

ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue : MATIYA PATIDAR VA VIVEKANAND SWIM POOL JUNA THANA

No. : 2016-17/NAVR4/T8/00757/ADIP-SPL (VIP) Name of the Beneficiary : MANOJ BHAI

परीक्षण पावती पर्ची

Date : 22/08/16 Age : 15 Sex : Male Mobile No. : +91-

of Disability : 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

हस्ताक्षर - जिला अधिकृत अधिकारी / Counter Signed by - Dist Authority

संस्था/गांव : NAVSARI
Town/Village : NAVSARI
राज्य : GUJARAT
पत्र पत्र नं. : Other (school)

पिनकोड : 396436
Pin Code : 396436
जिला : NAVSARI
District : NAVSARI

Remarks

PART II

अनुदानित इकाई का स्थान
जिला उच्च शिक्षण विभाग

of Disability : 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	4500.00
Total		4500.00

निर्धारक चिकित्सा अधिकारी/मुख्यालय
Signature of Medical Officer / F

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार लाभार्थी / उनके पिता / उसके संरक्षक के मासिक आय रु. 4500 (चार हज़ार पाँच सौ रुपये) के अंतर्गत है।

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

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

निर्धारक प्रधानाचार्य/हेड मास्टर
Signature & Stamp of the Principal/Head M

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

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
Counter Signed by - Dist Authority/ALIMCO Rep.

लाभार्थी / संरक्षक के हस्ताक्षर / अंगूठा निशान
Signature/Thumb Impression of the Beneficiary/Guardian (I

उपकरण पावती RECEIPT OF APPLIANCES PART IV

मेरी आज दिनांक _____ को भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण प्राप्त किया है।

I MANOJ BHAI certify that today _____, I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India subsidized/free of cost of Rs. Nil & in a good working condition.

TALUKA HEALTH OFFICER

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
Counter Signed by - Dist Authority/ALIMCO Rep.

Date : _____

लाभार्थी / संरक्षक के हस्ताक्षर
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 categories. पावता : न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

100

ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue : MATIYA PATIDAR VIVEKANAND SWIMMING POOL, JUNA THANA

No. : 2016-17/NAVR4/T8/C0770/ADIP-SPL (VIP)
 Name of the Beneficiary : MANISHA
 Type of Disability : 1. MENTALLY IMPAIRED (60%)

Date : 22/08/16
 Age : 19 Sex : Female Mobile No. : +91

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED KIT - MULTI-SENSORY INTEGRATED EDUCATIONAL KIT		1	4500.00
Total		1	4500.00

हस्ताक्षर - जिला अधिकारी /
 Counter Signed by _____

पंचायत/गांव : NAVSARI
 Town/Village : NAVSARI
 राज्य : GUJARAT
 पिन कोड : 396436
 जिला : NAVSARI
 डिस्ट्रिक्ट : NAVSARI
 शैक्षणिक प्रकार और नं. : Other (school)

PART II

अनुदान देयता शेष
 बाहेर करेण आवक मुल्य

Type of Disability : 1. MENTALLY IMPAIRED (60%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED KIT - MULTI-SENSORY INTEGRATED EDUCATIONAL KIT	1	4500.00
Total		1 4500.00

निर्धारक चिकित्सा अधिकारी/सुपरवाइजर
 Signature of Medical Officer / _____

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार मासिक / उसके पिता / उसके संरक्षक के मासिक आय रु. 4500 (सब्बों में Four Thousand Five Hundred only.)

I certify 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 संस्था/जिला अधिकृत अधिकारी
 Signed by - Collaborative Agency/ Dist. Authority

निर्धारक प्रधानाचार्य/हेड
 Signature & Stamp of the Principal/Head M...

MANISHA प्रमाणित करता/करती हूँ कि मैंने पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य सामाजिक योजना के अंतर्गत किसी शासकीय/अशासकीय संगठन/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.

MANISHA certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years* from any Government/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.

HEALTH OFFICER
 जिला अधिकृत अधिकारी / एनिम्को प्रतिनिधि

नामाश्री / संरक्षक के हस्ताक्षर / अंगूठा निशान
 Signature/Thumb Impression of the Beneficiary/Guardian (In)

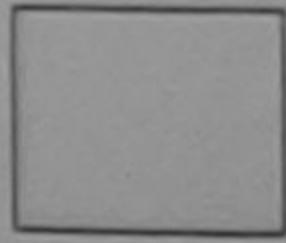
उपकरण पावती RECEIPT OF APPLIANCES
 PART IV

MANISHA प्रमाणित करता/करती हूँ कि आज दिनांक _____ मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण प्राप्त किया है।

I MANISHA certify that today _____, I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India and it is in a good working condition.

HEALTH OFFICER
 जिला अधिकृत अधिकारी / एनिम्को प्रतिनिधि

Date : _____



नामाश्री / संरक्षक के हस्ताक्षर

Signed by - Dist Authority/ALIMCO Rep.

Signature & Thumb Impression of the Beneficiary

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

No. : 2016-17/NAVR4/T12/00699/ADIP-SPL (VIP)
 Name of the Beneficiary : MANISHA
 Date : 22/08/16
 Age : 12 Sex : Female Mobile No. :
 Type of Disability : 1. MENTALLY IMPAIRED (90%)

No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total			1	4500.00

Counter Signed by - Dist Authority

Village : NAVSARI
 Pin Code :
 District : NAVSARI
 Aadhar Card (629012427802)

अनुसंधान केमनी स्थली
 पाठे 5 से 8 आयु मुल

PART II

Disability : 1. MENTALLY IMPAIRED (90%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
Total	1	4500.00

Signature of Madhendra

PART III

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

Signature & Stamp of Collaborative Agency/ Dist. Authority

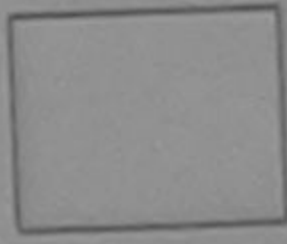
MANISHA certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years* from Government/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of the cost of appliances supplied from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

TALUKA HEALTH OFFICE
 TALUKA HEALTH OFFICE
 TALUKA HEALTH OFFICE

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

उपकरण पावती RECEIPT OF APPLIANCES PART IV

MANISHA certify that I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at subsidized/free of cost of Rs. Nil & in a good working condition.



Signature & Thumb Impression of the Beneficiary/Guardian

Date :
 Place :
 Signature by - Dist Authority/ALIMCO Rep.

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

33 254 104

ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue : MATIYA PATIDAR VIVEKANAND SW POOL, JUNA THALUKA

No. : 2016-17/NAVR4/T12/00750/ADIP-SPL (VIP) Name of the Beneficiary : MALTI BEN

Date : 22/08/16 Age : 12 Sex : Female Mobile No. :

of Disability : 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

Counter Signed by - Dist Authority

1258

02 DL

Pin Code : District : NAVSARI

Type & No. : Aadhar Card (650580305063)

PART II

अनुदानित इकाई का स्थान / जहाँ उपकरण प्राप्त हुआ

of Disability : 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	4500.00
Total		1 4500.00

Signature of Medical Officer

PART III

4500 (हफ्ता में Four Thousand Five Hundred only)

certified 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.)

Signature by - Collaborative Agency/ Dist. Authority

Signature & Stamp of the Principal/Head M

MALTI BEN प्रमाणित करता/करती है कि मैंने पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य सार्वजनिक संस्था के अंतर्गत किसी शासकीय/अशासकीय संस्था से प्राप्त किया है। यदि मेरे द्वारा कोई भी सूचनाएँ गलत पाई जाती हैं तो मेरे ऊपर कानूनी कार्रवाई या आपत्ति किए जाने उपरान्त वह उपकरण भी पूरी प्राप्ति सुनिश्चित

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

Signature/Thumb Impression of the Beneficiary/Guardian

उपकरण पावती RECEIPT OF APPLIANCES PART IV

I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India

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

Signature & Thumb Impression of the Beneficiary/Guardian

Signature & Thumb Impression of the Beneficiary/Guardian

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

योग्यता : न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue: MATIYA PATIDAR VADUNE VIVEKANAND SWIMMING POOL JUNA THANA NAVSARI

परीक्षण पावती पत्र

259
 : 2016-17/NAVR5/T8/00987/ADIP-SPL (VIP)
 of the Beneficiary: MANAV
 Disability: 1. MENTALLY IMPAIRED (50%)

Date: 23/08/18
 Age: 17 Sex: Male Mobile No.: +91-9838

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

हस्ताक्षर - जिला अधिकृत अधिकारी / ए.ए.सी.
 Counter Signed by - Dist Authority/ALIMCO

Village: NAVSARI
 Pin Code: 396463
 District: NAVSARI
 Aadhar Card (240408698013)

ई-मेल
 Email ID

अरुणदादे डेम्पना स्थले
 महेंद्र डरेल ग्रावड मुण्ड

PART II

Disability: 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
Total		1 4500.00

निर्धारक चिकित्सा अधिकारी / ए.ए.सी.
 Signature of Medical Officer / Rehab

PART III

किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार मासिक / उनके पिता / उनके संरक्षक के मासिक आय रु. 3400 (हब्दी में Three Thousand Four Hundred
 and that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees Three
 our Hundred only.)

संस्था/जिला अधिकृत अधिकारी
 Signed by - Collaborative Agency/ Dist. Authority

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

यह प्रमाणित करता/करती है कि मैंने पिछले एक/तीन/दस... वर्षों में भारत सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतर्गत किसी शासकीय/अशासकीय/अन्य संस्था
 नहीं किया है। यदि मेरे द्वारा दी गई सूचनाएँ गलत पाई जाती हैं तो मेरे ऊपर कानूनी कार्रवाई या आपत्ति किये गये उपस्कर एवं उपकरण की पूरी लागत भुगतान की जिम्मे

I 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 legal action beside recovery of the full c
 appliances supplied, from me.

TALUKA HEALTH OFFICER

Signed by - Dist Authority/ALIMCO Rep.

नामाश्री / संरक्षक के हस्ताक्षर / अंगूठा निशानी (अवसर
 Signature/Thumb Impression of the Beneficiary/Guardian (In case of

उपकरण पावती RECEIPT OF APPLIANCES
 PART IV

MANAV प्रमाणित करता/करती है कि आज दिनांक _____ मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण नि:शुल्क / रिबायती दर
 किया है।

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

TALUKA HEALTH OFFICER

Signed by - Dist Authority/ALIMCO Rep. Date: _____ Place: _____

नामाश्री / संरक्षक के हस्ताक्षर तथा अंगूठा
 Signature & Thumb Impression of the Beneficiary/G

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

Prescribing Medical Officer/Rehab Expert

Slip No. : 2016-17/NAVR4/T8/00796/ADIP-SPL (VIP)
 Name of the Beneficiary : MAHENDRA

Date : 22/08/16
 Age : 28 Sex : Male
 Mobile No. :

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

No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total			1	4500.00

1238

हस्ताक्षर - जिला अधिकृत अधिकारी
 Counter Signed by - Dist Authority

पता/कस्बा/गांव : NAVSARI
 City/Town/Village : NAVSARI
 राज्य : GUJARAT
 पिन कोड : 396436
 जिला : NAVSARI
 ई-मेल ID :
 कार्ड प्रकार और नं. : Other (SCHOOLI)
 Card Type & No. : Other (SCHOOLI)

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

PART II

अनुसंधान के मध्यम स्तर पर
 लक्ष्य करने वाले आदिब मुद्रण

No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
Total		1	4500.00

निर्धारक चिकित्सक अधिकारी/पुनर्वसन
 Signature of Medical Officer

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार मासिक / उसके पिता / उसके संरक्षक के मासिक आय रु. 4500 (चार हजार पांच सौ रुपये केवल)
 Certified 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 संस्था/जिला अधिकृत अधिकारी
 Counter Sig. by - Collaborative Agency/ Dist. Authority
 निर्धारक प्रधानाचार्य/हेड मस्टर/प्रिंसिपल, र. प्रतिनिधि
 Signature & Stamp of the Principal/Head M

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

TALUKA HEALTH OFFICER
 NAVSARI

जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
 Counter Signed by - Dist Authority/ALIMCO Rep.
 लाभार्थी / संरक्षक के हस्ताक्षर / अंगूठा छाप
 Signature/Thumb Impression of the Beneficiary/Guardian (in

उपकरण पावती RECEIPT OF APPLIANCES
 PART IV

MAHENDRA प्रमाणित करता/करती है कि आज दिनांक _____ मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण प्राप्त किया है।

MAHENDRA certify that today _____ I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India subsidized/free of cost of Rs. Nil & in a good working condition.

जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
 Counter Signed by - Dist Authority/ALIMCO Rep.
 Date : _____
 लाभार्थी / संरक्षक के हस्ताक्षर तथा
 Signature & Thumb Impression of the Beneficiary

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

Slip No. : 2016-17/NAVR5/T17/00987/ADIP-SPL (VIP)

Date : 23/08/14

Name of the Beneficiary : MALAY

Age : 16 Sex : Male

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

S.No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED KI - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total			1	4500.00

हस्ताक्षर - डिस्ट्रिक्ट अधिकारी/पुनर्वसन
 Counter Signed by - Dist Authority

राज्य : GUJARAT
 पिन कोड : 396430
 जिला : NAVSARI
 डिस्ट्रिक्ट : NAVSARI
 कार्ड प्रकार और नं. : Aadhar Card (266547147756)

Email ID

PART II

अनुपचार के मसलत से
 नईर इलेक्ट्रॉनिक मसलत

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

No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED KI - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
Total		1	4500.00

निर्धारक चिकित्सा अधिकारी/पुनर्वसन
 Signature of Medical Officer /

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत आय/करणी के अनुसार मासिक / उनके पिता / उनके संरक्षक के मासिक आय रु. 2500 (सब्से में Two Thousand Five Hundred only.)
 Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees Thousand Five Hundred only.)

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

निर्धारक प्रधानाचार्य/हेड मास्टर
 Signature & Stamp of the Principal/Head Ma

मैं MALAY प्रमाणित करता/करती हूँ कि मैंने पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य सरकारी योजना के अंतर्गत किसी सरकारी/असुरकारी/अन्य संगठन/संस्था से कोई भी समान प्रकार के उपकरण प्राप्त नहीं किया है। यदि मेरे द्वारा दी गई सूचनाएँ गलत पाई जाती हैं तो मेरे ऊपर कानूनी कार्रवाई का जोखिम/जवाबदारी मुझे ही भुगतान करना पड़ेगा।

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

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
 Counter Signed by - Dist Authority/ALIMCO Rep.

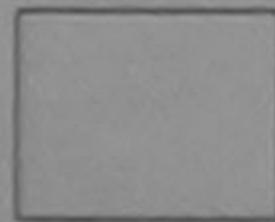
हस्ताक्षर/अंगूठा छाप/निर्धारक के हस्ताक्षर / अंगूठा छाप
 Signature/Thumb Impression of the Beneficiary/Guardian (in

उपकरण पावती RECEIPT OF APPLIANCES
 PART IV

मैं MALAY प्रमाणित करता/करती हूँ कि आज दिनांक _____ मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण बिना शुल्क/किरीस के प्राप्त किया है।

I MALAY certify that today _____, I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at no cost of Rs. Nil & in a good working condition.

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
 Counter Signed by - Dist Authority/ALIMCO Rep. Date : _____
 स्थान : _____



हस्ताक्षर/अंगूठा छाप/निर्धारक के हस्ताक्षर / अंगूठा छाप
 Signature & Thumb Impression of the Beneficiary

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

6-17/NAVR/WTB/00785/ADIP-SPL (VIP)

Date : 22/08/16

Beneficiary : MAYANK KUMAR

Age : 14 Sex : Male

Mobile No. :

Category : 1. MENTALLY IMPAIRED (45%);

Appliances Detail	Remark	Quantity	Value
MSIED K1 - MULTI-SENSORY INTEGRATED EDUCATI		1	4500.00
Total		1	4500.00

Counter Signed by - Dist Au

Address : NAVSARI
District : GUJARAT
Pin Code : 396436
District : NAVSARI
Mobile No. : +91-9938063955
Email ID :
No. : Other (school)

PART II

Category : 1. MENTALLY IMPAIRED (45%)

असहायता से मरणा स्थिति
वाले बच्चे को उपकरण

Appliances Detail	Quantity	Value
MSIED K1 - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
Total		1 4500.00

Signature of Medical Officer
ALIMCO, R

PART III

to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupee
hundred only.)

Collaborative Agency/ Dist. Authority

Signature & Stamp of the Principal/Head M

I certify that I have not received similar Aid/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
supplied from me.

I certify that I have not received similar Aid/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
supplied from me.

HEALTH OFFICER

by - Dist Authority/ALIMCO Rep.

Signature/Thumb Impression of the Beneficiary/Guardian (I

उपकरण पावती RECEIPT OF APPLIANCES
PART IV

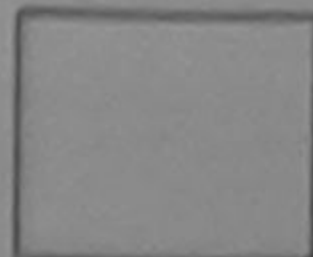
I certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten y
Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of
supplied from me.

MAYANK KUMAR certify that today I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of
of cost of Rs. Nil & in a good working condition.

HEALTH OFFICER

by - Dist Authority/ALIMCO Rep.

Date :



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
1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

2016-17/NAVR4/T8/00706/ADIP-SPL (VIP)
 of the Beneficiary : MAYUR Date : 22/08/16
 Disability : 1. MENTALLY IMPAIRED (75%) Age : 17 Sex : Male Mobile No. : +91-9638036955

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

हस्ताक्षर - जिला अधिकृत अधिकारी / Dist Authority/ALIMCO Rep.

गांव/Village : NAVSARI पिनकोड / Pin Code : 396436
 जिला / District : NAVSARI
 Mobile No. : +91-9638036955
 ई-मेल / Email ID :
 पत्र और नं. / Type & No. : Other (school)

PART II

Disability : 1. MENTALLY IMPAIRED (75%)
 निर्धारक प्रदानाचार्य/Signature of Medical Officer / R

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
Total		1 4500.00

निर्धारक चिकित्सा अधिकारी/Signature of Medical Officer / R

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार लाभार्थी / उसके पिता / उसके संरक्षक के मासिक आय रु. 4500 (चार हजार में Four Thousand Five Hu

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

सहयोगी संस्था/जिला अधिकृत अधिकारी / Dist Authority
 निर्धारक प्रधानाचार्य/Signature & Stamp of the Principal/Head M

MAYUR प्रमाणित करता/करती है कि मेरे पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य सहायक योजना के अंतर्गत किसी सार्वजनिक/असार्वजनिक/अन्य संगठन/Non Government organization In case the undertaking is found false, I will be liable for legal action beside recovery of the cost of appliances supplied, from me.

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

जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि / Dist Authority/ALIMCO Rep.
 लाभार्थी / संरक्षक के हस्ताक्षर / अनुमति चिह्न / Signature/Thumb Impression of the Beneficiary/Guardian (in

उपकरण पावती RECEIPT OF APPLIANCES PART IV

MAYUR प्रमाणित करता/करती है कि आज दिनांक _____ मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण प्राप्त किया है।
 I MAYUR certify that today _____ I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at _____ of Rs. Nil & in a good working condition.

जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि / Dist Authority/ALIMCO Rep.
 Date : _____
 लाभार्थी / संरक्षक के हस्ताक्षर / अनुमति चिह्न / Signature & Thumb Impression of the Beneficiary

वैधता: न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए।
 Validity: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categories.

