized in the last one/three/ten years able for legal action beside recover |
|---|---|---|
| is and appliances supplied, from me. | | tin a |
| सामिति अपिकृत अपिकार्ग । यात्रा के प्रतानपि ountersepted to arta articles | | नामायीं / संरक्षक के हस्ताक्षर / अंगुठा ssion of the Beneficlary/Guarda |
| નવસારી. | उपकरण पावती RECEIPT OF APPLIA | |
| ਸੈ CHETAN प्रमाणित करता/करती हूँ कि आज दिनाक | मंत्र जारत जरकार के ADIP-SPL (VIP) यो। received <u>1. TD 0M 01</u> appliances under AD | बना के असमेत 1. TD 0M 01 उपकरण जि DIP-SPL (VIP) scheme of Govt of In |
| स्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को पतिनिधि Counter Signed by - Dist Authority/ALIMCO | | নাসার্যী । স্নায়ক ৯ কে re&Thumb Impression of the B |
| Applicability: Minimum 1 year for CWSN & पात्रता : न्यनतम १ वर्ष विशेष आवश्यकता वाले | 10 years for High Cost High Value an बच्चों के लिए तथा १० वर्ष उच्च कीमत उ | d three years for all others cate च्य कोटि के उपकरणों के लिए |
| | | |
| | je. | |
| | 10000 | ang Medical Officer/Rehab Expert |
| 1 | | |
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| | | |

| : 2016-17/NAVR5/T12/01014/ADIP-SPL (VIP) the Beneficiary : CHETAN | Date : 23/08 Age : 14 | V16 Sex : Mais | Mobile | |
|---|---|--|--------------------------------|-----------------|
| | ngo | | | No. 2 |
| | | | | |
| lisability : 1. MENTALLY IN PAIRED (1997) | Contraction of the second s | Quantity | Value | R |
| Remark | | 1 | 4500.00 | Q |
| TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT | Total | 1 | 4500.00 | |
| TD OM OT MISIEO KK MOL | 10.01 | Counter Sig | - Eran unterained by - Clist | Auth |
| बाग्गाव :NAVSARI wn/Village :396450 :GUJARAT जिला :NAVSARI जिला :NAVSARI जिला :NAVSARI गिर्जनोड :396450 जिला :NAVSARI गिर्जनोड :NAVSARI | Ma \$ | बाइल न. : obile No. मेल : mail ID | +91-823819 | 108 |
| PART II | | | | 2 |
| Disability : 1. MENTALLY IMPAIRED (40%) | | | and the | |
| Appliances Detail | | Quantity | Value | |
| TD OM 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI | | 1 | 4500.00 | 1 3 |
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| | | | कित्सा अधिका of Medical | |
| PARTIII | | | A CONTRACTOR OF | - |
| The किया जाता है की मेरी व्यक्तिगत जानकारी के जनुसार जामायी / उसके पिता / उसके संरक्षक ified that to the best of my knowledge, the monthly income of the banefici d Five Hundred only.) | | | | |
| सहयोगी संस्था/जिला अधिकत अधिकारी Sig. by - Collaborative Agency/ Dist. Authority | निर्धारक प्र Signature | यानाचार्य/हेड मास्ट & Stamp of t | त/एस.एस. ए. प् he Principal | Indian /Head |

प्रधानित करताकरता हू कि मन पिछल एकतानादन॰ वर्षा में प्रारत तरकार/राज्य तरकार या जन्य समाजिक योजना के अंतर्गत किसी धातकीय/अधात प्ल नहीं किया है। यदि मेरे द्वारा दी गई स्वनाय मलत पाई जाती है तो मेरे उपर कानूनी कारवाही या जापूर्ति किये गये उपरकर एवं उपकरण की पूरी मामत मु अवती दिया है। यदि मेरे द्वारा दी गई स्वनाय मलत पाई जाती है तो मेरे उपर कानूनी कारवाही या जापूर्ति किये गये उपरकर एवं उपकरण की पूरी मामत मु

ETAN certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years* nent/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery appliances supplied, from me.