812

Date : 21/08/19 Age : 16 Sex : Male Mobile No. : +91-9586252250

Slip No. : 2016-17/NAVR3/T8/00516/ADIP-SPL (VIP)
 Name of the Beneficiary : MEHUL BHAI
 Type of Disability : 1. MENTALLY IMPAIRED (40%)

S.No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total			1	4500.00

Counter Signed by - Dist Authority

Address : NAVSARI
 Pin Code : 396436
 District : NAVSARI

Mobile No. : +91-9586252250
 Email ID :

Card Type & No. : Aadhar Card (919233316453)

812

Signature of Medical Officer / Reha

Signature of Beneficiary / Guardian

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

Signature & Stamp of the Principal/Head Master

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

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

RECEIPT OF APPLIANCES
 PART IV

MEHUL BHAI certify that today I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at subsidized/free of cost of Rs. Nil & in a good working condition.

Signature & Stamp of the Beneficiary/Guardian

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

Slip No. : 2016-17/NAVR4/T17/00781/ADIP-SPL (VIP)
Name of the Beneficiary : MIHIR KUMAR

Date: 22/08/16
Age: 16 Sex: Male Mobile No:

Type of Disability : 1. MENTALLY IMPAIRED (60%)

S.No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED K4 - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total			1	4500.00

Counter Signed by - Dist Authority

State : GUJARAT
District : NAVSARI
Aadhar Card Type & No. : Aadhar Card (280499194620)

અરજદારે ઉપરના સ્થાને
જાહેર કરેલ આકર્ષક મુદ્દા

Type of Disability : 1. MENTALLY IMPAIRED (60%)

S.No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED K4 - MULTI-SENSORY INTEGRATED EDUCAT	1	4500.00
Total		1	4500.00

Signature of Principal/Head

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

Counter Sig. by - Collaborative Agency/ Dist Authority

Signature & Stamp of the Principal/Head

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

Reg. No. : G-41162
Signature of Medical Officer

Signature/Thumb Impression of the Beneficiary/Guardian

RECEIPT OF APPLIANCES PART IV

I MIHIR KUMAR certify that today I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of Gujarat free of cost of Rs. Nil & in a good working condition.

Reg. No. : G-41162
Signature of Medical Officer

Signature & Thumb Impression of the Beneficiary

Applicability: Minimum 5 years for CWSN & 10 years for High Cost High Value and three years for all others categories.

Slip No. : 2016-17/NAVR4/T17/00741/ADIP-SPL (VIP) Date : 22/08/16
 Name of the Beneficiary : MILTAN Age : 16 Sex : Male
 Type of Disability : 1. MENTALLY IMPAIRED (40%)

S.No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total			1	4500.00

Counter Signed

City/Town/Village : NAVSARI Pin Code : 396430
 State : GUJARAT District : NAVSARI
 Card Type & No. : Aadhar Card (753753551048)

PART II

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

S.No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	4500.00
Total		1	4500.00

Signature of

PART III

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

Signature & Stamp of the Principal

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

Signature/Thumb Impression of the Beneficiary/Guardian

उपकरण पावती RECEIPT OF APPLIANCES PART IV

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

Date : _____ Place : _____

Signature & Thumb Impression of the Beneficiary/Guardian

Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others category.
 पावता : न्यूनतम १ वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा १० वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

The Beneficiary: MADHU

Ability: 1. MENTALLY IMPAIRED (60%)

Appliances Detail

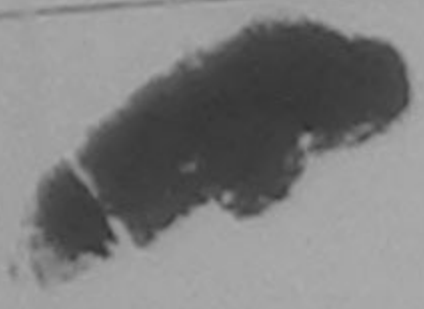
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATION

Quantity	Value
1	6900.00
Total	6900.00

Handwritten initials

Counter Signed by: Dist Authority/AL

735
Handwritten number



DC
Handwritten initials

Category : SC

Mobile No. : +91-7383386450

Email ID :

Age : JALALPORE

Pin Code : 396404

Address : GUJARAT

District : NAVSARI

& No. : Aadhar Card (681466599718)

PART II

Ability: 1. MENTALLY IMPAIRED (60%)

Appliances Detail

TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATION

Quantity	Value
1	6900.00
Total	6900.00

Signature of Medical Officer / Rep

PART III

जस्ता है की मेरी व्यक्तिगत जानकारी के अनुसार लाभार्थी / उसके पिता / उसके संरक्षक के मासिक आय रु. 2000 (शब्दों में Two Thousand मात्र) है।

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

Collaborative Agency / Dist. Authority

Signature & Stamp of the Principal/Head Master / School

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

Dist Authority/ALIMCO Rep.

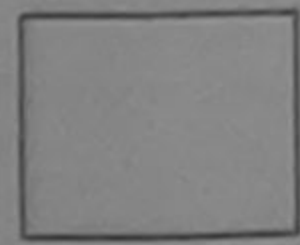
Signature/Thumb Impression of the Beneficiary/Guardian (In case of minor)

उपकरण पावती RECEIPT OF APPLIANCES PART IV

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

Dist Authority/ALIMCO Rep.

Date :



Signature & Thumb Impression of the Beneficiary/Guardian

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

737 Ky

ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue : CHC, KHERGAM
परीक्षण पावती पर्ची

Slip No. : 2016-17/NAVS3/T8/00796/ADIP-SPL (VIP)
Name of the Beneficiary : MADHURI

Date : 08/06/16
Age : 12 Sex : Female Mobile No. :

Type of Disability : 1. MENTALLY IMPAIRED (60%)

S.No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED KIT - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
Total			1	6900.00

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को
Counter Signed by - Dist Authority/ALIMCO

State : GUJARAT District : NAVSARI

Card Type & No. : Aadhar Card (635604417652)

PART II

Type of Disability : 1. MENTALLY IMPAIRED (60%)

S.No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED KIT - MULTI-SENSORY INTEGRATED EDUCAT	1	6900.00
Total		1	6900.00

निर्धारक चिकित्सा अधिकारी/पुनर्वास विशेषज्ञ
Signature of Medical Officer / Rehab

PART III

प्रमाणित किया जाता है की मेरे ज्ञान/विज्ञान के अनुसार मासिक आय रु. 2500 (दो हजार पांच सौ रुपये) है।
Certified that to the best of my knowledge the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees Two Thousand Five Hundred only.)

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

निर्धारक प्रधानाचार्य/हेड मास्टर/रत.एन.ए. प्रतिनिधि के हस्ताक्षर
Signature & Stamp of the Principal/Head Mast

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

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
Counter Signed by - Dist Authority/ALIMCO Rep.

साक्षर/संरक्षक के हस्ताक्षर / अंगूठा निशान
Signature/Thumb Impression of the Beneficiary/Guardian (In

उपकरण पावती RECEIPT OF APPLIANCES
PART IV

I MADHURI certify that today I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India subsidized/free of cost of Rs. Nil & in a good working condition.

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
Counter Signed by - Dist Authority/ALIMCO Rep.

साक्षर/संरक्षक के हस्ताक्षर
Signature & Thumb Impression of the Beneficiary/Guardian

* Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others category.
पावता : न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

Signature and Thumb Impression (in part III above) done in my presence
Prescribing Medical Officer/Rehab Expert

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ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue: MATIYA PA VIVEKANANDA POOL JUNA

No. : 2016-17/NAVR4/T17/00824/ADIP-SPL (VIP) परीक्षण पावती पर्ची

Name of the Beneficiary : MADHVI Date : 22/08/18
Type of Disability : 1. MENTALLY IMPAIRED (55%) Age : 19 Sex : Female Mobile :

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED KA - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

हस्ताक्षर - डिस्ट अधिकृत
Counter Signed by - Dist A

Address : NAVSARI
Town/Village : NAVSARI
State : GUJARAT
Pin Code : 396430
District : NAVSARI
Type & No. : Other (NA)

PART II

Type of Disability : 1. MENTALLY IMPAIRED (55%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED KA - MULTI-SENSORY INTEGRATED EDUCAT	1	4500.00
Total		1 4500.00

निर्धारक चिकित्सकीय अधिकारी
Signature of Medical O

PART III

निर्धारक यह प्रमाणित करता है कि मरीज/परिवार/अपभोजक के मासिक आय रु. 2500 (सब्दी में Two Thousand

and Five Hundred only.)

Collaborative Agency/ Dist. Authority
Signature & Stamp of the Principal/

MADHY) प्रमाणित करता/करती है कि मैंने पिछले एक/तीन/पांच वर्षों में भारत सरकार/राज्य सरकार या अन्य सहायक योजना के अंतर्गत किसी सहायक/उपकरण नहीं किया है। यदि मेरे द्वारा दी गई सूचनाएं सत्य पाई जाती हैं तो मैंने उनका उपयोग करने की पूर्ण इच्छा रखती हूँ।

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

Dist Authority/ALIMCO Rep.
Signature/Thumb Impression of the Beneficiary/Guar

उपकरण पावती RECEIPT OF APPLIANCES PART IV

MADHY) प्रमाणित करता/करती है कि आज दिनांक _____ मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण प्राप्त किया है।

I (MADHY) certify that today _____ I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of Rs. [] & in a good working condition.

Date : _____
Place : _____
Signature & Thumb Impression of the

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

ASSESSMENT TO DISABLED PERSONS

ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue: MATIYA PATIDAR VIVEKANAND SW POOL, JUNA TMA

परीक्षण पावती पर्ची

Slip No. : 2016-17/NAVR4/T12/00780/ADIP-SPL (VIP)
Name of the Beneficiary : MAHESH BHAI
Type of Disability : 1. MENTALLY IMPAIRED (71%)

Date : 22/08/16
Age : 16 Sex : Male Mobile No.

No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total			1	4500.00

हस्ताक्षर - जिला अधिकृत अधिकारी
Counter Signed by - Dist Authority

State : GUJARAT District : NAVSARI
Card Type & No. : Other (na)

PART II

Type of Disability : 1. MENTALLY IMPAIRED (71%)

No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	4500.00
Total			1 4500.00

निर्धारक चिकित्सा अधिकारी/प्रतिनिधि
Signature of Medical Officer

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार मासिक / उनके पिता / उनके सरसक के मासिक आय रु. 4500 (शब्दों में Four Thousand Five Hundred only)

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

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

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

मैं MAHESH BHAI प्रमाणित करता/करती हूँ कि मैंने पिछले एक/दो/तीन/चार वर्षों में भारत सरकार/राज्य सरकार वा अन्य सामाजिक योजना के अंतर्गत किसी शासकीय/उपकरण प्राप्त नहीं किया है जो मेरे उपर कानूनी कार्रवाई वा अप्रति किये गये उपकरण एवं उपकरण की पूर्ण वापस करेगी।

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

हस्ताक्षर - सहयोगी संस्था/जिला अधिकृत अधिकारी / प्रतिनिधि
Counter Signed by - Collaborative Agency/ Dist Authority/ALIMCO Rep.

हस्ताक्षर / संसक के हस्ताक्षर / अंगूठा छाप
Signature/Thumb Impression of the Beneficiary/Guardian

उपकरण पावती RECEIPT OF APPLIANCES PART IV

मैं MAHESH BHAI प्रमाणित करता/करती हूँ कि आज दिनांक 22/08/16 मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1, TD 0M 01 उपकरण प्राप्त किया है।

I MAHESH BHAI certify that today 22/08/16, I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of Gujarat subsidized/free of cost of Rs. Nil & in a good working condition.

हस्ताक्षर - जिला अधिकृत अधिकारी / प्रतिनिधि
Counter Signed by - Dist Authority/ALIMCO Rep.

Date :
Place :

हस्ताक्षर / संसक के हस्ताक्षर
Signature & Thumb Impression of the Beneficiary/Guardian

* Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others category.
पावता : न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

निर्धारक चिकित्सा अधिकारी / पुनर्वास विशेषज्ञ
Prescribing Medical Officer/Rehab Expert

परीक्षण पावती पर्ची

Slip No. : 2016-17/NAVS45/T8/03893/ADIP-SPL (VIP)
 Name of the Beneficiary : MANGESH BHAI

Date : 10/05/16
 Age : 18 Sex : Male Mobile No. :

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

S.No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
Total			1	6900.00

हस्ताक्षर - जिला अधिकृत अधिकारी
 Counter Signed by - Dist Authority

Dakshin 17/03/16

TD Card type

PART II

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

S.No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	6900.00
Total		1	6900.00

निर्धारक चिकित्सा अधिकारी
 Signature of Medical Officer

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार मासिक / उनके पिता / उनके संरक्षक के मासिक आय रु. 2500 (दो हजार पांच सौ रुपये) में Two Thousand Five Hundred only.

Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupee) 2500 (Two Thousand Five Hundred only).

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

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

मैं MANGESH BHAI प्रमाणित करता/करती हूँ कि मैंने पिछले एक/तीन/पांच वर्षों में भारत सरकार/राज्य सरकार या अन्य सहायित संस्था के अंतर्गत किसी प्रकार से कोई उपकरण प्राप्त नहीं किया है। यदि मेरे उपकरण को मुझे सहायता प्राप्त पाई जाती है तो मैंने उपर कानूनी कार्रवाई या आपत्ति किये गये उपकरण एवं उपकरण की पूर्ति में मेरी होगी।

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

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
 Counter Signed by - Dist Authority/ALIMCO Rep.

मासिक / संरक्षक के हस्ताक्षर / अंगूठा नि
 Signature/Thumb Impression of the Beneficiary/Guardian

उपकरण पावती RECEIPT OF APPLIANCES
 PART IV

मैं MANGESH BHAI प्रमाणित करता/करती हूँ कि आज दिनांक _____ मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत- 1. TD 0M 01 उपकरण प्राप्त किया है।

I MANGESH BHAI certify that today _____ I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. subsidized/free of cost of Rs. Nil & in a good working condition.

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

मासिक / संरक्षक के हस्ताक्षर / अंगूठा नि
 Signature & Thumb Impression of the Beneficiary/Guardian

* Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others category.
 पावता : न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

निर्धारक चिकित्सा अधिकारी / पुरस्कार विशेषज्ञ
 Prescribing Medical Officer/Lehads Expert

परीक्षण पावती पर्ची

Slip No. : 2016-17/NAVS46/T17/02110/ADIP-SPL (VIP)
 Name of the Beneficiary : MANIA BEN
 Date : 11/06/18
 Age : 20 Sex : Female Mobile No. :
 Type of Disability : 1. MENTALLY IMPAIRED (90%)

S.No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
2	TD 2C 51 Wheel Chair Folding Standard Model Adult Size		1	6900.00
Total			2	13800.00

हस्ताक्षर - जिला अधिकारी /
 Counter Signed by - Dist

17/09/2016
 Duplicate

PART II

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

S.No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	6900.00
2	TD 2C 51 Wheel Chair Folding Standard Model Adult Size	1	6900.00
Total		2	13800.00

Signature of Medical Officer / Rehab Expert
 Signature of Collaborative Agency / Dist Authority

PART III

Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. 2000 (Two Thousand only.)

हस्ताक्षर - सहयोगी संस्था अधिकारी /
 Counter Sig. by - Collaborative Agency/ Dist Authority

Signature & Stamp of the Principal/Head Master / SSA Rep.

I, MANIA BEN certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years* from any Government or non-Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of the full cost of aids and appliances supplied, from me.

हस्ताक्षर - जिला अधिकारी / एलिम्को प्रतिनिधि
 Counter Signed by - Dist Authority/ALIMCO Rep.

Signature/Thumb Impression of the Beneficiary/Guardian (in case of minor)

उपकरण पावती RECEIPT OF APPLIANCES
 PART IV

I, MANIA BEN certify that today I received 1. TD 0M 01, 2. TD 2C 51 appliances under ADIP-SPL (VIP) scheme of Govt. of India at subsidized/free of cost of Rs. Nil & in a good working condition.

हस्ताक्षर - जिला अधिकारी / एलिम्को प्रतिनिधि
 Counter Signed by - Dist Authority/ALIMCO Rep. Date : _____ Place : _____

Signature & Thumb Impression of the Beneficiary/Guardian

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

परीक्षण पावती पर्ची

Slip No. : 2016-17/NAVS46/T17/01748/ADIP-SPL (VIP)
 Name of the Beneficiary : MANIA BEN
 Date : 11/06/18
 Age : 20 Sex : Female Mobile No. : +91-787487
 Type of Disability : 1. MENTALLY IMPAIRED (90%)

S.No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
2	TD 2C 51 Wheel Chair Folding Standard Model Adult Size		1	6900.00
Total			2	13800.00

हस्ताक्षर - जिला अधिकारी / एलिम्को
 Counter Signed by - Dist Authority/ALIMCO

परीक्षण पावती पर्ची

Slip No. : 2018-17/NAVS3/T17/00777/ADIP-SPL (VIP) Date : 08/08/16
 Name of the Beneficiary : MANISH BHAI Age : 22 Sex : Male Mobile No. :
 Type of Disability : 1. MENTALLY IMPAIRED (50%)

S.No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
Total			1	6900.00

Counter Signed by - Dist Authority

State : GUJARAT District : NAVSARI
 D Card Type & No. : Aadhar Card (955934408814)

PART II

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

S.No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	6900.00
Total			1 6900.00

Signature of Medical Officer

PART III

Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees 1000 only.)

Counter Sig. by - Collaborative Agency/ Dist. Authority

Signature & Stamp of the Principal/Head Master

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

Counter Signed by - Dist Authority/ALIMCO Rep.

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

उपकरण पावती RECEIPT OF APPLIANCES PART IV

I MANISH BHAI certify that today I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India subsidized/free of cost of Rs. Nil & in a good working condition.

Counter Signed by - Dist Authority/ALIMCO Rep. Date : _____ Place : _____

Signature & Thumb Impression of the Beneficiary

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

I have checked the appliance given to the disabled as per prescription given above and I fully satisfied with its fitment, and the signature/thumb impression (in part III above) done in my presence

Signature _____ Date _____
 Prescribing Medical Officer/Rehab Expert

Slip No. : 2016-17/NAVS3/T8/00615/ADIP-SPL (VIP) Date : 02/09/16
 Name of the Beneficiary : MANISHA BEN Age : 17 Sex : Female Mobile No. :
 Type of Disability : 1. MENTALLY IMPAIRED (50%)

S.No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
Total			1	6900.00

हस्ताक्षर - जिला अधिकृत प्रति
 Counter Signed by - Dist Authority

723 R-4

City/Town/Village :
 राज्य : GUJARAT Pin Code :
 State : GUJARAT जिला : NAVSARI District : NAVSARI
 पहचान पत्र और नं. ID Card Type & No. : Other (na)

PART II

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

S.No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	6900.00
Total		1	6900.00

निर्धारक चिकित्सा अधिकारी
 Signature of Medical Officer

VIKRAM SINGH SOLANKI
 Audiologist ALIMCO
 RCI Reg. No. 845559

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार निम्नलिखित रूप में लिखा / उनके संरक्षक के मासिक आय रु. 3500 (सब्बों में Three Thousand
 Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Ru)
 Thousand Five Hundred only 3500.

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

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

मैं MANISHA BEN प्रमाणित करता/करती हूँ कि मेरे पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतर्गत किसी शासकीय
 कोई उपकरण प्राप्त नहीं किया है। यदि मेरे द्वारा दी गई सूचनाएँ गलत पाई जाती हैं तो मेरे ऊपर कानूनी कार्रवाई या आपूर्ति किये गये उपकरण एवं उपकरण की पूर्ति का
 मेरी होगी।

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

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
 Counter Signed by - Dist Authority/ALIMCO Rep.

सामर्थी / संरक्षक के हस्ताक्षर / अंगूठा नि
 Signature/Thumb Impression of the Beneficiary/Guardian

उपकरण पावती RECEIPT OF APPLIANCES
 PART IV

मैं MANISHA BEN प्रमाणित करता/करती हूँ कि आज दिनांक _____ मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण
 पावती प्राप्त में प्राप्त किया है।

I MANISHA BEN certify that today _____, I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. o
 subsidized/free of cost of Rs. Nil & in a good working condition.

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

सामर्थी / संरक्षक के हस्ताक्षर
 Signature & Thumb Impression of the Beneficiary/Guardian

* Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categor
 पावता : न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

Signature/Thumb impression (in part III above) done in my presence
 Date : _____
 Prescribing Medical Officer/Rehab Expert

No. : 2016-17/NAVS1/TS/00033/ADIP-SPL (VIP)

Date : 06/06/18

Name of the Beneficiary : MANOJ

Age : 15 Sex : Male

Mobile No.

Disability : 1 MENTALLY IMPAIRED (50%)

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
Total		1	6900.00

Counter Signed by - Dist Autho

K-4 (778)

Age	Pin Code : 396445	Email ID
State : GUJARAT	District : NAVSARI	
Aadhar Card (905047852870)		

PART II

Disability : 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	6900.00
Total		1 6900.00

Signature of Medical Officer / R

PART III

The total amount of the monthly income of the beneficiary / father / guardian of the patient is Rs. (Rupees) Three Thousand Five Hundred

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

Signature of Health Officer

Signature & Stamp of the Principal/Head Mast

I 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 legal action beside recovery of the appliances supplied, from me.

I 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 legal action beside recovery of the appliances supplied, from me.

Signature of Dist Authority/ALIMCO Rep.

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

उपकरण पावती RECEIPT OF APPLIANCES
PART IV

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

Signature of Dist Authority/ALIMCO Rep.

Date : _____

Place : _____

Signature & Thumb Impression of the Beneficiary

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

वैधता: 1 वर्ष विशेष आवश्यकता वाले इकाई के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

Certified that I have actually paid a sum of Rs.

(Rupees)

परीक्षण पावती पर्ची

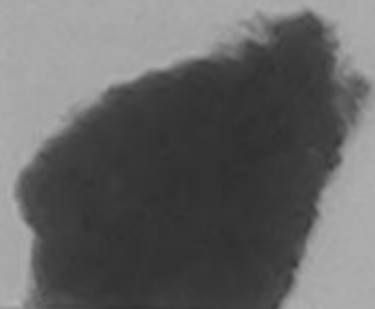
No. : 2016-17/NAVS2/T8/03049/ADIP-SPL (VIP)
 Name of the Beneficiary : MAHMAD
 Date : 07/06/16
 Age : 20 Sex : Male Mobile No. : +91
 Nature of Disability : 1. MENTALLY IMPAIRED (40%)

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
Total		1	6900.00

हस्ताक्षर - जिला अधिकृत अधिकारी /
 Counter Signed by - Dist Authority

749

17/09/2016
 Duplicate



0.10.00

State : GUJARAT जिला District : NAVSARI
 Card Type & No. : Other (na)

PART II

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

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	6900.00
Total		1 6900.00

निर्धारक चिकित्सा अधिकारी/सुपरविसर
 Signature of Medical Officer

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार मासिक / उसके पिता / उसके सरक्षक के मासिक आय रु. 4000 (चार हजार) (हफ्तों में Four Thousand Rupees only.)

Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. 4000 (Four Thousand Rupees only.)



[Signature]

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

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

MAHMAD प्रमाणित करता/करती है कि मैंने भारत सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतर्गत किसी शासकीय/अशासकीय संगठन/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of the aid and appliances supplied, from me.

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

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
 Counter Signed by - Dist Authority/ALIMCO Rep.

नामाथी / सरक्षक के हस्ताक्षर / अंगूठा निशान
 Signature/Thumb Impression of the Beneficiary/Guardian (In)

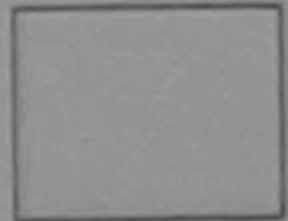
उपकरण पावती RECEIPT OF APPLIANCES
 PART IV

MAHMAD प्रमाणित करता/करती है कि आज दिनांक मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण नि:शुल्क/सुसज्जित/मुफ्त में प्राप्त किया है।

I MAHMAD certify that today I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India and it is subsidized/free of cost of Rs. Nil & in a good working condition.

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
 Counter Signed by - Dist Authority/ALIMCO Rep.

Date :



नामाथी / सरक्षक के हस्ताक्षर / अंगूठा निशान

Place : Signature & Thumb Impression of the Beneficiary/Guardian

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

दिनांक
 Date

प्रीतिश चिकित्सा अधिकारी / पुनर्वास विशेषज्ञ
 Prescribing Medical Officer/Rehab Expert

Slip No. : 2016-17/MAYS46/T8/01267/ADIP-SPL (VIP)

Date : 11/09/16

Age : 13 Sex : Male

Mobile No. : +91

Name of the Beneficiary : MAKSHAY
Type of Disability : 1. MENTALLY IMPAIRED (50%)

No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED KIT - MULTI-SENSORY INTEGRATED EDUCATION		1	6900.00
2	TD 2N 86 Relator Size II (Adult)		1	1026.00
Total			2	7926.00

हस्ताक्षर - जिला अधिकृत अधिकारी /
Counter Signed by - Dist Authority

राज्य : GUJARAT
जिला : NAVSARI
District : NAVSARI
Ration Card Type & No. : Ration Card (324005003961207)

PART II

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

No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED KIT - MULTI-SENSORY INTEGRATED EDUCATION	1	6900.00
2	TD 2N 86 Relator Size II (Adult)	1	1026.00
Total		2	7926.00

Signature of Medical Officer (P & O)
Signature of Medical Officer (P & O)

PART III

RCI Reg No-2015-59257-A

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार वार्षिक / मासिक / मासिक व्यय के अधिकतम रु. 1000 (एक हजार) है।

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

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
Counter Sig. by - Dist Authority/ALIMCO Rep.

हस्ताक्षर एवं मोहर - प्रभु/प्रधानाचार्य/हेड मास्टर/एस.एस.ए. प्रतिनिधि के द्वारा
Signature & Stamp of the Principal/Head Master /SSA Rep.

श्री MAKSHAY प्रमाणित करते हैं कि मैंने पिछले एक/तीन/दस वर्षों में भारत सरकार/अन्य सरकार या अन्य सहायक संस्था के अंतर्गत किसी सार्वजनिक/अर्ध-सार्वजनिक/अन्य संस्था से कोई भी समान प्रकार की सहायता नहीं प्राप्त की है। यदि मेरे द्वारा कोई भी सहायता प्राप्त की जाती है तो मैंने उपर कायद की जानकारी का आभार ज्ञापित करने एवं उपकरण की पूरी लागत मुलाजम की जिम्मेदारी मेरी होगी।

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 Government/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of the full cost of the aid and appliances supplied, from me.

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
Counter Signed by - Dist Authority/ALIMCO Rep.

हस्ताक्षर / संकेत के हस्ताक्षर / प्रभु निशानी (अवयव के लिए)
Signature/Thumb Impression of the Beneficiary/Guardian (In case of minor)

उपकरण पावती RECEIPT OF APPLIANCES
PART IV

श्री MAKSHAY प्रमाणित करते हैं कि आज दिनांक _____ मेरे द्वारा सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01, 2. TD 2N 86 उपकरण प्राप्त हुए हैं।

I MAKSHAY certify that today _____, I received 1. TD 0M 01, 2. TD 2N 86 appliances under ADIP-SPL (VIP) scheme of Govt. of India at subsidized/free of cost of Rs. Nil & in a good working condition.

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
Counter Signed by - Dist Authority/ALIMCO Rep.

Date : _____

Place : _____

हस्ताक्षर / संकेत के हस्ताक्षर तथा प्रभु निशानी
Signature & Thumb Impression of the Beneficiary/Guardian

Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categories
पावती : न्यूनतम 1 वर्ष विशेष आवश्यकता वाले वर्गों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

2016-17/NAVR5/T12/00927/ADIP-SPL (VIP) Date: 23/08/16
 the Beneficiary: MALHAR Age: 13 Sex: Male Mobile No.: +91-9624022827

Disability: 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

इसका - डिस्ट्रिक्ट अधिकारी
 Counter Signed by - Dist Authority

1255

AKDC

गांव : NAVSARI पिनकोड : 396310
 Village Pin Code
 राज्य : GUJARAT जिला : NAVSARI
 State District
 आधार नं. : Aadhar Card (712261718587)
 Mobile No. : +91-9624022827
 ई-मेल :
 Email ID :

PART II

Disability: 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	4500.00
Total		1 4500.00

निर्धारक चिकित्सा अधिकारी/पुनर्वसन वि
 Signature of Medical Officer /

PART III

किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार मासिक / उसके पिता / उसके संरक्षक के मासिक आय रु. 4500 (सब्दी में Four Thousand Five Hu

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

होगी सस्था/जिला अधिकृत अधिकारी
 Sign. by - Collaborative Agency/ Dist Authority

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

IAB प्रमाणित करता/करती है कि मैंने पिछले एक/तीन/दस- वर्षों में भारत सरकार/राज्य सरकार या अन्य सहायक योजना के अंतर्गत किसी सार्वजनिक/असार्वजनिक/अन्य संगठन/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.

दस्तावेज/जिला अधिकृत अधिकारी / एल.एम.सी. प्रतिनिधि
 Signed by - Dist Authority/ALIMCO Rep.

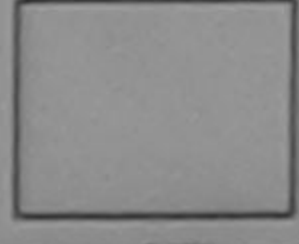
नामाश्री / संरक्षक के हस्ताक्षर / अंगूठा निशानी
 Signature/Thumb Impression of the Beneficiary/Guardian (In c

RECEIPT OF APPLIANCES PART IV

MALHAR प्रमाणित करता/करती है कि आज दिनांक _____ मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण बिना शुल्क / निर

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

जिला अधिकृत अधिकारी / एल.एम.सी. प्रतिनिधि
 Signed by - Dist Authority/ALIMCO Rep.



नामाश्री / संरक्षक के हस्ताक्षर तथा
 Signature & Thumb Impression of the Beneficia

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

Slip No. : 2016-17/NAVR4/T12/00734/ADIP-SPL (VIP)
Name of the Beneficiary : MALI JASWSANT

Date : 22/08/16

Age : 13 Sex : Male

Camp Venue : MATIYA PATI
VIVEKANANDA
POOL JUNA
Mobile No.

Type of Disability : 1. MENTALLY IMPAIRED (70%)

S.No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED KI - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total			1	4500.00

Counter Signed by - Dist Au

पता Address : NAVSARI
 शहर/कस्बा/गांव City/Town/Village : NAVSARI
 राज्य State : GUJARAT
 पिनकोड Pin Code : 396310
 जिला District : NAVSARI
 पहचान पत्र और नं. ID Card Type & No. : Aadhar Card (498006002329)

PART II

Type of Disability : 1. MENTALLY IMPAIRED (70%)

S.No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED KI - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
Total		1	4500.00

Signature of Medical Officer

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार मासिक / उसके पिता / उसके सरक्षक के मासिक आय रु. 2500 (दो हजार पचास रुपये केवल)।
 Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees) 2500 (Two Thousand Five Hundred only.)

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

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

मैं MALI JASWSANT प्रमाणित करता/करती हूँ कि मैंने पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य सहायक संस्था के अंतर्गत किसी भी प्रकार का कोई उपकरण प्राप्त नहीं किया है। यदि मेरे द्वारा दी गई सूचनाएँ सत्य पाई जाती हैं तो मेरे ऊपर कानूनी कार्रवाई या आपत्ति किये गये उपकरण एवं उपकरण की पूर्ति की होगी।

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

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
Counter Signed by - Dist Authority/ALIMCO Rep.

नामाधी / सरक्षक के हस्ताक्षर / अंगूठा निशान
Signature/Thumb Impression of the Beneficiary/Guardian

उपकरण पावती RECEIPT OF APPLIANCES PART IV

मैं MALI JASWSANT प्रमाणित करता/करती हूँ कि आज दिनांक मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण प्राप्त किया है।

I MALI JASWSANT certify that today I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Government of India. It is subsidized/free of cost of Rs. Nil & in a good working condition.

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

नामाधी / सरक्षक के हस्ताक्षर / अंगूठा निशान
Signature & Thumb Impression of the Beneficiary/Guardian

Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others category.
पावता : न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

परीक्षण पावती पत्र

No. : 2016-17/NAVS3/T17/00775/ADIP-SPL (VIP)

Date : 08/06/16

Age : 26 Sex : Female

Mobile No. : 91-9

Name of the Beneficiary : MALTI BEN

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

No.	Appliances Detail	Remark	Quantity	Value
	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI		1	6900.00
Total			1	6900.00

Counter Signed by - Dist Authority

City/Town/Village

State : GUJARAT

Pin Code : 396430

District : NAVSARI

Card Type & No. : Aadhar Card (650580305063)

Bikram Ku Moharana

PART II

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

No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	6900.00
Total		1	6900.00

Signature of Medical Officer

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार मासिक / उसके पिता / उसके संरक्षक के मासिक आय रु. 1000 (हजार में One Thousand मात्र) है।

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

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

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

मैं MALTI BEN प्रमाणित करता/करती हूँ कि मैंने पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतर्गत किसी सार्वजनिक/अपराज्य सरकार प्राप्त नहीं किया है। यदि मेरे द्वारा दी गई सूचनाएँ गलत पाई जाती हैं तो मेरे ऊपर कानूनी कार्रवाई या आपत्ति किये गये उपकरण एवं उपकरण की पूरी लागत प्रुनित की जाएगी।

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

Signature - 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

मैं MALTI BEN प्रमाणित करता/करती हूँ कि आज दिनांक _____ मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण प्राप्त किया है।

I MALTI BEN certify that today _____, I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India. Subsidized/free of cost of Rs. Nil & in a good working condition.

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

Signature&Thumb Impression of the Beneficiary/Guardian

Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others category.
पावता : न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

Date

Prescribing Medical Officer/Rehab Expert

परीक्षण पावती पर्ची

No. : 2016-17/NAVS3/T8/03373/ADIP-SPL (VIP)
Name of the Beneficiary : MAN KUMAR

Date : 08/06/16

Age : 12 Sex : Male

Mobile No. : +91-

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

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
Total		1	6900.00

हस्ताक्षर - जिला अधिकृत अधिकारी / एल
Counter Signed by - Dist Authority/AL

12/Sep/16 256 44 Dabhi

: GUJARAT

जिला : NAVSARI
District

पत्र और नं.
Type & No. : Aadhar Card (923034898008)

PART II

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

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	6900.00
Total		1 6900.00

निर्धारक चिकित्सा अधिकारी/पुनर्वास विशेषज्ञ
Signature of Medical Officer / Reh

PART III

निर्धारित किया जाता है की प्रति व्यक्तिगत उपकरणों के अनुहार लाभार्थी / उनके पिता / उनके संरक्षक के मासिक आय रु. 1000 (सब्बों में One Thousand मात्र) है।

certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees One Thousand only.)

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

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

MAN KUMAR प्रमाणित करता/करती हूँ कि पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतर्गत किसी शासकीय/अशासकीय/अन्य संगठन/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of the full value of the appliances supplied, from me.

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

जिला अधिकृत अधिकारी / एल.एम.सी. प्रतिनिधि
er Signed by - Dist Authority/ALIMCO Rep.

लाभार्थी / संरक्षक के हस्ताक्षर / अंगूठा निशानी (अवस्था में)
Signature/Thumb Impression of the Beneficiary/Guardian (In case of)

उपकरण पावती RECEIPT OF APPLIANCES
PART IV

MAN KUMAR प्रमाणित करता/करती हूँ कि आज दिनांक मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण नि:शुल्क/सुसज्जित/उच्च कीमत के उपकरणों के रूप में प्राप्त किया है।

I MAN KUMAR certify that today I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at subsidized/free of cost of Rs. Nil & in a good working condition.

जिला अधिकृत अधिकारी / एल.एम.सी. प्रतिनिधि
er Signed by - Dist Authority/ALIMCO Rep. Date : Place :

लाभार्थी / संरक्षक के हस्ताक्षर तथा अंगूठा निशानी
Signature & Thumb Impression of the Beneficiary/Guardian

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

ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue: CHC, KHERGAM
परीक्षण पावती पर्ची

No. : 2016-17/NAVS3/T8/00898/ADIP-SPL (VIP)
Name of the Beneficiary : MAN KUMAR

Date : 08/06/16

Age : 12 Sex : Male

Mobile No. : +91-90

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

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
Total		1	6900.00

हस्ताक्षर - जिला अधिकृत अधिकारी / एल
Counter Signed by - Dist Authority/AL

2016-17/NAVS3/T8/00770/ADIP-SPL (VIP)
 the Beneficiary : MANAS

Date : 08/06/18

Age : 14

Sex : Male

Mobile No. : +91-51-

Disability : 1. MENTALLY IMPAIRED (75%)

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
Total		1	6900.00

हस्ताक्षर - जिला अधिकृत अधिकारी / प्रतिनिधि
 Counter Signed by - Dist Authority/AL

258, KY

जिल्ला नं. : District : NAVSARI
 Type & No. : Other (na)

PART II

Disability : 1. MENTALLY IMPAIRED (75%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	6900.00
Total		1 6900.00

निर्धारक चिकित्सा अधिकारी/प्रधान शिक्षण अधिकारी
 Signature of Medical Officer / R

PART III

किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार मासिक / उसके पिता / उसके संरक्षक के मासिक आय रु. 5000 (सब्बों में Five Thousand मात्र) है।
 stated that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees only.)

तालुका हेल्थ अधिकारी,
 तालुका हेल्थ उपद्वारा,
 गण्डेवा, जि. नवसारी.

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

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

MANAS प्रमाणित करता/करती है कि मैंने पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतर्गत किसी शासकीय/अशासकीय/अन्य सहायता नहीं किया है। यदि मेरे द्वारा दी गई सूचनाएँ गलत पाई जाती है तो मेरे ऊपर कानूनी कार्रवाई या आपत्ति किये गये उपस्कर एवं उपकरण की पूरी लागत भुगतान

I certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years* from any Government/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 / एलिम्को प्रतिनिधि
 Signed by - Dist Authority/ALIMCO Rep.

साक्षर / संरक्षक के हस्ताक्षर / अंगूठा निशानी
 Signature/Thumb Impression of the Beneficiary/Guardian (In c

उपकरण पावती RECEIPT OF APPLIANCES
 PART IV

MANAS प्रमाणित करता/करती है कि आज दिनांक मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण प्राप्त किया है।

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

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



साक्षर / संरक्षक के हस्ताक्षर तथा
 Signature & Thumb Impression of the Benefici

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

I have checked the appliances given to the disabled person and found them to be genuine and in good working condition. I have also checked the signature/thumb impression (in part III above) done in my presence.