| जिला अधिकृत अधिकारी / प्रविम्नले प्रतिनिधि Signed by - Dist Authority/ALIMCO Rep. | Signature/Thu | लाआयीं / संरक्षक के हस्लाक्षर / प्रग्रे जि mb Impression of the Beneficiary/Guardian |
|---|----------------------------------|---|
| | त्रण पावती RECEIPT O PART IV | |
| HETAN प्रमाणित करता/करती हूँ कि जाज दिनांक | मैंने जारत सरकार के ADIP-S | IPL (VIP) बोजना के अंतर्यत 1. TD 0M 01 उपकरण जिःशुरु |
| I <u>CHETAN</u> certify that today, I receipt f Rs. NII & in a good working condition. | ved <u>1. TD 0M 01</u> appliance | es under ADIP-SPL (VIP) scheme of Govt. of India |
| जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि Signed by - Dist Authority/ALIMCO Rep. | Date : | लाझायीं / संरक्षक के हस्ताक |
| | | Signature&Thumb Impression of the Ben |
| cability: Minimum 1 year for CWSN & 10 year for CW | ars for High Cost High | Value and three years for all others catego कमित उच्च कोटि के उपकरणों के लिए |

| ASSESSMENT ACRINA परीक्षण प | WLEDGEMENT SL | JP Camp Venue | VIVEKAN POOLJU | AND DIMENSION |
|---|---------------|-------------------------------|-------------------|--------------------------------|
| THE REPORT OF THE PARTY OF THE | Dato : 23 | VOB/16 2 Sex Male | Mob | |
| 016-17/NAVR5/T17/01028/ADIP-SPL (VIP) Beneficiary : CHANDRA KANT | Age : 13 | 4 | | |
| ability : 1. MENTALLY MALLY MALLY | Remark | Quantity | Vala 4500 0 | |
| OM 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT | | 1 | 4500.0 | 10 101 |
| OM OT MSIED Kit - MULTI-SENSOT | Total | (prot | Signed by - D | ist Authority/As |
| | | Counter | angine o cy | |
| :GUJARAT जिला :NAVSA ज. No. : Aadhar Card (337842135989) | ARI | | | |
| PAR | тш | | | |
| lity : 1. MENTALLY IMPAIRED (40%) | | | | |
| nces Detail | | Quantity | Value | |
| MSIED KR - MULTI-SENSORY INTEGRATED EDUCATI | | 1 | 4500.00 | |
| | Total | | 4500.00 | - Kintchops |
| | | निर्धारक चिर्न Signature d | केत्सा अभिकार | Varaia Andra Officer & Reha |
| PART | | | 1200 | and the second second |
| जाता हे की मंदी व्यक्तिमत जानकारी के अनुसार सामार्थी / उसके पिता / उसके at to the best of my knowledge, the monthly income of the b | | | | |

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निर्धारक प्रधानायार्थ/हेड मास्टर/एस.एस. ए. प्रतिनिधि के हस्तान Signature & Stamp of the Principal/Head Master

RA KANT प्रमाणित केलाकरने है कि मैंने पिछने एक/लीन/दस वर्षों में झारत सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतर्गत किसी शानकीय/जन्तायकी प्त नहीं किया है। यदि मेरे द्वारा दी गई स्पनाएँ गलत पाई जाती है तो मेरे उपर कानूनी कारवाही या आपूर्ति किये गये उपरकर एवं उपकरण की पूरी लागत अन्यतन