दिनांक
 Date

निर्धारक चिकित्सा अधिकारी / प्रधान शिक्षण अधिकारी
 Prescribing Medical Officer/Head Expert

Date : 08/08/18
 Age : 18 Sex : Male

Mobile No. : +91-714

2016-17/NAVS3/T8/00771/ADIP-SPL (VIP)
 the Beneficiary : MAYANK
 Disability : 1. MENTALLY IMPAIRED (75%)

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
Total		1	6900.00

हस्ताक्षर - जिला अधिकृत अधिकारी / एडि
 Counter Signed by - Dist Authority/AL

1-7

Pin

PART II

Disability : 1. MENTALLY IMPAIRED (75%)

Prinam Ku Mohan
 Alimco Rehab Expert
 Dist. Reg. No. 2015-5

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	6900.00
Total		1 6900.00

निर्धारक चिकित्सा अधिकारी/पुनर्वास विशेषज्ञ के
 Signature of Medical Officer / Rehab. E

PART III

जगत है की मेरी व्यक्तिगत आय/सहायकारी के अनुसार मासिक / उसके पिता / उसके संरक्षक के मासिक आय रु. 4500 (सब्बों में Four Thousand Five Hundred मात्र)

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

संस्था/जिला अधिकृत अधिकारी
 Collaborative Agency/ Dist. Authority

निर्धारक प्रधानाचार्य/हेड मास्टर/एस.एस. ए. प्रतिनिधि के हस्ताक्षर एवं
 Signature & Stamp of the Principal/Head Master /SS

प्रमाणित करता/करती हूँ कि मैंने पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतर्गत किसी शासकीय/अशासकीय/अन्य संस्था से
 किया है। यदि मेरे द्वारा दी गई सूचनाएँ सत्य पाई जाती हैं तो मेरे ऊपर कानूनी कार्रवाई या आपूर्ति किये गये उपस्कर एवं उपकरण की पूरी लागत मुनसफ की जिम्मेदारी

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

अधिकृत अधिकारी / एडि
 by - Dist Authority/ALIMCO Rep.

लाभार्थी / संरक्षक के हस्ताक्षर / अंगूठा निशानी (अवयस्क
 Signature/Thumb Impression of the Beneficiary/Guardian (In case of

उपकरण पावती RECEIPT OF APPLIANCES
 PART IV

प्रमाणित करता/करती हूँ कि आज दिनांक मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण निःशुल्क/रिवायती दर
 पर प्राप्त किया है।

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

अधिकृत अधिकारी / एडि
 by - Dist Authority/ALIMCO Rep. Date :
 Place :



लाभार्थी / संरक्षक के हस्ताक्षर तथा अंगूठा निशानी
 Signature & Thumb Impression of the Beneficiary/Gua

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

I have checked the appliance given to the disabled as per prescription given above and I fully satisfied with its
 equipment and the signature/thumb impression (in part III above) done in my presence
 Date
 Prescribing Medical Officer/Rehab Expert

ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue : CHC, KHIRGAON
 परीक्षण पावती पर्ची

Date : 08/06/16 Age : 18 Sex : Male Mobile No. :

No. : 2016-17/NAVS3/T8/00782/ADIP-SPL (VIP)
 Name of the Beneficiary : MANSI
 Type of Disability : 1. MENTALLY IMPAIRED (40%)

No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
Total			1	6900.00

हस्ताक्षर - जिला अधिकृत अधिकारी
 Counter Signed by - Dist Authority

Type & No. : Other (na)
 Type of Disability : 1. MENTALLY IMPAIRED (40%)

PART II

S.No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	6900.00
Total		1	6900.00

निर्धारक चिकित्सा अधिकारी
 Signature of Medical Officer

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत आय/आवधिकारी के अनुसार मासिक आय रु. 4500 (चार हजार पाँच सौ) Four Thousand Five Hundred only.)

तालुका हेल्थ इयेरी,
 जयसारी.

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

हस्ताक्षर - सहयोगी संस्था/जिला अल्पसंख्यक अधिकारी
 Counter Sig. by - Collaborative Agency/ Dist Authority

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

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
 Counter Signed by - Dist Authority/ALIMCO Rep.

Signature/Thumb Impression of the Beneficiary

उपकरण पावती RECEIPT OF APPLIANCES
 PART IV

I MANSI certify that today I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of cost of Rs. [6900] & in a good working condition.

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
 Counter Signed by - Dist Authority/ALIMCO Rep.

Date :
 Place :

Signature & Thumb Impression

* Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for other. पावता : न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए।

I have checked the appliance given to the disabled as per prescription given above and I fully satisfied with its functioning and the signature/thumb impression (in part III above) done in my presence.

Date

निर्धारक चिकित्सा अधिकारी / प्रत्यक्ष चिकित्सक
 Prescribing Medical Officer/Physician

परीक्षा पावती पर्ची

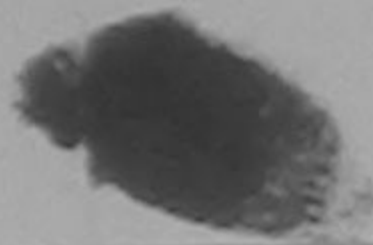
No. : 2016-17/NAVSZ/T17/00554/ADIP-SPL (VIP)
 Name of the Beneficiary : MAYANK
 Date : 07/06/19
 Age : 19 Sex : Male
 Mobile No. : ...

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

No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
Total			1	6900.00

Counter Signed by - Dist Author...

785
 187



De

Address : JALALPORE
 Pin Code : 396044
 District : NAVSARI
 Mobile No. :
 Email ID :
 Card Type & No. : Aadhar Card (NA)

PART II

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

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	6900.00
Total	1	6900.00

Signature of Medical Officer

PART III

Monthly income of the beneficiary/father/guardian of the patient is Rs. 1000 (एक हज़ार में One Thousand मात्र) है।

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

Signature & Stamp of the Collaborative Agency/ Dist. Authority

Signature & Stamp of the Principal/Head

MAYANK प्रमाणित करता/करती है कि मैंने पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य सहायक योजना के अंतर्गत किसी शासकीय/अशासकीय संगठन/निकाश से कोई भी उपकरण प्राप्त नहीं किया है। यदि मैंने ऐसा ही कोई उपकरण प्राप्त नहीं किया है तो मैंने उपर कानूनी कार्रवाई या अनुमति किए बदे उपकरण एवं उपकरण की पूरी लागत मुझसे

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

Signature/Thumb Impression of the Beneficiary/Guardian

Signature/Thumb Impression of the Beneficiary/Guardian

उपकरण पावती RECEIPT OF APPLIANCES PART IV

MAYANK प्रमाणित करता/करती है कि आज दिनांक ... मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण प्राप्त किया है।

I MAYANK certify that today I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India subsidized/free of cost of Rs. Nil & in a good working condition.

Signature/Thumb Impression of the Beneficiary/Guardian

Signature/Thumb Impression of the Beneficiary/Guardian

Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others category. न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

Responsible Medical Officer/Rehab Expert

801

ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue : COTTAGE HO
परीक्षण पावती पर्ची

Slip No. : 2016-17/NAVS45/T17/01492/ADIP-SPL (VIP) Date : 10/06/16
Name of the Beneficiary : MAYURI Age : 18 Sex : Female Mobile No :
Type of Disability : 1. MENTALLY IMPAIRED (40%)

S.No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
Total			1	6900.00

हस्ताक्षर - जिला अधिकारी अथवा
Counter Signed by - Dist Au

Duplicate 17/09/16

राज्य : GUJARAT जिला : NAVSARI
District

कार्ड प्रकार और नं. : Aadhar Card (492005921148)

PART II

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

S.No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	6900.00
Total		1	6900.00

निर्धारक चिकित्सा अधिकारी/प्रमुख
Signature of Medical Officer

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार कुल मिला / उसके संरक्षक के मासिक आय रु. 2400 (शब्दों में Two Thousand Four

Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupee
Thousand Four Hundred only.)



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

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

मैं MAYURI प्रमाणित करता/करती हूँ कि मैंने पिछले एक/तीन/दस वर्षों में मुझ पर सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतर्गत किसी शासकीय/अशासकीय
एन एनटी नहीं किया है। यदि मेरे द्वारा दी गई सूचना गलत पायी जाती है तो मेरे ऊपर कानूनी कारवाही या आपत्ति किये गये उपस्कर एवं उपकरण की पूरी लागत मुझ

I MAYURI certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years* from
Government/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of
cost of Rs. Nil & in a good working condition.

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
Counter Signed by - Dist Authority/ALIMCO Rep.

लाभार्थी / संरक्षक के हस्ताक्षर / अंगूठा नि
Signature/Thumb Impression of the Beneficiary/Guardian

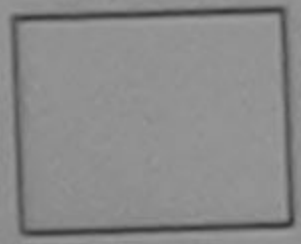
उपकरण पावती RECEIPT OF APPLIANCES
PART IV

मैं MAYURI प्रमाणित करता/करती हूँ कि आज दिनांक _____ मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण नि:शुल्क
रूप में प्राप्त किया है।

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

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
Counter Signed by - Dist Authority/ALIMCO Rep.

Date : _____



लाभार्थी / संरक्षक के हस्ताक्षर
Signature & Thumb Impression of the Ben

Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categ
पावती : न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue : COTTAGE H
परीक्षण पावती पर्ची

Slip No. : 2016-17/NAVS45/T17/02175/ADIP-SPL (VIP) Date : 10/06/16
Name of the Beneficiary : MAYURI Age : 18 Sex : Female Mobile :
Type of Disability : 1. MENTALLY IMPAIRED (40%)

S.No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
Total			1	6900.00

हस्ताक्षर - जिला अधिकारी

802

परीक्षण पावती पर्ची

No. : 2016-17/NAVS2/T17/00513/ADIP-SPL (VIP)

Date : 07/06/16

Name of the Beneficiary : MAYURI BEN

Age : 17

Sex : Female

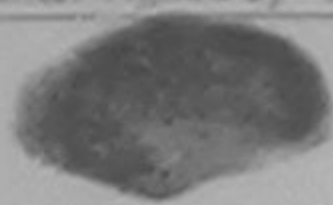
Mobile No. : 991

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

No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATION		1	6900.00
Total			1	6900.00

Counter Signed by - Dist Authority

[Handwritten Signature]



Block/Village : JALALPORE

Pin Code : 396404

Email ID

State : GUJARAT

District : NAVSARI

Ration Card (3010208872)

PART II

Disability : 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATION	1	6900.00
Total	1	6900.00

Signature of Medical Officer / Rehab

PART III

certified that to the best of my knowledge, the monthly income of the beneficiary/ father/ guardian of the patient is Rs. (Rupees One Thousand and only.)

Signature & Stamp of the Principal/Head Master

Signature of Collaborative Agency/ Dist. Authority

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

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

उपकरण पावती RECEIPT OF APPLIANCES PART IV

MAYURI BEN certify that today I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at subsidized/free of cost of Rs. Nil & in a good working condition.

Date : _____ Place : _____

Signature & Thumb Impression of the Beneficiary

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

Prescribing Medical Officer Rehab Expen

Application No. : 2016-17/NAVS1/T9/00047/ADIP-SPL (VIP)
 Name of the Beneficiary : MAYURIKA BEN
 Type of Disability : 1. MENTALLY IMPAIRED (60%)

Date : 08/06/18
 Age : 29 Sex : Female Mobile No. : +91-

No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
Total			1	6900.00

हस्ताक्षर - जिला अधिकृत अधिकारी /
 Counter Signed by - Dist Authority

Full

State : GUJARAT
 District : NAVSARI
 Card Type & No. : Aadhar Card (989520999977)

PART II

Type of Disability : 1. MENTALLY IMPAIRED (60%)

S.No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	6900.00
Total		1	6900.00

निर्धारक चिकित्सा अधिकारी/मुख्यालय
 Signature of Medical Officer

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार मासिक आय रु. 3500 (छब्बीस हजार पाँच सौ रुपये) के अन्तर्गत कोई उपकरण प्राप्त नहीं किया है। यदि मेरे द्वारा ये कोई हस्ताक्षर/मुद्रा लगाई जाती है तो मेरे ऊपर कानूनी कार्रवाई का जोखिम/जवाबदारी मेरी होगी।
 Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. 3500 (Thousand Five Hundred only).
 I MAYURIKA BEN certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years from any Government/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of aids and appliances supplied, from me.

हस्ताक्षर - सहयोगी संस्था/जिला अधिकृत अधिकारी NAVSARI
 Counter Sig. by - Collaborative Agency/Dist. Authority

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

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
 Counter Signed by - Dist Authority/ALIMCO Rep.

नामांवी / संरक्षक के हस्ताक्षर / अंगूठा नि
 Signature/Thumb Impression of the Beneficiary/Guardian

उपकरण पावती RECEIPT OF APPLIANCES
 PART IV

मेरी MAYURIKA BEN प्रमाणित करता/करती हूँ कि आज दिनांक _____ मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अन्तर्गत 1 TD 0M 01 उपकरण प्राप्त किया है।
 I MAYURIKA BEN certify that today _____ I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. subsidized/free of cost of Rs. Nil & in a good working condition.

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
 Counter Signed by - Dist Authority/ALIMCO Rep.

Date : _____
 Place : _____

नामांवी / संरक्षक के हस्ताक्षर / अंगूठा नि
 Signature & Thumb Impression of the B

* Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others category.
 पावता : न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

Certified that I have actually paid a sum of Rs. _____ (Rupees _____ only) towards the cost of the aid mentioned above and I have received the appliance in good working condition. Certified that I have not received such appliance since last three years (one year in case of Artificial Limb for Children) under ADIP Scheme of Govt. of India or from any other source.



Reg. No. _____
 General H23913 - Navsari

नामांवी/संरक्षक के हस्ताक्षर/अंगूठा नि (अवस्था के लिए)
 Signature/Thumb Impression of the Beneficiary/Guardian (In case of Minor)

परीक्षण पावती पर्ची

No. : 2016-17/NAVS46/T17/01892/ADIP-SPL (VIP)

Date : 11/08/18

Name of the Beneficiary : MEGHA

Age : 24 Sex : Female

Mobile No. : +91

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

No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
Total			1	6900.00

हस्ताक्षर - जिला अधिकृत अधिकारी /
Counter Signed by - Dist Authority

804

Duplicate 17/09/18

: GUJARAT

जिला : NAVSARI
District

Type & No. : Aadhar Card (250471070760)

PART II

Disability : 1. MENTALLY IMPAIRED (75%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	6900.00
Total	1	6900.00

निर्धारक चिकित्सा अधिकारी/प्रमुख निदेशक
Signature of Medical Officer / R
RCI Reg No-2915

PART III

यदि बताया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार मासिक / उसके पिता / उसके संरक्षक के मासिक आय रु. 2500 (सब्बों में Two 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 Two Thousand Five Hundred only.)

Taluka Health Officer

Signature of Taluka Health Officer / Dist. Authority

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

MEGHA प्रमाणित करता/करती है कि मैंने पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार वा अन्य सहायिक योजना के अंतर्गत किसी सार्वजनिक/असार्वजनिक/अन्य संगठन से कोई भी समान उपकरण प्राप्त नहीं किया है। यदि मेरे द्वारा दी गई सूचनाएँ सत्य पाई जाती हैं तो मेरे ऊपर कानूनी कार्रवाई या आपत्ति किये गये उपकरण एवं उपकरण की पूरी लागत मुलाजिम की जाएगी।

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

जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
Signed by - Dist Authority/ALIMCO Rep.

लाभार्थी / संरक्षक के हस्ताक्षर / अंगूठा निशानी (ज
Signature/Thumb Impression of the Beneficiary/Guardian (In ca

उपकरण पावती RECEIPT OF APPLIANCES
PART IV

MEGHA प्रमाणित करता/करती है कि आज दिनांक _____ मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण नि:शुल्क/सुधुल प्राप्त किया है।

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

जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि

Date : _____

Signed by - Dist Authority/ALIMCO Rep.

Place : _____

लाभार्थी / संरक्षक के हस्ताक्षर तथा
Signature & Thumb Impression of the Beneficiary

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

परीक्षण पावती पर्ची

No. : 2016-17/NAVS46/T17/01530/ADIP-SPL (VIP)

Date : 11/08/18

Name of the Beneficiary : MEGHA

Age : 24 Sex : Female

Mobile No. : +91

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

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
Total		1	6900.00

हस्ताक्षर - जिला अधिकृत अधिकारी /
Counter Signed by - Dist Authority

ASSESSMENT ACKNOWLEDGEMENT SLIP

परीक्षण पावती पर्ची

Camp Venue : MATIYA PATIDAR VADUNEAR

VIVEKANAND SWIMMING

POOL JUNA THANA JAVSAR

2016-17/NAVR5/T12/00979/ADIP-SPL (VIP)
Beneficiary : MEHUL

Date : 23/08/16

Age : 16

Sex : Male

Mobile No. : +91-7380895

Disability : 1. MENTALLY IMPAIRED (50%)

Appliances Detail

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

Counter Signed by - Dist Authority/ALIMCO

Pin Code : NAVSARI
District : NAVSARI

Aadhar Card (486369194438)

PART II

Disability : 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
Total		1 4500.00

Signature of Medical Officer / Rehab

PART III

2500 (रुपये) में Two 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 Two and Five Hundred only)

Signature of Collaborative Agency/ Dist Authority

Signature & Stamp of the Principal/Head Master

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

Signature of Dist Authority/ALIMCO Rep.

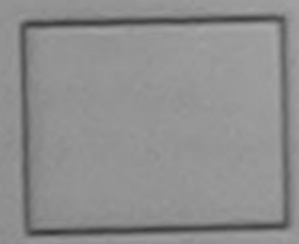
Signature/Thumb Impression of the Beneficiary/Guardian (In case)

RECEIPT OF APPLIANCES PART IV

MEHUL certify that today I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at subsid

of Rs. 4500 & in a good working condition.

Signature of Dist Authority/ALIMCO Rep. Place :



Signature & Thumb Impression of the Beneficiary

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

2019, 14

ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue: CHC, KHERWA
परीक्षण पावती पर्ची

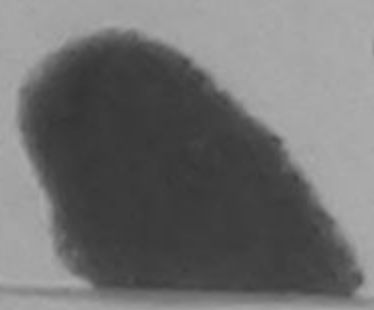
Slip No. : 2016-17/NAVS3/T17/01007/ADIP-SPL (VIP)
Name of the Beneficiary : MEHUL
Type of Disability : 1. MENTALLY IMPAIRED (40%)

Date : 08/08/18
Age : 25 Sex : Male Mobile No. :

No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
Total			1	6900.00

Counter Signed by - Dist A

1344



o'ode

State : GUJARAT District :
Card Type & No. : Other (NA)

PART II

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

No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	6900.00
Total		1	6900.00

Signature of Medical Officer

PART III

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

Counter Sig. by - Collaborative Agency/ Dist. Authority

Signature & Stamp of the Principal/Head

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

Counter Signed by - Dist Authority/ALIMCO Rep.

Signature/Thumb Impression of the Beneficiary/Guardian

उपकरण पावती RECEIPT OF APPLIANCES PART IV

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

Counter Signed by - Dist Authority/ALIMCO Rep.

Date :
Place :



Signature/Thumb Impression of the Beneficiary/Guardian

* Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others
पावता : न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

208

No. : 2016-17/NAVR4/T8/00820/ADIP-SPL (VIP)
Name of the Beneficiary : MEHUL

Date : 22/08/16

Age : 13 Sex : Male

Mobile No. :

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

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

[Handwritten Signature]

हस्ताक्षर - जिला अधिकृत अथवा
Counter Signed by - Dist Authority

सम्बन्धी/गाव : NAVSARI
Town/Village

पिनकोड : 396366
Pin Code

जिला : NAVSARI
District

ई-मेल :
Email ID

संस्था का प्रकार और नं.
Institution Type & No. : Other (school)

PART II

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

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	4500.00
Total		1 4500.00

निर्धारक चिकित्सा अधिकारी/मुख्य
Signature of Medical Officer

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार लाभार्थी / उसके पिता / उसके संरक्षक के मासिक आय रु. 2450 (हब्दी में Two Thousand Four

Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupee) Two Thousand Four Hundred Fifty only.)

हस्ताक्षर - सहयोगी संस्था/जिला अधिकृत/अधिकारी
Signature by Collaborative Agency/ Dist Authority

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

MEHUL प्रमाणित करता/करती है कि मैंने पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य सार्वजनिक योजना के अंतर्गत किसी शासकीय/अशासकीय/अन्य संस्था से कोई भी मदद/सहायता नहीं प्राप्त की है। यदि मेरे द्वारा यह गलत जानकारी प्रदान की जाती है तो मेरे ऊपर कानूनी कार्रवाई या आपत्ति किये गये उपकरण एवं उपकरण की पूरी लागत प्रत्यक्ष रूप से मुझसे वसूल की जा सकती है।
आण (संस्था) के अधिकारी/सचिव

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

हस्ताक्षर - जिला अधिकृत/अधिकारी/एलिम्को प्रतिनिधि
Counter Signed by Dist Authority/ALIMCO Rep.

लाभार्थी / संरक्षक के हस्ताक्षर / अंगूठा निशान
Signature/Thumb Impression of the Beneficiary/Guardian (I

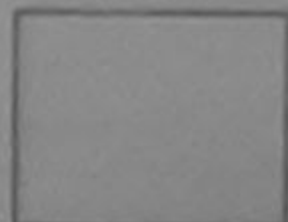
उपकरण पावती RECEIPT OF APPLIANCES
PART IV

MEHUL प्रमाणित करता/करती है कि आज तिनांक मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण नि:शुल्क/उपकरण प्राप्त किया है।

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

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
Counter Signed by - Dist Authority/ALIMCO Rep.

Date :



लाभार्थी / संरक्षक के हस्ताक्षर
Signature & Thumb Impression of the Benef

वैधता : न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

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परीक्षण पावती पर्ची

2016-17/NAVR4/T8/00848/ADIP-SPL (VIF) Date : 22/08/16
Name of the Beneficiary : MEHUL BHAI Age : 14 Sex : Male Mobile No. :
Disability : 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

हस्ताक्षर - जिला अधिकृत अधिकारी
Counter Signed by - Dist Authority

Handwritten signature/initials

गांव : NAVSARI
Village : NAVSARI
पिनकोड : 396436
Pin Code : 396436
जिला : NAVSARI
District : NAVSARI
Type & No. : Other (na)

मोबाइल नं. : +91-9227523102
Mobile No. : +91-9227523102
ई-मेल :
Email ID :

PART II

Disability : 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
Total		1 4500.00

निर्धारक चिकित्सा अधिकारी/पुनर्वास
Signature of Medical Officer / F

PART III

किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार मासिक / उसके पिता / उसके संरक्षक के मासिक आय रु. 4500 (शब्दों में Four Thousand Five Hundred and a M)

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

अधिकारी सह
Collaborative Agency/ Dist. Authority
निर्धारक प्रधानाचार्य/हेड मास्टर/एस.एस. ए. प्रतिनिधि के ह
Signature & Stamp of the Principal/Head Mas

MEHUL BHAI प्रमाणित करता/करती है कि मैंने पिछले एक/तीन/दस- वर्षों में भारत सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतर्गत किसी शासकीय/अशासकीय संगठन/अन्य/Non Government organization) से कोई भी मदद/सहायता/उपकरण प्राप्त नहीं किया है। यदि मेरे द्वारा दी गई सूचनाएं सत्य पाई जाती हैं तो मेरे ऊपर कानूनी कार्रवाई या आपूर्ति किये गये उपकरण एवं उपकरण की पूरी लागत भुगतान करना पड़ेगा।

MEHUL BHAI 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 legal action beside recovery of the appliances supplied, from me.

अधिकारी सह
Dist Authority/ALIMCO Rep.
साक्षर/संरक्षक के हस्ताक्षर / अंगूठा निशानी (अ
Signature/Thumb Impression of the Beneficiary/Guardian (In ca

उपकरण पावती RECEIPT OF APPLIANCES PART IV

MEHUL BHAI प्रमाणित करता/करती है कि आज दिनांक _____ मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण नि:शुल्क / मुफ्त में प्राप्त किया है।

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

जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
Signed by - Dist Authority/ALIMCO Rep. Date : _____
साक्षर/संरक्षक के हस्ताक्षर तथा
Signature & Thumb Impression of the Beneficiary

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

No. : 2016-17/NAVR4/T8/00807/ADIP-SPL (VIP)

Date : 22/08/18
 Age : 24 Sex : Male

Mobile No. :

of the Beneficiary : MILAN
 of Disability : 1. MENTALLY IMPAIRED (85%)

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

हस्ताक्षर - जिला अधिकृत अधिकारी
 Counter Signed by - Dist Authority

1369

Handwritten signature

Location : JALALPORE

State : GUJARAT

पत्र और नं. : Aadhar Card (784398182276)

पिनकोड : 396445

जिला : NAVSARI

मोबाइल नं. :
 ई-मेल :
 Email ID :

Disability : 1. MENTALLY IMPAIRED (75%)

PART II

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	6900.00
Total		1 6900.00

निर्धारक चिकित्सा अधिकारी
 Signature of Medical Officer

PART III
 declared that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees) 3500 (Three Thousand Five Hundred only)

Collaborative Agency/ Dist Authority

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

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

Dist Authority/ALIMCO Rep.

नामाश्री / संरक्षक के हस्ताक्षर / अंगूठा निशानी (अवश्य)
 Signature/Thumb Impression of the Beneficiary/Guardian (In case)

उपकरण पावती RECEIPT OF APPLIANCES
 PART IV

I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at subsidized price & in a good working condition.

Dist Authority/ALIMCO Rep.

Date :

Place :

नामाश्री / संरक्षक के हस्ताक्षर तथा अंगूठा
 Signature & Thumb Impression of the Beneficiary

Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others category

Principal
 Smt Z.H. Shah
 High School

Slip No. : 2016-17/NAVR5/T8/00965/ADIP-SPL (VIP) Date : 23/08/16
 Name of the Beneficiary : MILAN Age : 12 Sex : Male Mobile No. :
 Type of Disability : 1. MENTALLY IMPAIRED (75%)

S.No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
To			1	4500.00

हस्ताक्षर - जिला अधिकृत अधिकारी
 Counter Signed by - Dist Authority

State : GUJARAT Pin Code :
 जिला : NAVSARI District :
 Card Type & No. : Ration Card (125001010106019)

PART II

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

No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
Total		1	4500.00

निर्धारक चिकित्सा अधिकारी/पुनर्वास
 Signature of Medical Officer

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत उदाहरणों के अनुसार मासिक आय रु. 4500 (शब्दों में Four Thousand Five

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

अधिकृत - सहयोगी संस्था/जिला अधिकृत अधिकारी
 Counter Sig. by - Collaborative Agency/ Dist Authority
 निर्धारक प्रधानाचार्य/हेड मास्टर/एस.एस. ए. प्रतिनिधि
 Signature & Stamp of the Principal/Head

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

अधिकृत - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
 Counter Signed by - Dist Authority/ALIMCO Rep.
 लाभार्थी / संरक्षक के हस्ताक्षर / अंगूठा नि
 Signature/Thumb Impression of the Beneficiary/Guardian

उपकरण पावती RECEIPT OF APPLIANCES
 PART IV

मैं MILAN प्रमाणित करता/करती हूँ कि आज दिनांक _____ मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण नि:शुल्क रूप से प्राप्त किया है।

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

अधिकृत - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
 Counter Signed by - Dist Authority/ALIMCO Rep.
 तिथि : _____
 स्थान : _____
 लाभार्थी / संरक्षक के हस्ताक्षर
 Signature & Thumb Impression of the Beneficiary/Guardian

Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others category.
 पावता : न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

निर्धारक चिकित्सा अधिकारी / पुनर्वास विशेषज्ञ
 Prescribing Medical Officer/Rehab Expert

Original certificate will have to be produced for reservation of berth on train and during the journey, if demanded.

4) No alteration in this form is permitted.

परीक्षण पावती पर्ची

2016-17/NAVS45/T17/01108/ADIP-SPL (VIP)

Date : 10/06/16

of the Beneficiary : MILAN KUMAR

Age : 13 Sex : Male

Mobile No.

Disability : 1. MENTALLY IMPAIRED (40%)

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED KIL - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
Total		1	6900.00

Counter Signed by - Dist Auth

Type & No. : Other (NA)

PART II

Disability : 1. MENTALLY IMPAIRED (40%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED KIL - MULTI-SENSORY INTEGRATED EDUCATI	1	6900.00
Total		1 6900.00

Signature of Medical Officer

PART III

monthly income of the beneficiary/ father / guardian of the patient is Rs. 2000 (हब्दों में Two Thousand)

Certified that to the best of my knowledge



Signature & Stamp of the Principal/Head

Collaborative Agency/ Dist Authority

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

and appliances supplied, from me.

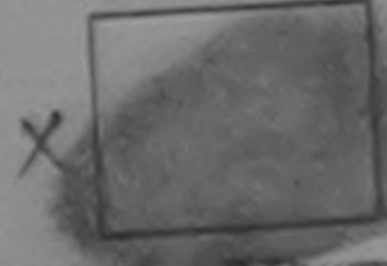
Signature/Thumb Impression of the Beneficiary/Guardian

Dist Authority/ALIMCO Rep.

उपकरण पावती RECEIPT OF APPLIANCES PART IV

I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of G

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



Signature & Thumb Impression of the

Dist Authority/ALIMCO Rep.

Date : Place :

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

पावता : न्यूनतम १ वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा १० वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

Date

Prescribing Medical Officer/Rehab Expert

826 Ky

Date: 23/08/18
Age: 17

Sex: Female

Mobile No.: +91

2016-17/NAVR5/T12/00864/ADIP-SPL (VIP)
of the Beneficiary: MIMAL

Disability: 1. MENTALLY IMPAIRED (75%)

Appliances Detail

TD 0M 01 MSIED KIT - MULTI-SENSORY INTEGRATED EDUCAT

Remark	Quantity	Value
	1	4500.00
Total	1	4500.00

हस्ताक्षर - जिला अधिकृत अधिकारी
Counter Signed by - Dist Authority

137

OK

State: GUJARAT

Pin Code: 396450

District: NAVSARI

Email ID

Aadhar Card (289033689911)

PART II

Disability: 1. MENTALLY IMPAIRED (75%)

Appliances Detail
M 01 MSIED KIT - MULTI-SENSORY INTEGRATED EDUCATI

Quantity	Value
1	4500.00
Total	4500.00

Signature of Medical Officer / Re

PART III

दिया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार मासिक / उसके पिता / उसके संरक्षक के मासिक आय रु. 3500 (शब्दों में Three Thousand Five Hundred only.)
to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees T

Collaborative Agency/ Dist. Authority

Signature & Stamp of the Principal/Head Mast

I 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 legal action beside recovery of the appliances supplied, from me.

Signed by - Dist Authority/ALIMCO Rep.

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

उपकरण पावती RECEIPT OF APPLIANCES
PART IV

I 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.

Signed by - Dist Authority/ALIMCO Rep.

Date:

Place:

Signature & Thumb Impression of the Benefici

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

परीक्षण पावती पर्ची

Id. : 2016-17/NAVS3/T8/00790/ADIP-SPL (VIP)

Date : 08/06/18

Name of the Beneficiary : MITAL

Age : 12 Sex : Male

Level of Disability : 1. MENTALLY IMPAIRED (55%)

Mobile No.

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
Total		1	6900.00

हस्ताक्षर - जिला अधिकृत अधिकारी
Counter Signed by - Dist Auth

State : GUJARAT
District : NAVSARI

Category & No. : Other (na)

PART II

Level of Disability : 1. MENTALLY IMPAIRED (55%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	6900.00
Total		1 6900.00

निर्धारक चिकित्सा अधिकारी/पुनर्
Signature of Medical Officer

PART III

certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupee) 2500 (हब्बों में Two Thousand Five

and Five Hundred only

Signature of the Beneficiary/Guardian
Signature by - Collaborative Agency/ Dist. Authority

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

MITAL प्रमाणित करता/करती है कि मैंने पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतर्गत किसी शासकीय/अशासकीय संगठन/न्यायिक निकाय से कोई भी वित्तीय सहायता प्राप्त नहीं किया है। यदि मेरे द्वारा दी गई सूचनाएँ सत्य पाई जाती हैं तो मेरे ऊपर कानूनी कार्रवाई या आपत्ति किये गये उपकरण एवं उपकरण की पूरी लागत मुझ

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

Signature of the Beneficiary/Guardian
Signature Signed by - Dist Authority/ALIMCO Rep.

नामाथी / संरक्षक के हस्ताक्षर / अंगूठा नि
Signature/Thumb Impression of the Beneficiary/Guardian

उपकरण पावती RECEIPT OF APPLIANCES
PART IV

मैं MITAL प्रमाणित करता/करती हूँ कि आज दिनांक _____ मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण नि:शुल्क रूप से प्राप्त किया है।

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

Signature of the Beneficiary/Guardian
Signature Signed by - Dist Authority/ALIMCO Rep.

Date : _____
Place : _____



नामाथी / संरक्षक के हस्ताक्षर
Signature & Thumb Impression of the Beneficiary/Guardian

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

Signature Date
Prescribing Medical Officer/Reshab Expan

840

परीक्षण पावती पर्ची

Beneficiary : MITESH KUMAR Date : 22/08/16 Age : 19 Sex : Male Mobile No. : 91-9222
Type : 1. MENTALLY IMPAIRED (75%)

Appliances Detail	Remark	Quantity	Value
MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

Handwritten signature

Counter Signed by - Dist Authority/ALIMCO

Address : NAVSARI Pin Code : 396436 Email ID
 State : GUJARAT District : NAVSARI
 Type & No. : Other (school)

PART II

Beneficiary : 1. MENTALLY IMPAIRED (75%)

Appliances Detail	Quantity	Value
MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	4500.00
Total		1 4500.00

Signature of Medical Officer / R

PART III

Monthly income of the beneficiary/father/guardian of the patient is Rs. 2400 (Two Thousand Four Hundred Rupees)

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

Sig. by - Cooperative Agency/ Dist. Authority Signature & Stamp of the Principal/Head Ma

MITESH KUMAR certifies that he has not received similar Aid/Equipment either free of cost/subsidized in the last one/three years from any organization. In case the undertaking is found false, I will be liable for legal action besides being debarred from me.

Signature/Thumb Imp of Authority/ALIMCO Rep. उपकरण पावती RECEIPT PART

KUMAR certify that today of cost of Rs. Nil & in a good work

I have checked the appliance given to the disabled as per prescription given above and I fully satisfied with its fitment, and the signature/thumb impression (in part III above) done in my presence

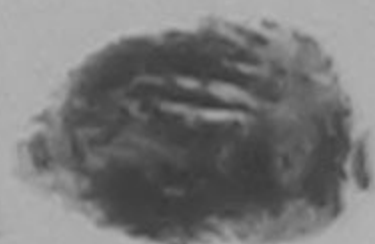
Signature/Thumb Impression of the Beneficiary/Guardian (in case of Minor)

Prescribing Medical Officer/Rehab Expert

Slip No. : 2016-17/NAVS3/T17/0946/ADIP-SPL (VIP) Date : 08/06/18
 Name of the Beneficiary : MITI Age : 13 Sex : Female Mob :
 Type of Disability : 1. MENTALLY IMPAIRED (75%)

S.No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
Total			1	6900.00

हस्ताक्षर - जिला अधिकारी
 Counter Signed by - Dist Authority

943 (1599) KY  OKDC

कस्बा/गांव : KHERGAM पिनकोड : 395430
 Town/Village : GUJARAT जिला : NAVSARI District
 कार्ड प्रकार और नं. : Ration Card (3010235468)

PART II

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

S.No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	6900.00
Total		1	6900.00

निर्धारक चिकित्सा अधिकारी
 Signature of Medical Officer

PART III

प्रमाणित किया जाता है की मेरी जानकारी के अनुसार सप्ताह / उसके पिता / उसके संरक्षक के मासिक आय रु. 2000 (दो हजार) (हजारों में Two Thousand only.)

Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. 2000 (Two Thousand only.)

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

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

मैं MITI प्रमाणित करता/करती हूँ कि मैंने एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतर्गत किसी शासकीय/अशासकीय/अन्य सरकारी/अन्य गैर सरकारी संस्था/संस्था से कोई भी मदद/सहायता नहीं प्राप्त की है। यदि मेरे द्वारा दी गई जानकारी गलत पाई जाती है तो मेरे ऊपर कानूनी कार्रवाई या आपत्ति किये गये उपस्कर एवं उपकरण की पूरी लागत भुगतान करने की जिम्मेदारी होगी।

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

हस्ताक्षर - जिला अधिकृत अधिकारी / प्रतिनिधि
 Counter Signed by - Dist Authority/ALIMCO Rep.

साक्षर/अक्षर / संरक्षक के हस्ताक्षर / मुद्रा
 Signature/Thumb Impression of the Beneficiary/Guardian

उपकरण पावती RECEIPT OF APPLIANCES PART IV

मैं MITI प्रमाणित करता/करती हूँ कि आज दिनांक _____ मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण प्राप्त किया है।

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

हस्ताक्षर - जिला अधिकृत अधिकारी / प्रतिनिधि
 Counter Signed by - Dist Authority/ALIMCO Rep.

Date : _____
 Place : _____
 साक्षर/अक्षर / संरक्षक के हस्ताक्षर / मुद्रा
 Signature & Thumb Impression of the Beneficiary/Guardian

* Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others.
 पावता : न्यूनतम 1 वर्ष के लिए अक्षर/अक्षर वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

Date

प्रमाणित करने वाला / प्रमाणित करने वाला
 Prescribing Medical Officer/Rehab Expert

844

ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue : CIVIL HOSPITAL
परीक्षण पावती पर्ची

No. : 2016-17/NAVS1/T8/02594/ADIP-SPL (VIP)
Name of the Beneficiary : MITUL
Date : 06/09/16 Age : 14 Sex : Male Mobile No. :
Type of Disability : 1. MENTALLY IMPAIRED (90%)

No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
Total			1	6900.00

Signature - Dis Counter Signed by - Dis

[Handwritten Signature]

1710912016
Duplicate

of Disability : 1. MENTALLY IMPAIRED (90%)
PART II

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	6900.00
Total	1	6900.00

Signature of Medical Officer

PART III
certified 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.)

[Handwritten Signature]

Signature & Stamp of the Principal/Head M
Signature/Thumb Impression of the Beneficiary/Guardian (In

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

Signature/Thumb Impression of the Beneficiary/Guardian (In

उपकरण पावती RECEIPT OF APPLIANCES
PART IV

MITUL certify that today I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at a cost of Rs. 6900 & in a good working condition.