| on Government organization. In case the underta | d/Equipment either free of cost/subsidized in the last one/three/ten years' to king is found false, I will be liable for legal action beside recovery of the full |
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| अधिक अभा भेरे अभिनिधि अधिकत अधिकारी / एक्ट्रियो प्रतिनिधि ned by - Dist Authority/ALIMCO Rep. | लाआयौँ / संरक्षक के हस्ताक्षर / अंगूठा निशानी (अवय Signature/Thumb Impression of the Beneficiary/Guardian (In case |
| | AT RECEIPT OF APPLIANCES |
| ee of cost of Rs. NJ & a coorking condition المحلية المحلية | जासायी / संरक्षक के हस्तावार Signature&Thumb Impression of the Bene |
| No certifical | High Cost High Value and three years for all others categories तथा to वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए |
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| NAVS 1/78/00129 TIFICIAL LIMBS MFG. CORP. OF INDIA G.T. ROAD, KANPUR - 209217 Q me of Beneficiary Orcual Mi ther's Name Date / | ISABLED PER MINING MININA MININA MININA MININA MININA MININA MININA MININA MINI | NDIA D | 82 | | amp Type | ADIP |
|--|---|---|---------------------|-------------|----------------------------|----------|
| mp Place Date 6/6/16 | Date : 06/06/16 PART I | 3174 | | 10 | িইন | :8 |
| ite of Distribution | | Age | and the second | 10-10-00 | Sex | - |
| ime of Assessing Rep | | Catego | | Genera | | |
| www.village Pin Code | NAVSARI | मॉबाइल Mobile ई-मेल Email | No. | +91-97 | 27027414 | 4 |
| a type a not reache the | PART | and the second | C. Law P. L. | | | |
| Appliances Detail TO OM 01 MSIED KIT - MULTI-SENSORY INTEGRATED EDUC | ATH | Total | Quantit SAN 1 | 69 | 00.00 | Rad |
| | | | A Status | re of Me | अधिकारी/पूर Idical Offi | CON I R |
| | PARTI | | | | | |
| भाषात भाषात्र हे की संग्रे प्रायमित्राय आस्त्रकारी के अनुसार साम्राजी / उसके हे | ten / 3368 arces in a | राविक आच व. | 2500 (1978 | र्वज्ञ राजव | Thousand P | Pive Hum |
| total and some p at an equivalent and and the monthly income and Five Hundred only.) A - against analised after a strengt of the monthly income ter Sig. by - Collaborative Assided total Authority URVARSHI satisfies annual and a strength and the | e of the beneficiary | father / gua Gather aus Signature & | rdian of t | ne patien | ra. v. viti incipal/He | ad Mar |
| and will inter it and we done a share and it | | | | | | |

URVARSHI certify that I have not received similar Ald/Equipment either free of cost/subsidized in the last one/three/ten years' from memory of the internet/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of the ind appliances supplied, from me.

| र - जिला अधिकृत अधिकारी / प्रतिम्को प्रतिनिधि | সালামী / হাবজৰ ই রম্বাজ্য / রস্তা সিল্ফা Signature/Thumb Impression of the Beneficiary/Guardian (In |
|---|---|
| ter Signed by - Dist Authority/ALIMCO Rep. | THAT RECEIPT OF APPLIANCES |
| A URVARSHI satisfier accessed § % and these and a new term to 1 <u>URVARSHI</u> certify that today, I necelu idized/free of cost of Rs. <u>Nil</u> & in a good working con | and anot areas & ADIP-SPL (VIP) share is works 1. TD 0M 01 years of give ed 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of GovL of India |
| RT - MART MITTER MITTERIC / PIECE LINCO Rep. P. | ate : |
| oplicability: Minimum 1 year for CWSN & 10 yea स्ता : ज्यनतम ा वर्ष विशेष आवश्यकता वाले बच्चा 1 | rs for High Cost High Value and three years for all others categories for all others categories के लिए तथा 1. वर्ष उच्च कीमत उच्च कोट के उपकरणों के लिए |
| Titor a Date | Prescribing Metical Officer/Rahab Expert |
| anned by CamScanner | |

Certificate Insuing Facility MUEHAI C PARMAR (G19878) General Hospital, Valsad

| A A V S A 1/T 17/602 RTIFICIAL LIMBS MFG. CORP. OF INDIA G.T. ROAD, KANPUR 209217 ame of Beneficiar Addityc ather's Name Agghondry hu ather's Name Agghondry hu Date 646/46 Assessed for | TO DISABLED PI T FAIT FATA TOTAL STATES TOTAL STATES TOTAL STATES TOTAL STATES TOTAL STATES TOTAL STATES TOTAL STATES TO DISABLED PI TOTAL STATES TO DISABLED PI TO DISABLED PI TOTAL STATES TO DISABLED PI TOTAL STATES TO DISABLED PI TOTAL STATES TO DISABLED PI TO DISABLED PI TOTAL STATES TO DISABLED PI TO DISABLED PI TO DISABLED PI TO DISABLED PI TO DISABLES TO DISABLE | F INDIA NG) .,JUNA TH | | RI |
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| Name of Assessing Rep | | जाति | igory : C | DBC |
| शहर/कस्वा/गांव City/Town/Village राज्य State पद्यान पत्र और न. ID Card Type & No. : Aadhar Card (27209709784) | :NAVSARI | ई-मेर Ema | a î JII ID | |
| | PART II | The second | | |
| Type of Disability : 1. MENTALLY IMPAIRED (40%) | | 5 12 | ਮੋਟਕਾਈਟੇ ਤੇ ਸ ਫੋਟ 5ਟੇਰ ਹ | 1105 3 |
| S.No. Appliances Detail | | | Quantity | V |
| TO OM OT MSIED KI - MULTI-SENSORY INTEGRATE | DEDUCATI | 10.10 2000 | 1 | 450 |
| 2 TD 2A 06 Wheel Chair Folding Child Size (MAMTA) | | | Anun- | 720 |
| | | Total | Signature | |
| | PART III | Span and | | |
| प्साचित किया जाता है की मेरी व्यक्तियत जनकारी के जनुसार नामायी Certified that to the best of my knowledge, the monthly Thousand only.) हस्तावार - सहयोगी संस्था/जिला अधिकृत अधिकारी | income of the beneficiary | / father / gu | | patient i |