Signature/Thumb Impression of the Beneficiary/Guardian (In

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

I have checked the appliance given to the disabled as per prescription given above and I fully satisfied with its quality and the signature/thumb impression (in part III above) done in my presence
Signature
Date
Prescribing Medical Officer/Expert

851
Ku

Slip No. : 2016-17/NAVR5/17/00922/ADIP-SPL (VIP) Date : 23/08/16
Name of the Beneficiary : MOHD, ARIF Age : 16 Sex : Male Mobile No :
Type of Disability : 1. MENTALLY IMPAIRED (75%)

S.No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total			1	4500.00

Signature - Dist Authority
Counter Signed by - Dist Authority

OK DC

Village : NAVSARI Pin Code : 396430 Email ID :
State : GUJARAT District : NAVSARI
Type & No. : Ration Card (1023833787)

PART II

Disability : 1. MENTALLY IMPAIRED (75%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	4500.00
Total	1	4500.00

Anubandh
Ref

निर्धारक चिकित्सा अधिकारी/एन.एस.ए. प्रतिनिधि के हस्ताक्षर
Signature of Medical Officer / Representative

PART III

किया जाता है की मेरी व्यक्तिगत आयकाठी के अनुसार मासिक / उसके पिता / उसके संरक्षक के मासिक आय रु. 2500 (दसवीं में Two Thousand Five Hundred only)

As far as I know, to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees Two Thousand Five Hundred only.)

सहयोगी संस्था/जिला अधिकारी/संयुक्त नवसारी
Collaborative Agency/ Dist Authority
निर्धारक प्रधानाचार्य/हेड मास्टर/एन.एस.ए. प्रतिनिधि के हस्ताक्षर
Signature & Stamp of the Principal/Head Master / Representative

MOHD, ARIF प्रमाणित करता/करती है कि मैंने पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार वा अन्य सहायक योजना के अंतर्गत किसी शासकीय/अशासकीय संस्था से कोई भी उपकरण मुझे मुफ्त/सब्सिडी पर प्राप्त नहीं किया है। यदि मेरे द्वारा दी गई सूचनाएं गलत पाई जाती हैं तो मेरे ऊपर कानूनी कार्रवाई का जोखिम किये गये उपकरण एवं उपकरण की पूरी लागत भुगतान करना पड़ेगा।

MOHD, ARIF certify that I have not received similar A&S equipment either free of cost/subsidized in the last one/three/ten years* from any Government/Non Government organization. In case the above declaration is found false, I will be liable for legal action beside recovery of the cost of the appliances supplied from me.

जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
SIGNED BY - Dist Authority/ALIMCO Rep.
हस्ताक्षर / संरक्षक के हस्ताक्षर / अंगूठा निशान
Signature/Thumb Impression of the Beneficiary/Guardian

उपकरण पावती RECEIPT OF APPLIANCES PART IV

MOHD, ARIF प्रमाणित करता/करती है कि आज दिनांक मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत मुझे निम्नलिखित उपकरण प्राप्त किया है:

MOHD, ARIF certify that today I received 1, TD 0M 01 appliances free of cost of Rs. Nil & in a good working condition.

जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
SIGNED BY - Dist Authority/ALIMCO Rep.
हस्ताक्षर / संरक्षक के हस्ताक्षर / अंगूठा निशान
Signature/Thumb Impression of the Beneficiary/Guardian

Disability: Minimum 75%
न्यूनतम 75%

जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
Signature - Dist Authority/ALIMCO Rep

हस्ताक्षर / संरक्षक के हस्ताक्षर / अंगूठा निशान
Signature/Thumb Impression of the Beneficiary/Guardian (In case of M)

10. मैंने ऊपर दिए गए उपकरण को देखा और उपरोक्त विवरणों के अनुसार उपकरणों की जांच की है। मैं पूर्णतः संतुष्ट हूँ।
I have checked the appliance given to the disabled as per the information given above and I fully satisfied with its fitness and the signature/thumb impression (in part III) is correct in my presence.

दिनांक :
Date :

Appliances Detail	Remark	Quantity	Value
TD 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATION		1	4500.00
Total		1	4500.00

Counter Signed by - Dist Authority (ALIMCO)

395/K5

Village: NAVSARI Pin Code: 396310 Email ID: _____
 State: GUJARAT District: NAVSARI
 Other (NA)

PART II

અરજદારે કેમલાના સ્થળે
 જાહેર કરેલ આવક મુજબ

Disability: 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Quantity	Value
TD 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATION	1	4500.00
Total		1 4500.00

Signature of Medical Officer / Rel

PART III

આ જાણ છે કે મેરી વ્યક્તિગત જાણકારી કે અનુસાર મામાર્થી / ડાકા પિતા / ડાકા સંરક્ષક કે માસિક આવક રૂ. 2500 (શબ્દો માં Two Thousand Five Hundred only) that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees Two Thousand Five Hundred only.)
 Collaborative Agency/ Dist Authority

Signature & Stamp of the Principal/Head Master

I 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 legal action beside recovery of the appliances supplied from me.

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

RECEIPT OF APPLIANCES PART IV

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

Date: _____ Place: _____ Signature & Thumb Impression of the Beneficiary

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

No. : 2016-17/NAVR4/T12/00721/ADIP-SPL (VIP)

Date : 22/09/16

Name of the Beneficiary : KETAN KUMAR

Age : 9

Sex : Male

Mobile No

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

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED KI - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

Counter Signed by - Dist Authority

Handwritten: 391 K3

Address: NAVSARI, GUJARAT
 Pin Code: 396310
 District: NAVSARI
 Mobile No. / Email ID: [Blank]

PART II

Disability : 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED KI - MULTI-SENSORY INTEGRATED EDUCAT	1	4500.00
Total		1 4500.00

Signature of Medical Officer / Principal

PART III

Monthly income of the beneficiary/father/guardian of the patient is Rs. 3500 (Three Thousand Five Hundred Rupees)

I certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years from any Government/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.

Signature of Beneficiary/Guardian (In case of child)

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

RECEIPT OF APPLIANCES PART IV

I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India free of cost of Rs. Nil & in a good working condition.

Date: _____ Place: _____

Signature & Thumb Impression of the Beneficiary

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

o. : 2016-17/NAVR5/T17/01211/ADIP-SPL (VIP)
of the Beneficiary : JIYA

Date : 23/08/18
Age : 8 Sex : Female Mobile No. : _____

of Disability : 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

Counter Signed by - Dist Authority

352-133

Town/Village : GUJARAT
Pin Code : 396430
District : NAVSARI
Email ID : _____
Aadhar Card Type & No. : Aadhar Card (415224127562)

PART II

of Disability : 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
Total		1 4500.00

Signature of Medical Officer

PART III

नामित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार मासिक / उसके पिता / उसके संरक्षक के मासिक आय रु. 2000 (शब्दों में Two Thousand and _____)

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

Collaborative Agency/ Dist. Authority
Signature & Stamp of the Principal/Head

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

Dist Authority/ALIMCO Rep.
Signature/Thumb Impression of the Beneficiary/Guardian

RECEIPT OF APPLIANCES PART IV

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

Date : _____
Place : _____
Signature & Thumb Impression of the Beneficiary/Guardian

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

नवसारी

No. : 2016-17/NAVR3/T17/00488/ADIP-SPL (VIP)
Name of the Beneficiary : JIGNESH
Type of Disability : 1. MENTALLY IMPAIRED (75%)

Date : 21/08/19
Age : 9
Sex : Male
Mobile No

No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI		1	4500.00
Total			1	4500.00

Counter Signed by - Dist Au

351

State : GUJARAT
Pin Code : 396430
District : NAVSARI
Card Type & No. : Ration Card (1025913128)

PART II

अनुदानित उपकरणों का स्थान
जहाँ उपकरणों का उपयोग किया जा रहा है

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

No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
Total		1	4500.00

Signature of Medical O

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार लाभार्थी / उसके पिता / उसके संरक्षक के मासिक आय रु. 1800 (शब्दों में One Thousand

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

Counter Sig. by - Collaborative Agency/ Dist. Authority

Signature & Stamp of the Principal/H

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

DR. PRAMOD BALUBHAI PATEL

Counter Signed by - Dist Authority/ALIMCO Rep.
P.H.C. ACHHAVANI, TA. KHERGAM.

Signature/Thumb Impression of the Beneficiary/Guardian

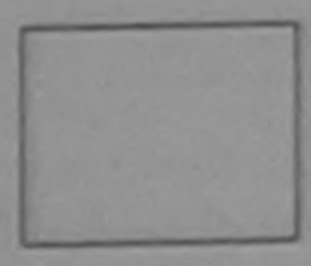
उपकरण पावती RECEIPT OF APPLIANCES PART IV

I JIGNESH certify that today I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of Gujarat subsidized/free of cost of Rs. Nil & in a good working condition.

DR. PRAMOD BALUBHAI PATEL

Counter Signed by - Dist Authority/ALIMCO Rep.
P.H.C. ACHHAVANI, TA. KHERGAM.

Date :
Place :



Signature & Thumb Impression of the Beneficiary/Guardian

Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others category. पावता : न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

Date :

Prescribing Medical Officer/Rehab E

No. : 2016-17/NAVR3/T8/00541/ADIP-SPL (VIP)

Date : 21/08/16

Name of the Beneficiary : JIGAR

Age : 10 Sex : Male

Mobile No.

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

No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total			1	4500.00

इसपत्र - जिला अधिकृत जिला
Counter Signed by - Dist Auth

349
M
E-3

Address : 8/24 GEVAN GANG APP. UDHNA SURAT

Town/Village : NAVSARI Pin Code : 396436

State : GUJARAT District : NAVSARI

Category : मोबाइल नं. : +91-9825174961
ई-मेल :
Email ID :

Card Type & No. : Aadhar Card (613519564761)

PART II

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

No.	Appliances Detail	Quantity	Value
	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
Total		1	4500.00

निर्धारक चिकित्सा अधिकारी/पुनर्विन
Signature of Medical Officer

PART III

गणित किया जाता है की मेरी व्यक्तिगत जातकारी के अनुसार मासिक / उनके पिता / उनके संरक्षक के मासिक आय रु. 4500 (शब्दों में Four Thousand Five Hundred and Five Hundred only.)

I certify that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupee)

आण लखन प्रतिबंधक अधिकारी सह

सहयोगी संस्था/जिला अधिकृत अधिकारी गुल्ला समाज सुरक्षा अधिकारी
Signature by - Collaborative Agency/ Dist Authority

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

I certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years* from Government/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 लखन प्रतिबंधक अधिकारी सह

जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि गुल्ला समाज सुरक्षा अधिकारी
Signed by - Dist Authority/ALIMCO Rep.

नामाधी / संरक्षक के हस्ताक्षर / अंगूठा निशानी
Signature/Thumb Impression of the Beneficiary/Guardian (In

उपकरण पावती RECEIPT OF APPLIANCES
PART IV

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

आण लखन प्रतिबंधक अधिकारी सह
जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि गुल्ला समाज सुरक्षा अधिकारी
Signed by - Dist Authority/ALIMCO Rep. Place : Date :

नामाधी / संरक्षक के हस्ताक्षर तथा
Signature & Thumb Impression of the Beneficia

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



Name of Beneficiary Jenish

Age 8

Father's Name Arvind Kumar

Camp Place Vadher Date 10/6/16

Assessed for TD 0M 01 MSIED KI

Date of Distribution 10/6/16

Name of Assessing Rep Singh

Signature

Assessment Date : 10/06/16
PART I

346 Photo

Address DHARMAPURI GAMTI FALIYA

सहर/कस्बा/गाव : BANSDA

City/Town/Village

राज्य

State : GUJARAT

पहचान पत्र और नं.

ID Card Type & No. : Aadhar Card (494185095149)

पिनकोड : 396051

जिला : NAVSARI

District

आयु : 8

जाति : ST

मोबाइल नं. : +91-756

ई-मेल :

Email ID

Type of Disability : 1. HEARING IMPAIRED (40%)

PART II

2. MENTALLY IMPAIRED (40%)

S.No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED KI - MULTI-SENSORY INTEGRATED EDUCATI	1	6900.00
2	TD 0E 17 BTE Digital Type Hearing Aid Type II	2	11764.00
3	TD 0E 21 13 Zinc-Air Battery	2	280.00
Total		5	18944.00

निर्धारक चिकित्सा अधिकारी
Signature of Medical Officer

PART III

Certified that to the best of my knowledge the monthly income of the beneficiary/ father / guardian of the patient is Rs. 3000 (शब्दों में Three Thousand only.)

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

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

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

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

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
Counter Signed by - Dist Authority/ALIMCO Rep.

नागर्यी / संरक्षक के हस्ताक्षर / अंगुली छाप
Signature/Thumb Impression of the Beneficiary/G

उपकरण पावती RECEIPT OF APPLIANCES
PART IV

I JENISH KUMAR certify that today I received 1. TD 0M 01, 2. TD 0E 17, 3. TD 0E 21 appliances under the Government of India at subsidized/free of cost of Rs. Nil & in a good working condition.

I JENISH KUMAR certify that today I received 1. TD 0M 01, 2. TD 0E 17, 3. TD 0E 21 appliances under the Government of India at subsidized/free of cost of Rs. Nil & in a good working condition.

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

नागर्यी / संरक्षक के हस्ताक्षर / अंगुली छाप
Signature & Thumb Impression of the Beneficiary/G

* Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others at the time of purchase. If the beneficiary is a child, the period shall be 10 years for all others at the time of purchase.

No. : 2016-17/NAVR3/12/00315/ADIP-SPL (VIP)
 Name of the Beneficiary : JENIL BHAI
 Type of Disability : 1. MENTALLY IMPAIRED (75%)

Date : 21/08/18
 Age : 8 Sex : Male Mobile No. : +91-9598417648

No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATION		1	4500.00
Total			1	4500.00

Counter Signed by - Dist Authority

3451 K3
 M

Town/Village : NAVSARI Pin Code : 396496
 State : GUJARAT District : NAVSARI
 Aadhar Card Type & No. : Aadhar Card (556897846248)
 Mobile No. : +91-9598417648
 Email ID :

PART II

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

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATION	1	4500.00
Total		1 4500.00

Signature of Medical Officer / R

PART III

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

Signature of Collaborative Agency/ Dist Authority
 Signature & Stamp of the Principal/Head Master
 JENIL BHAI certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years* from any Government/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of the cost of appliances supplied, from me.

Signature/Thumb Impression of the Beneficiary/Guardian (In case of minor)
 उपकरण पावती RECEIPT OF APPLIANCES
 PART IV

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

Signed by - Dist Authority/ALIMCO Rep. Date : _____ Place : _____
 Signature & Thumb Impression of the Beneficiary

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

344
K3

No. : 2016-17/NAVSAR1/T17/00670/ADIP-SPL (VIP)
Name of the Beneficiary : JENIL
Date : 06/09/18
Age : 8 Sex : Male Mobile No. :
Type of Disability : 1. MENTALLY IMPAIRED (75%)

Sl. No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATIONAL		1	4500.00
Total			1	4500.00

Counter Signed by - Dist Authority

Address: NAVSARI, GUJARAT
Pin Code: 396430
District: NAVSARI
Mobile No: +91-8860347271
Aadhar Card No: 593455689947

PART II

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

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATIONAL	1	4500.00
Total	1	4500.00

Signature of Medical Officer / F

PART III

Monthly income of the beneficiary/father/guardian of the patient is Rs. (Rupees and Five Hundred only.)

Signature of Collaborative Agency / Dist Authority

Signature & Stamp of the Principal/Head Ma

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

Signature of Beneficiary/Guardian (In presence of Dist Authority)

Signature/Thumb Impression of the Beneficiary/Guardian (In presence of Dist Authority)

उपकरण पावती RECEIPT OF APPLIANCES PART IV

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

Signature of Dist Authority / ALMCO Rep. Place: _____ Date: _____
Signature & Thumb Impression of the Beneficiary

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

Responsible Medical Officer/Relief Expert

Slip No. : 2016-17/NAVR5/T17/01072/ADIP-SPL (VIP) Date : 23/08/16
 Name of the Beneficiary : JAY RAJ Age : 7 Sex : Male Mobile No. : +91-9838
 Type of Disability : 1. MENTALLY IMPAIRED (50%)

No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total			1	4500.00

Counter Signed by - Dist Authority/ALIMCO

Town/Village : GUJARAT
 Pin Code : 394300
 District : NAVSARI
 Card Type & No. : Aadhar Card (651833398307)

PART II

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

No.	Appliances Detail	Quantity	Value
	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	4500.00
Total		1	4500.00

Signature of Medical Officer / Reha

PART III

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

Signature of Collaborative Agency / Dist Authority

Signature & Stamp of the Principal/Head Master

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

Signature of Dist Authority/ALIMCO Rep

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

RECEIPT OF APPLIANCES PART IV

I JAY RAJ certify that today I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at sub cost of Rs. 4500 & in a good working condition.

Signature of Dist Authority/ALIMCO Rep

Signature & Thumb Impression of the Beneficiary

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

Signature of Officer/In-charge

No. : 2016-17/NAVR3/T3/C0506/ADIP-SPL (VIP) Date : 21/08/16
 Name of the Beneficiary : JAY BHAI Age : 11 Sex : Male Mobile :
 Nature of Disability : 1. MENTALLY IMPAIRED (45%)

No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATION		1	4500.00
Total			1	4500.00

हस्ताक्षर - जिला अधिकारी
 Counter Signed by - Dist

332, K3

पता/कस्बा/गांव : NAVSARI पिनकोड : 396436
 Town/Village Pin Code
 राज्य : GUJARAT जिला : NAVSARI District
 कार्ड प्रकार और नं. : Ration Card (124006002131346)
 मोबाइल नं. : +91-9712891
 Mobile No.
 ई-मेल :
 Email ID

PART II

Nature of Disability : 1. MENTALLY IMPAIRED (45%)

No.	Appliances Detail	Quantity	Value
	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATION	1	4500.00
Total		1	4500.00

निर्धारक चिकित्सा अधिकारी/
 Signature of Medical Officer

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार लाभार्थी / उसके पिता / उसके संरक्षक के मासिक आय रु. 2500 (शब्दों में Two Thousand and Five Hundred only.)
 Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. 2500 (in words Two Thousand and Five Hundred only.)

हस्ताक्षर - सहयोगी संस्था/जिला अधिकृत अधिकारी
 Signature by - Collaborative Agency/ Dist. Authority
 निर्धारक प्रधानाचार्य/हेड मास्टर/एस.एस. ए. प्रति
 Signature & Stamp of the Principal/H

JAY BHAI प्रमाणित करता/करती है कि मैंने पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतर्गत किसी छात्रकीर्षा/व्यापक नहीं किया है। यदि मेरे द्वारा दी गई सूचनाएँ गलत पाई जाती हैं तो मेरे ऊपर कानूनी कारवाही या आपूर्ति किये गये उपकरण एवं उपकरण की पूरी लागत JAY BHAI certify that i have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten year Government/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of cost of the appliances supplied, from me.

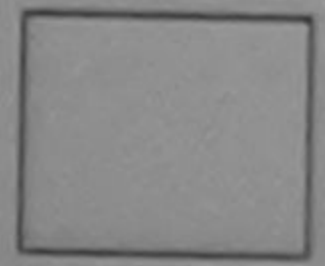
MEDICAL OFFICER
 PHC - AMBAPANI

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
 Signature by - Dist Authority/ALIMCO Rep.
 लाभार्थी / संरक्षक के हस्ताक्षर / अंगूठा
 Signature/Thumb Impression of the Beneficiary/Guardian

उपकरण पावती RECEIPT OF APPLIANCES
 PART IV

JAY BHAI प्रमाणित करता/करती है कि आज दिनांक मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण प्राप्त किया है।
 I JAY BHAI certify that today I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of Gujarat subsidized/free of cost of Rs. Nil & in a good working condition.

MEDICAL OFFICER
 PHC - AMBAPANI



हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
 Signature by - Dist Authority/ALIMCO Rep.
 लाभार्थी / संरक्षक के हस्ताक्षर
 Signature & Thumb Impression of the Beneficiary/Guardian

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

परीक्षण पावती पर्ची

2016-17/NAVR3/T17/00473/ADIP-SPL (VIP)

Date: 21/08/19

Name of the Beneficiary: JAY ASWINI

Age: 7

Sex: Male

Mobile No: +91

Disability: 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Minmark	Quantity	Value
TD 0M 01 MSIED K1 - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

Counter Signed by - Dist Authority

331 ✓ 331 2-3-

Pin Code : 396430
District : NAVSARI

Email ID

Ration Card (1025864056)

PART II

अनुमोदित डेम्पनां रखावे
नाहेर स्टेट आरिड मुण्ड

Disability: 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED K1 - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
Total		1 4500.00

Signature of Medical Officer

PART III

1500 (रुपयों में One Thousand Five Hundred only)

the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees and Five Hundred only.)

Collaborative Agency/ Dist. Authority

Signature & Stamp of the Principal Head

I certify that I have not received similar Aid/Empl... free of cost/subsidized in the last one/three/ten years

TALUKA HEALTH OFFICE
TALUKA HEALTH OFFICE
JALAPOR, TA JALAPOR, DIST NAVSARI

Signed by - Dist Authority/ALIMCO Rep.

Signature/Thumb Impression of the Beneficiary/Guardian

RECEIPT OF APPLIANCES PART IV

I certify that today... appliances under ADIP-SPL (VIP) scheme of Govt. of India

TALUKA HEALTH OFFICE
TALUKA HEALTH OFFICE
JALAPOR, TA JALAPOR, DIST NAVSARI

Signed by - Dist Authority/ALIMCO Rep.

Signature & Thumb Impression of the Beneficiary

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

ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue : CHC ,CHIKHLI
परीक्षण पावती पर्ची

Sl. No. : 2016-17/NAVS46/T8/04032/ADIP-SPL (VIP) Date : 11/05/18
 Name of the Beneficiary : JAY Age : 11 Sex : Male Mobile No. : -91
 Disability : 1. MENTALLY IMPAIRED (40%)

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
Total		1	6900.00

Counter Signed by - Dist Authority

329-K3 Duplicate 17/09/16

District _____
 Type & No. : Aadhar Card (102583915)

PART II

Disability : 1. MENTALLY IMPAIRED (40%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	6900.00
Total		1 6900.00

Signature of Medical Officer / F
 Bikram K. Mohan

PART III

declared that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees) 1200 (दो सौ मात्र) (Two Hundred only.)

Taluka Health Officer / Agency/ Dist. Authority
 Signature & Stamp of the Principal/Head Master

I certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years* from any Government/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.

Signed by - Dist Authority/ALIMCO Rep. Signature/Thumb Impression of the Beneficiary/Guardian (In)

उपकरण पावती RECEIPT OF APPLIANCES PART IV

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

Signed by - Dist Authority/ALIMCO Rep. Date : _____ Place : _____ Signature & Thumb Impression of the Beneficiary

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

ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue : CHC ,CHIKHLI
परीक्षण पावती पर्ची

Sl. No. : 2016-17/NAVS46/T8/01372/ADIP-SPL (VIP) Date : 11/05/18
 Name of the Beneficiary : JAY Age : 11 Sex : Male Mobile No. : -91
 Disability : 1. MENTALLY IMPAIRED (40%)

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00

Slip No. : 2016-17/NAVR5/T17/00976/ADIP-SPL (VIP)

Date : 23/08/16

Name of the Beneficiary : JAY

Age : 8

Sex : Male

Mob

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

S.No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED K1 - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total			1	4500.00

Counter Signed by - D

327

City/Town/Village : GUJARAT
 Pin Code : 396430
 District : NAVSARI
 Email ID :
 Card Type & No. : Aadhar Card (326490818414)

PART II

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

No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED K1 - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
Total		1	4500.00

Signature of Medical

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार लाभार्थी / उसके पिता / उसके संरक्षक के मासिक आय रु. 15000 (सब्दी में Fifteen Thousand only.)

Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. 15000 (Fifteen Thousand only.)

Counter Sig. by - Collaborative Agency/ Dist. Authority

Signature & Stamp of the Principal

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

Signature/Thumb Impression of the Beneficiary/Guardian

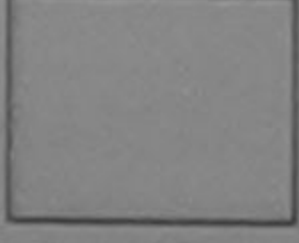
Counter Signed by - Dist Authority/ALIMCO Rep.

उपकरण पावती RECEIPT OF APPLIANCES PART IV

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

Signature/Thumb Impression of the Beneficiary/Guardian

Counter Signed by - Dist Authority/ALIMCO Rep.



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

दिनांक :

एस.एस.ए. अधिकारी/प्रिस्क्रिबिंग मेडिकल ऑफिसर/आयुर्वेदिक चिकित्सक

परीक्षण पावती पर्ची

Application No. : 2016-17/NAVS2/T17/00381/ADI²-SPL (VIP)

Date : 07/06/16

Name of the Beneficiary : JANVI BEN

Age : 8

Sex : Female

Mobile

Type of Disability : MENTALLY IMPAIRED (50%)

No.	Appliance Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT			6900.00
Total			1	6900.00

Signature - Dist Authority
Counter Signed by - Dist

324 ← 3

Address : JALALPORE, Pin Code : 396404, District : NAVSARI, Gujarat

Mobile No. : +91-9427784115

Email ID :

Aadhar Card (684745097101)

PART II

Disability : 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	6900.00
Total	1	6900.00

Signature of Medical Officer

PART III

It is certified that to the best of my knowledge, the monthly income of the beneficiary/father/guardian of the patient is Rs. 3000 (Rupees Three Thousand only).

Sig. by - Collaborative Agency/ Dist. Authority

Signature & Stamp of the Principal/Head

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

Signed by - Dist Authority/ALIMCO Rep.

Signature/Thumb Impression of the Beneficiary/Guardian

उपकरण पावती RECEIPT OF APPLIANCES PART IV

JANVI BEN certify that today I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India free of cost of Rs. Nil & in a good working condition.

Signed by - Dist Authority/ALIMCO Rep. Date : _____ Place : _____

Signature & Thumb Impression of the Beneficiary

Validity: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others category.

S-17/NAVR3/T9/00374/ADIP-SPL (VIP)

Date : 21/08/18

Beneficiary : JANVI BEN

Age : 8

Sex : Female

Mobile No. : +91-97256

Category : 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Remark	Quantity	Value
01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को
Counter Signed by - Dist Authority/ALIMCO

523

323

SHAVANI FADIYU NAVSARI

: NAVSARI

Age

पिनकोड
Pin Code : 396436

: GUJARAT

जिला
District : NAVSARI

No. : Aadhar Card (287182467417)

मोबाइल नं.
Mobile No. : +91-9725680490
ई-मेल
Email ID :

PART II

Category : 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Quantity	Value
MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
Total		1 4500.00

निर्धारक चिकित्सा अधिकारी/पुनर्वास विशेषज्ञ
Signature of Medical Officer / Rehab

PART III

जिस है की मेरी व्यक्तिगत जानकारी के अनुसार मासिक / उसके पिता / उसके संरक्षक के मासिक आय रु. 2400 (शब्दों में Two Thousand Four Hundred

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

hundred only.)

संस्था/जिला अधिकृत अधिकारी
Collaborative Agency/ Dist. Authorityनिर्धारक प्रधानाचार्य/हेड मास्टर/एस.एस. ए. प्रतिनिधि के हस्ताक्षर
Signature & Stamp of the Principal/Head Master / Sप्रमाणित करता/करती है कि मैंने पिछले एक/तीन/दस * वर्षों में भारत सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतर्गत किसी शासकीय/अशासकीय/अन्य स
है। यदि मेरे देखावट ही गई सूचनाएँ गलत पाई जाती है तो मेरे ऊपर कानूनी कारवाही या आपूर्ति किये गये उपकरण एवं उपकरण की पूरी लागत भुगतान की जिम्मेI certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years* from any
Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of the full c
of supplied equipment.

NAVSARI

अधिकृत अधिकारी / एलिम्को प्रतिनिधि
by - Dist Authority/ALIMCO Rep.लाभार्थी / संरक्षक के हस्ताक्षर / अंगूठा निशानी (अवयस्
Signature/Thumb Impression of the Beneficiary/Guardian (In case oउपकरण पावती RECEIPT OF APPLIANCES
PART IV

प्रमाणित करता/करती है कि आज दिनांक मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण निःशुल्क /रियायती

JANVI BEN certify that today I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at
NAVSARI in a good working condition.

NAVSARI

अधिकृत अधिकारी / एलिम्को प्रतिनिधि
by - Dist Authority/ALIMCO Rep. Date :
Place :लाभार्थी / संरक्षक के हस्ताक्षर तथा अंगूठा
Signature & Thumb Impression of the Beneficiary/GuMinimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categories
1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

परीक्षण पावती पर्ची

2016-17/NAVR4/T12/00720/ADIP-SPL (VIP)

Date : 22/08/16

Age : 9

Sex : Female

Mobile No. : +91

the Beneficiary : JANVI

Disability : 1. MENTALLY IMPAIRED (75%)

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATION		1	4500.00
Total		1	4500.00

हस्ताक्षर - जिला अधिकृत अधिकारी /
Counter Signed by - Dist Authority

321 MS
PLT OK DL

गाव : NAVSARI
Village : NAVSARI
पिनकोड : 396450
Pin Code : 396450
जिला : NAVSARI
District : NAVSARI
आर.नं. :
Aadhar Card (384524388673)

Mobile No.

ई-मेल :
Email ID

PART II

Disability : 1. MENTALLY IMPAIRED (75%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATION	1	4500.00
Total		1 4500.00

निर्धारक चिकित्सा अधिकारी/पुनर्वास विशेषज्ञ
Signature of Medical Officer / Rehabilitation Specialist

PART III

किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार मासिक / उसके पिता / उसके सरसक के मासिक आय रु. 4500 (चब्दों में Four Thousand Five Hundred only.)

As far as I know, to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees Four Thousand Five Hundred only.)

आम जन प्रतिबंध अधिकारी सच
जिला अधिकृत अधिकारी /
Dist Authority

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

मैं प्रमाणित करता/करती हूँ कि मैंने पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य समाजिक संस्था के अंतर्गत किसी शासकीय/अशासकीय/अन्य संगठन/Non Government organization, In case the undertaking is found false, I will be liable for legal action beside recovery of the appliances supplied to me.

आम जन प्रतिबंध अधिकारी सच

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

आम जन प्रतिबंध अधिकारी सच

जिला अधिकृत अधिकारी / प्रतिनिधि
Signed by - Dist Authority/ALIMCO Rep. Signature/Thumb Impression of the Beneficiary/Guardian (In case of minor)

उपकरण पावती RECEIPT OF APPLIANCES
PART IV

JANVI प्रमाणित करता/करती हूँ कि आज दिनांक _____ मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1, TD 0M 01 उपकरण को मुझे निम्नलिखित स्थिति में प्राप्त किया है।

I, JANVI certify that today _____, I received 1, TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at such and such place of Rs. [] & in a good working condition.

जिला अधिकृत अधिकारी / प्रतिनिधि

Date : _____

Counter Signed by - Dist Authority/ALIMCO Rep.

Place : _____

हस्ताक्षर / सरसक के हस्ताक्षर तथा
Signature & Thumb Impression of the Beneficiary/Guardian

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

परीक्षण पावती पर्ची

16-17/NAVR5/T8/01138/ADIP-SPL (VIP)

Date : 23/08/18

Beneficiary : JANKI BEN

Age : 7

Sex : Female

Mobile No. : +91-706

Ability : 1. MENTALLY IMPAIRED (90%)

Appliances Detail	Remark	Quantity	Value
TD 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATION		1	4500.00
Total			4500.00

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिसको प्रतिनिधि
Counter Signed by - Dist Authority/ALMCO Rep.

370-13

Category : Special

गांव / Village : NAVSARI

पिनकोड / Pin Code : 396436

जिला / District : NAVSARI

मोबाइल नं. / Mobile No. : +91-7069950644

ई-मेल / Email ID :

शैली / Type & No. : Other (school)

Ability : 1. MENTALLY IMPAIRED (90%)

PART II

Appliances Detail	Quantity	Value
TD 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATION	1	4500.00
Total		1 4500.00

निर्धारक चिकित्सा अधिकारी/पुनर्वासि अधिकारी / एलिसको प्रतिनिधि
Signature of Medical Officer/Rehab. Exp.

PART III

जिसका अर्थ है कि मेरी व्यक्तिगत जानकारी के अनुसार मासिक / उसके पिता / उसके संरक्षक के मासिक आय रु. 4000 (सब्दी में Four Thousand Rupees) है।
I certify that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees Four Thousand Rupees).

जिला सहायक/जिला अधिकृत अधिकारी
by - Collaborative Agency/ Dist Authority

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

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

अधिकृत अधिकारी / एलिसको प्रतिनिधि
by - Dist Authority/ALMCO Rep.

नामांकी / संरक्षक के हस्ताक्षर / अंगूठा निशानी (अवयव)
Signature/Thumb Impression of the Beneficiary/Guardian (In case of)

PART IV

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

अधिकृत अधिकारी / एलिसको प्रतिनिधि
by - Dist Authority/ALMCO Rep.

Date : _____

Place : _____

नामांकी / संरक्षक के हस्ताक्षर तथा अंगूठा निशानी
Signature & Thumb Impression of the Beneficiary/Guardian

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

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED K1 - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

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हस्ताक्षर - डिस्ट्रिक्ट अधिकारी / एलिमेंटरी
 Counter Signed by - Dist Authority/ALIMCO

Address : NAVSARI
 Pin Code : 396436
 District : NAVSARI

Module No. :
 Email ID :

Signature & No. : Aadhar Card (863886744228)

आर्य समाज के अध्यक्ष
 जयदेव देवदास मुखर्जी

PART II

Disability : 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED K1 - MULTI-SENSORY INTEGRATED EDUCAT	1	4500.00
Total		1 4500.00

निर्धारक चिकित्सा अधिकारी/पुनर्वास विशेषज्ञ
 Signature of Medical Officer / Rel

PART III

It is stated that the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees Four Thousand only.)

Collaborative Agency/ Dist. Authority
 Signature & Stamp of the Principal/Head Master

JAMINI BEN 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 legal action beside recovery of the appliances supplied, free of cost.

DR. PRAMOD BALUBHAI PATEL
 Signed by - Dist Authority/ALIMCO Rep. Signature/Thumb Impression of the Beneficiary/Guardian (In case of minor)

उपकरण पावती RECEIPT OF APPLIANCES PART IV

JAMINI BEN certify that today I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at free of cost of Rs. 4500 & in a good working condition.

DR. PRAMOD BALUBHAI PATEL
 Signed by - DNE Authority/ALIMCO Rep. Date : _____ Place : _____ Signature & Thumb Impression of the Beneficiary

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

2016-17/NAVR3/TB/00552/ADIP-SPL (VIP)

Date : 21/08/16

Age : 9

Sex : Female

Mobile No. : +91 9

of the Beneficiary : JAI SHRI

Disability : 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

Country Signed by - Dist Authority

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संस्था/गांव : NAVSARI
Town/Village

पिनकोड : 396436
Pin Code

: GUJARAT

जिला : NAVSARI
District

मोबाइल नं. : +91-9586589772
Mobile No.

ई-मेल :
Email ID

कार्ड प्रकार और नं. : Aadhar Card (929802442923)

PART II

of Disability : 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
Total		1 4500.00

निर्धारक चिकित्सा अधिकारी/पुनर्वसन
Signature of Medical Officer /

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार साक्षार्थी / उसके पिता / उसके संरक्षक के मासिक आय रु. 2500 (दो हजार में Two Thousand Five H

certified 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 संस्था/जिला अधिकृत अधिकारी
Signature by - Collaborative Agency/ Dist. Authority

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

JAI SHRI प्रमाणित करता/करती हूँ कि मैंने पिछले एक/तीन/दस+ वर्षों में भारत सरकार/राज्य सरकार या अन्य सहायक योजना के अंतर्गत किसी सार्वजनिक/असहायक/असहायक प्राप्त नहीं किया है। यदि मेरे द्वारा दी गई सूचनाएं सत्य पाई जाती हैं तो मेरे ऊपर कानूनी कार्रवाई या आपूर्ति किये गये उपकरण एवं उपकरण की पूरी लागत भुगतान

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

MEDICAL OFFICER
PHC - AMBAPANI

जिला अधिकृत अधिकारी / एल.एम.सी.ओ. रिप. साक्षार्थी / संरक्षक के हस्ताक्षर / अंगूठा निशानी
Signature by - Dist Authority/ALMCO Rep. Signature/Thumb Impression of the Beneficiary/Guardian (In

Signature/Thumb Impression of the Beneficiary/Guardian (In

उपकरण पावती RECEIPT OF APPLIANCES
PART IV

JAI SHRI प्रमाणित करता/करती हूँ कि आज दिनांक _____ मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण प्राप्त किया है।

I JAI SHRI certify that today _____, I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at subsidized/free of cost of Rs. Nil & in a good working condition.

MEDICAL OFFICER
PHC - AMBAPANI
Date :
Place :
Signature by - Dist Authority/ALMCO Rep.

जिला अधिकृत अधिकारी / एल.एम.सी.ओ. रिप. साक्षार्थी / संरक्षक के हस्ताक्षर
Signature by - Dist Authority/ALMCO Rep. Signature & Thumb Impression of the Benefic

Signature & Thumb Impression of the Benefic

Eligibility: Minimum 7 year for CWSN & 10 years for High Cost High Value and three years for all others categories
न्यूनतम 7 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

App No. : 201-17/NAVSA1/T12/00484/ADIP-SPL (VIP)

Date : 03/09/16

Name of the Beneficiary : JAHNVI

Age : 7 Sex : Female

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

No.	Appl	Appl Detail	Remark	Quantity	Value
1	TD 01	MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT			
Total				1	4500.00

312-13

Card Type & No. : Aadhar Card (926587310797)

PART II

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

No.	Appliances Detail	Quantity	Value
1	TD 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	4500.00
Total		1	4500.00

Signature of Medical Officer

PART III

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

Signature - सहयोगी संस्था/जिला अधिकृत अधिकारी / Dist. Authority

Signature & Stamp of the Principal

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

Signature - जिला अधिकृत अधिकारी / एलिमेंटरी एजुकेशनिको प्रतिनिधि / ALIMCO Rep.

Signature/Thumb Impression of the Beneficiary/Guardian

उपकरण पावती RECEIPT OF APPLIANCES PART IV

I JAHNVI certify that today I received 1 TD 01 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India of cost of Rs. [] & in a good working condition.

Signature - जिला अधिकृत अधिकारी / एलिमेंटरी एजुकेशनिको प्रतिनिधि / ALIMCO Rep.

Date : ... Place : ...

Signature & Thumb Impression of the Beneficiary/Guardian

Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others...
पावता : न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

Certified that I have actually paid a sum of Rs. ... only, towards the cost of the aid mentioned above and I have received the aid in good working condition. Certified that I have not received such appliance since last three years (one year of Caliper/Infantal Lamb for Children) under ADIP Scheme of Govt. of India or from any other source.

Signature - सहयोगी संस्था/जिला अधिकृत अधिकारी / Dist. Authority/ALIMCO Rep.

Signature/Thumb Impression of the Beneficiary/Guardian (in case of Minor)

10. ...