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ी ADITYA प्रमाणित करता/करती हूँ कि मैंने पिछले एक/लोन/दत्त× वर्षों में मारत सरकार/राज्य सरकार या अन्य समाजिक याजना के अंतगत किसा ध उपकरण भाषत नहीं किया हैं। यदि मेरे द्वारों दी नई सूचनाएँ यलत याई जाती है तो मेरे ऊपर कानूनी कारवाही वा आपूर्ति किये गये उपरकर एवं उपकरण की होती।

ADITYA certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three't Government/Non Government organization. In case the undertaking is found false, I will be liable for legal action besid aids and appliances supplied, from me.

| | TOFFICER | |
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| | TALUKA HEADTH OFFICER | |
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| 1000 | The state in the state of the s | |

Counter Signed by - Dist Authority/ALIMCO Rep.

लाआर्थी / संरक्षक के हस्ताक्षर Signature/Thumb Impression of the Beneficiary

उपकरण पावती RECEIPT OF APPLIANCES

ADITYA certify that today _______, I received 1. TD 0M 01. 2. TD 2A 06 appliances under ADIP-SPL (VIP) subsidized/free of cost of Ps. Nik 3 in a good working condition.

TALUKA HEARTH OFFICER

लामार्या । संरक्ष

Signature&Thumb Impression

Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all oth पाउता : न्यनतम र वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा र॰ वर्ष उच्च कीमत उच्च कोटि के उपकरणों के रि

> एस.एस. अधिकारी नियोरित विकिस्ता अधिकारी एवं पुनर्जास विशेषक SSA Authority/Prescribing Medical Officer/Rebob Professional

| RTIFICIAL LIMBS MFG. CORP. OF INDIA G.T. ROAD, KANPUR - 209217 Name of Beneficiary VILASTABAA | TO DISABLED PER GAMUT GATA CALIFICATION OF IN VIRATNA' UNDERTAKING PUR-208016) COMPANY | NOIA | 46 | | |
|---|--|---|---|---|--------------------|
| Camp Place Date6[16. | ment Date : 10/06/16 | (| | Camp Typ | pa |
| Assessed for | PARTI | आय | : 11 | fat | |
| Date of Distribution | | Age | | 80 | 1X |
| Name of Assessing Rep | | Categ | iory : ST | | |
| Signature शहर/कस्वा/मांव City/Town/Village राज्य State पहचान पत्र और नं. ID Card Type & No. : Aadhar Card (437154814914) | :NAVSARI | मोबाइन Mobil ई-मेल Emai | e No. | 1-706941123 | 36 |
| ID card type a real | PART II | | | | |
| Type of Disability : 1. MENTALLY IMPAIRED (40%) | | | | | |
| Detail | | | Quantity | Value | |
| 1 TD OM 01 MSIED KIL - MULTI-SENSORY INTEGRATED | EDUCATI | Total | 1 | 6900.00 | |
| | | (Come) | त्रियांरक चिति Signature d | केत्सा अधिकारी। of Medical O | पुन भीति |
| | PARTI | - | 2500 (1997) 2 | Two Thousan | d F |
| प्रताचित किया जाता है की मंगे उपक्रितनत जानकार्ण के अनुवार साम्रेजी, Certified that to the best of my knowledge, the monthly Thousand Five Hundred only.) हस्तावन - सहयोगी संस्था/जिता अधिकृत आण्डनी Counter Sig, by - Collaborative Agency/LDIst, Author | indome of the beneficiary | father / gu तिर्पारक प्रय Signature | ardian of the p तनायार्थ/हेड मास्ट & Stamp of t | patient is Rs. त/एस.एस. ए. प् he Principal/ | (Ru fail /He |
| # VILASH BHAI CHIMIA SCALARCA & The AN AND AND AND AND AND AND AND AND AND | र्ते में भारत सरकार/एज्य सर | कार या अन्य । की या जापति | तनाजिक योजना के किये गये उपस्कर 1 | जलमत करता का | 5 |

कोई उचकरण राज्य नहीं किया है। वदि मेरे द्वारा दी मई मेरी होगी।

I VILASH BHAI certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten Government/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recover aids and appliances supplied, from me.

| aids and appliances supplied, from me. | | |
|---|--------------------------------------|---|
| हस्तालर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि Counter Signed by - Dist Authority/ALIMCO Re | p. Signature/Thum | ताआयीं / संरक्षक के हस्तावर / जंगूठा b Impression of the Beneficlary/Guard |
| Counter Signed by - Dist Addition in a | पकरण पावती RECEIPT OF | APPLIANCES |
| में VILASH BHAI प्रमाणित करता/करती हूँ कि जाज दिनांक | PARTIV | P.SPI (VIP) BAR & HARA 1. TO OM 01 JUS |
| I VILASH BHAI carlina acalerati & to see that I VILASH BHAI certify that today subsidized/free of cost of Rs. Nil & in a good working | J received 1. TD OM 01 applia | inces under ADIP-SPL (VIP) scheme of Gov |
| इस्तावर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि Counter Signed by - Dist Authority/ALIMCO Re | Date : | ज्यार्थी / संरक्षक के ह Signature&Thumb Impression of the |
| * Applicability: Minimum 1 year for CWSN & 1 पात्रता : न्यनतम १ वर्ष विशेष आवश्यकता वाले व | | Value and three years for all others ca |
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| ~~ | ASSESSMENT ACKNOWLE परीक्षण पावती | |
| Slip No. : 2016-17/NAVS45/T17/02209/AD Name of the Beneficiary : VILASH BHAI | DIP-SPL (VIP) | Date : 10/06/16 Age : 11 Sex : Male Mol |
| Type of Disability : 1. MENTALLY IMPAIRED (40) | | |

| S.No. | Appliances Detail | Remark | Quantity | V9 |
|-------|--|--------|----------|------|
| | TD OM 01 MSIED KIL-MULTI-SENSORY INTEGRATED EDUCAT | | | 6900 |
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Counter Signed by -

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Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees it reand only.)

Agency/ Dist Authority rane Statistics

Signature & Stamp of the Principal/Head Mas

में KOMAL प्रमाणिकि के कि मेंने शिवाने एकातिमालन- वर्ग में लागत सरकारणाजन जरकार का जाना जमाजिक शोजान के अंतर्गत किसी सावमीता त्रस्याधीना प्रान क जगत नहीं किसा है। यदि मेरे द्वांत दी नहें जुझाने नजन गई जाते हे तो मेरे प्रगट कानूनी कारताही का जापूर्ति किसे नये उपस्कर पत उपकरन की पूरी जानत प्रान्तन में

I KOMAL certify that I have not received similar Ald/Equipment either free of costisubsidized in the last one/three/ten years' from a erroment/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of the and appliances supplied, from me.

| nter Signed by - Dist Authority/ALIMCO Rep. 3104 | NOT THE RECEIPT OF AP | PLIANCES |
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pplicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categorie and : reparter i an intervention and scott in the net for an scot alter scot and in an another law

| ASSESSMENT ACK | NOWLEDGEMEN | T SLI | P Camp Venue | CHC ,CHIKHLI | |
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| ertified that to the best of my knowledge, the month and Five Hundred only.) - सहयोगी संस्था/जिला अधिक, अधिकरी er Sig. bacadeb the gamey/ Dist. Autho | nly income of the benefic | lary/ father / g নিয়াকে য Signature | guardian of the पानावार्य/हेड मास् 8 & Stamp of | patient is Rs. टर/एस.एस. ए. प्र the Principal | (Ru Ru Hea |
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