APPLIANCE RECEIPT

APPLIANCE No. : 2018-17/NAVSARI/T17/05897/AL-371 (VIP)

Name of the Beneficiary : JAGDISH

Age of Disability : MENTALLY IMPAIRED

Date : 08/08/18

Age : 18

Sex : Female

Mobile No. :

Sl. No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED K8 - MULTI-SENSORY INTEGRATED EDUCATH	1	4500.00
Total		1	4500.00

Counter Signed by - Dist Au

311-K3

State : GUJARAT

Pin Code : 398430

District : NAVSARI

Email ID :

Aadhar Card (942379710763)

PART II

Disability : 1. MENTALLY IMPAIRED (75%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED K8 - MULTI-SENSORY INTEGRATED EDUCATH	1	4500.00
Total	1	4500.00

Signature of Medical Officer /

PART III

Monthly income of the beneficiary/father/guardian of the patient is Rs. (Rupees and Five Hundred only) 1500

Signature of Collaborative Agency / Dist. Authority

Signature & Stamp of the Principal/Head M

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

Signature/Thumb Impression of the Beneficiary/Guardian (In presence of)

RECEIPT OF APPLIANCES PART IV

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

Date : _____ Place : _____

Signature & Thumb Impression of the Beneficiary

Warranty: Minimum 1 year for CWSP & 10 years for High Cost High Value and three years for all others categories.

ASSESSMENT ACKNOWLEDGEMENT SLIP

Camp Venue: LADUBEN URBAN HOSS
PUSPAK SOCIETY
LUNCIBU NAVSARI

परिमाण पावती पत्र

2016-17 NAVSARI/T/710069/ADIP-SPL (VIP)
Name of the Beneficiary: NAZIYA BANU

Date: 28/09/19
Age: 9 Sex: Female Mobile No:

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED KI - MULTI-SENSORY INTEGRATED EDUCATI		1	4500.00
Total		1	4500.00

Counter Signed by - Dist. Authority, AL

512-43

State: GUJARAT
Pin Code: District: NAVSARI
Other (501028534)

PART II

Disability: 1. MENTALLY IMPAIRED (75%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED KI - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
Total		1 4500.00

Signature of Medical Officer / Reha

PART III

Estimated monthly income of the beneficiary/father/guardian of the patient is Rs. (Rupees) 2500 (Two Thousand Five Hundred)

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

Signature of Dist. Authority

Signature & Stamp of the Principal/Head Master

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

NAZIYA BANU certify that today I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India free of cost of Rs. Nil & in a good working condition.

Signature of Dist. Authority

Signature/Thumb Impression of the Beneficiary/Guardian

RECEIPT OF APPLIANCES PART IV

NAZIYA BANU certify that today I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India free of cost of Rs. Nil & in a good working condition.

Signature of Dist. Authority

Date: _____



Signature & Thumb Impression of the Beneficiary

Signature of Dist. Authority

Place: _____

Signature & Thumb Impression of the Beneficiary

Eligibility: Minimum 7 years for CWSN & 10 years for High Cost High Value and three years for all others categories

2016-17/NAVR5/T17/01130/ADIP-SPL (VIP)
of the Beneficiary : NAYKA

Date : 23/08/16
Age : 8 Sex : Female Mobile No. : +91/90000

Disability : 1. MENTALLY IMPAIRED (40%)

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

Counter Signed by - Dist Authority/AL

Shah
choudhary
516 K3

Village : NAVSARI
Pin Code : 396430
District : NAVSARI

Mobile No. :
E-mail ID :

Ration Card (1026344444)

PART II

Disability : 1. MENTALLY IMPAIRED (40%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	4500.00
Total		1 4500.00

Signature of Medical Officer / Rehab

PART III

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

Signature & Stamp of the Principal/Head Master /S

Collaborative Agency/ Dist. Authority

Signature & Stamp of the Principal/Head Master /S

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 legal action beside recovery of the full cost of appliances supplied from me.

Dist Authority/ALIMCO Rep.

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

RECEIPT OF APPLIANCES PART IV

I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at subsidized price of Rs. Nil & in a good working condition.

Dist Authority/ALIMCO Rep.

Date :
Place :

Signature & Thumb Impression of the Beneficiary/Gu

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

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

Date : 22/08/16

Age : 11 Sex : Male

Mobile No. : -

f Disability : 1. MENTALLY IMPAIRED (75%)

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

हस्ताक्षर - जिला अधिकृत अधिकारी
Counter Signed by - Dist Authority

Town/Village : NAVSARI
: GUJARAT
पत्र और नं.
d Type & No. : Other (na)

पिनकोड : 396450
Pin Code

जिला : NAVSARI
District

ई-मेल :
Email ID

PART II

f Disability : 1. MENTALLY IMPAIRED (75%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	4500.00
Total		1 4500.00

निर्धारक चिकित्सक अधिकारी/पुनर्वास
Signature of Medical Officer

PART III

निराव किताब जाता है की मेरी व्यवस्थित जानकारी के अनुसार लाभार्थी / उसके पिता / उसके संरक्षक के मासिक आय रु. 3500 (हब्दी में Three Thousand Five

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

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

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

NIRAV प्रमाणित करता/करती है कि मैंने पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतर्गत किसी शासकीय/अशासकीय/निर्धारक संस्था/जिला अधिकृत अधिकारी से कोई भी समान प्रकार का उपकरण प्राप्त किया है तो मेरे ऊपर कानूनी कार्रवाई का अप्रति किये गये उपस्कर एवं उपकरण की पूर्ण लागत भुगतान

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

- जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
er Signed by - Dist Authority/ALIMCO Rep.

नामाथी / संरक्षक के हस्ताक्षर / अंगूठा निशान
Signature/Thumb Impression of the Beneficiary/Guardian (I

उपकरण पावती RECEIPT OF APPLIANCES
PART IV

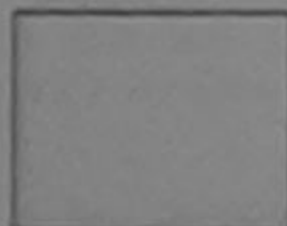
NIRAV प्रमाणित करता/करती है कि आज दिनांक मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण प्राप्त किया है।

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

भाण वग्न प्रतिनिधि अधिकारी सह
कल्याण सुभाष सुरेश अधिकारी

- जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि

Date :



नामाथी / संरक्षक के हस्ताक्षर
Signature & Thumb Impression of the Beneficiary

er Signed by - Dist Authority/ALIMCO Rep.

Place :

Signature & Thumb Impression of the Beneficiary

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

परीक्षण पावती पर्ची

Id : 2016-17/NAVS3/T8/00791/ADIP-SPL (VIP)
 of the Beneficiary : NIMESH

Date : 03/06/16
 Age : 8 Sex : Male Mobile No. : +91-95000-XXXXXX

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

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATION		1	6900.00
Total		1	6900.00

हस्ताक्षर - जिला अधिकृत अधिकारी / प्रतिनिधि
 Counter Signed by - Dist Authority/ALIMCO

9998.945 रु
 534 रु

Somnath

Town/Village : GUJARAT
 Pin Code : 396331
 District : NAVSARI

Email ID

PART II

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

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATION	1	6900.00
Total		1

निर्धारक चिकित्सा अधिकारी/पुनर्वास विशेषज्ञ
 Signature of Medical Officer / Re...

PART III

प्रमाणित किया जाता है की मेरी जानकारी के अनुसार लाभार्थी / उसके पिता / उसके संरक्षक के मासिक आय रु. 2500 (हब्दी में Two Thousand Five Hundred only.)

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

हस्ताक्षर - सहयोगी संस्था/जिला अधिकारी
 Counter Sig. by - Collaborative Agency/ Dist. Authority

निर्धारक प्रधानाचार्य/हेड मास्टर/एन.एन.ए. प्रतिनिधि के हस्ताक्षर
 Signature & Stamp of the Principal/Head Master

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

हस्ताक्षर - जिला अधिकृत अधिकारी / प्रतिनिधि
 Counter Signed by - Dist Authority/ALIMCO Rep.

लाभार्थी / संरक्षक के हस्ताक्षर / अंगूठा निशानी (In case of minor)
 Signature/Thumb Impression of the Beneficiary/Guardian

उपकरण पावती RECEIPT OF APPLIANCES
 PART IV

मैं NIMESH प्रमाणित करता/करती हूँ कि आज दिनांक _____ मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण कि.मु.मू.क. रि.का.म. के अंतर्गत प्राप्त किया है।

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

हस्ताक्षर - जिला अधिकृत अधिकारी / प्रतिनिधि
 Counter Signed by - Dist Authority/ALIMCO Rep. Date : _____ Place : _____

लाभार्थी / संरक्षक के हस्ताक्षर तथा अंगूठा निशानी
 Signature & Thumb Impression of the Beneficiary

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

Date

No. : 2016-17/NAVR3/T17/00558/ADIP-SPL (VIP)

Date : 21/08/18

Name of the Beneficiary : NILESH PATHAN

Age : 11

Sex : Male

Mobile No. :

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

No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total			1	4500.00

हस्ताक्षर - जिला अधिकृत अधिकारी / एडि
Counter Signed by - Dist Authority/AL

531 R-3

Name : NILESH PATHAN District : JUNA
पता पत्र और नं.
Card Type & No. : Other (na)

PART II

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

No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
Total		1	4500.00

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

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार मासिक / उसके पिता / उसके संरक्षक के मासिक आय रु. 2500 (एक हज़ार में Two Thousand Five Hundred only.)

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

हस्ताक्षर - जिला अधिकृत अधिकारी / एडि
Counter Signed by - Dist Authority

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

मैं NILESH PATHAN प्रमाणित करता हूँ कि मैंने पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य सहायक योजना के अंतर्गत किसी शासकीय/अशासकीय/उपकरण प्राप्त नहीं किया है। यदि मेरे द्वारा दी गई सूचनाएँ सत्य पाई जाती हैं तो मेरे ऊपर कानूनी कार्रवाई या आपत्ति किये गये उपकरण एवं उपकरण की पूरी लागत मुझ पर (एनई)।

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

हस्ताक्षर - जिला अधिकृत अधिकारी / एडि
Counter Signed by - Dist Authority/ALIMCO Rep.

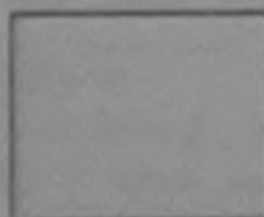
नामाधी / संरक्षक के हस्ताक्षर / जगूठा निशानी
Signature/Thumb Impression of the Beneficiary/Guardian (In c

उपकरण पावती RECEIPT OF APPLIANCES
PART IV

मैं NILESH PATHAN प्रमाणित करता/करती हूँ कि आज दिनांक मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण प्राप्त किया है।

I NILESH PATHAN certify that today I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India. Subsidized/free of cost of Rs. Nil & in a good working condition.

हस्ताक्षर - जिला अधिकृत अधिकारी / एडि
Counter Signed by - Dist Authority/ALIMCO Rep. Place :



नामाधी / संरक्षक के हस्ताक्षर तथा
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
योग्यता : न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

दिनांक :
Date :

प्रिपॉजिट चिकित्सा अधिकारी / पुनर्वास विशेषज्ञ
Prescribing Medical Officer/Rehab Expert

S.No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
Total			1	6900.00

हस्ताक्षर - जिला अधिकृत अधिकारी
Counter Signed by - Dist Authority

ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue : CHC, CHIKHLI
 परीक्षण पावती पर्ची

Slip No. : 2016-17/NAVS46/T17/02458/ADIP-SPL (VIP) Date : 11/06/16
 Name of the Beneficiary : NIKITA BEN Age : 11 Sex : Female Mobile No. : +91-80
 Type of Disability : 1. MENTALLY IMPAIRED (40%)

S.No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
Total			1	6900.00

हस्ताक्षर - जिला अधिकृत अधिकारी / प्रतिनिधि
 Counter Signed by - Dist Authority/AL

17/sep/16
 D. K. S. D. K. S.

पान पत्र और न.
 Card Type & No. : Aadhar Card (78483418754)

PART II

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

No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	6900.00
Total		1	6900.00

Signature of Medical Officer / Ret.
 Signature of Moharana

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार मासिक / उनके पिता / उनके संरक्षक के मासिक आय रु. 1000 (हज़ारों में One Thousand मात्र) है।
 Certified that to the best of my knowledge, the monthly income of the beneficiary/father / guardian of the patient is Rs. (Rupees One thousand only)

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
 Counter Sig. by - Collaborative Agency/ Dist. Authority

निर्धारक प्रधानाचार्य/हेड मास्टर/एन.एन.ए. प्रतिनिधि के हस्ताक्षर
 Signature & Stamp of the Principal/Head Master

मैं NIKITA BEN प्रमाणित करता/करती हूँ कि मैंने पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार वा अन्य सहायिक योजना के अंतर्गत किसी छात्रकीय/अच्छाकीय/अन्य कार्यक्रम प्राप्त नहीं किया है। यदि मेरे द्वारा दी गई सूचनाएँ गलत पाई जाती हैं तो मेरे ऊपर कानूनी कार्रवाई वा आपूर्ति किये गये उपकरण एवं उपकरण की पूरी लागत भुगतान की जायेगी।

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

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
 Counter Signed by - Dist Authority/ALIMCO Rep.

मासिक / संरक्षक के हस्ताक्षर / अंगूठा निशानी (In case)
 Signature/Thumb Impression of the Beneficiary/Guardian

उपकरण पावती RECEIPT OF APPLIANCES
 PART IV

मैं NIKITA BEN प्रमाणित करता/करती हूँ कि आज दिनांक मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण प्राप्त किया है।

I NIKITA BEN certify that today I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at subsidized/free of cost of Rs. Nil & in a good working condition.

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

मासिक / संरक्षक के हस्ताक्षर तथा
 Signature & Thumb Impression of the Beneficiary

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

ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue : CHC, CHIKHLI
 परीक्षण पावती पर्ची

Slip No. : 2016-17/NAVS46/T17/02096/ADIP-SPL (VIP) Date : 11/06/16
 Name of the Beneficiary : NIKITA BEN Age : 11 Sex : Female Mobile No. : +91-80
 Type of Disability : 1. MENTALLY IMPAIRED (40%)

S.No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
Total			1	6900.00

हस्ताक्षर - जिला अधिकृत अधिकारी / प्रतिनिधि
 Counter Signed by - Dist Authority

No. : 2016-17/NAVSA1/T17/00567/ADIP-SPL (VIP)

Date : 08/09/16

Name of the Beneficiary : NIKITA

Age : 7

Sex : Female

Mobile No.

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

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

Counter Signed by - Dist Authority/AL

528-K3

State : GUJARAT

District

Card Type & No. : Other (5091)

PART II

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

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	4500.00
Total		1
		4500.00

Signature of Medical Officer / R

PART III

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

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

Signature of the District Authority

Signature & Stamp of the Principal/Head Master

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

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

Signature of the District Authority

Signature/Thumb Impression of the Beneficiary/Guardian (in)

उपकरण पावती RECEIPT OF APPLIANCES
PART IV

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

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

Signature of the District Authority

Date : _____

Counter Signed by - Dist Authority/AL/MCO Rep.

Place : _____

Signature & Thumb Impression of the Beneficiary/Guardian

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

Slip No. : 2016-17/NAVR5/T8/01049/ADIP-SPL (VIP)

Date : 23/09/18

Name of the Beneficiary : NIKITA

Age : 8

Sex : Female

Mobile No. :

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

S.No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total			1	4500.00

Counter Signed by - Dist Authority/AL

City/Town/Village : GUJARAT
 राज्य : GUJARAT
 State : GUJARAT
 Pin Code : NAVSARI
 जिला : NAVSARI
 District : NAVSARI
 पहचान पत्र और नं.
 ID Card Type & No. : Aadhar Card (519944347613)

PART II

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

S.No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
Total		1	4500.00

निर्धारक चिकित्सा अधिकारी/पुनर्वास
 Signature of Medical Officer /

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार मासिक / उसके पिता / उसके संरक्षक के मासिक आय रु. 2500 (सब्ब 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 Thousand Five Hundred only.)

हस्ताक्षर - सहयोगी संस्था/जिला अधिकारी
 Counter Sig. by - Collaborative Agency/Dist Authority

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

मे NIKITA प्रमाणित करता/करती है कि मैंने पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य सहायक योजना के अंतर्गत किसी सहायकीय/असहायकीय/अन्य उपकरण प्राप्त नहीं किया है। यदि मेरे द्वारा ये सबूत गलत पाई जाती है तो मेरे ऊपर कानूनी कार्रवाई या आपत्ति किये गये उपकरण एवं उपकरण की पूरी लागत मुनताज होगी।

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 Government/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of the aids and appliances supplied, from me.

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
 Counter Signed by - Dist Authority/ALIMCO Rep.

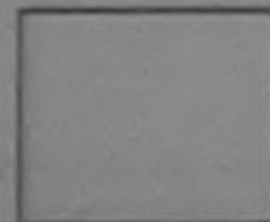
नामाधी / संरक्षक के हस्ताक्षर / अंगूठा निशानी
 Signature/Thumb Impression of the Beneficiary/Guardian (in

उपकरण पावती RECEIPT OF APPLIANCES
 PART IV

मे NIKITA प्रमाणित करता/करती है कि आज दिनांक _____ मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण नि:शुल्क /रिब
 प्राप्त किया है।

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

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



नामाधी / संरक्षक के हस्ताक्षर / अंगूठा निशानी
 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
 पावता : न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

of Disability : 1. MENTALLY IMPAIRED (75%)

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED K1 - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

Signature - Dist. अधिकृत अधिकारी
 Counter Signed by - Dist. Authority

524 X3

Address : NAVSARI
 Town/Village : NAVSARI
 State : GUJARAT
 Pin Code : 396436
 District : NAVSARI
 Email ID :
 Card Type & No. : Other (SCHOOL)

PART II

of Disability : 1. MENTALLY IMPAIRED (75%)

No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED K1 - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
Total		1	4500.00

Signature of Medical Officer
 ALIMCO

PART III

Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. 3200 (Three Thousand Two Hundred Only.)

Signature & Stamp of the Principal/ Headmaster
 Counter Sig. by - Collaborative Agency/ Dist. Authority

I NIKHIL certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years from Government/Non Government organization. In case the undertaking is found false, I will be liable for legal action beside recovery of cost of Rs. Nil & in a good working condition.

Signature/Thumb Impression of the Beneficiary/Guardian
 Counter Signed by - Dist. Authority/ALIMCO Rep.

RECEIPT OF APPLIANCES
 PART IV

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

Date :
 Place :
 Signature & Thumb Impression of

* Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all other appliances ; न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

Slip No. : 2016-17/NAVR3/T12/00554/ADIP-SPL (VIP) Date : 21/08/16
 Name of the Beneficiary : NIHALI BEN Age : 11 Sex : Female Mobile No. :
 Type of Disability : 1. MENTALLY IMPAIRED (40%)

S.No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total			1	4500.00

Signed by - Dist A

523 X3
 17/9

Address : NAVSARI Pin Code : 396310 Mobile No. :
 City/Town/Village : NAVSARI Email ID :
 State : GUJARAT District : NAVSARI
 Card Type & No. : Aadhar Card (704085184648)

PART II

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

No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	4500.00
Total			1 4500.00

Signature of Medical Officer

PART III

Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupee) 2500 (Two Thousand Five Hundred only.)

Signature of Collaborative Agency/ Dist. Authority : Signature & Stamp of the Principal/Head

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

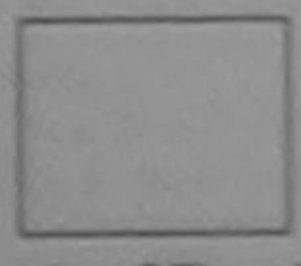
MEDICAL OFFICER
 PHC - AMBAPANI
 Ta. Vansda, Di. Navsari

Signature/Thumb Impression of the Beneficiary/Guardian

उपकरण पावती RECEIPT OF APPLIANCES PART IV

I NIHALI BEN certify that today I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of Rs. 4500 & in a good working condition

MEDICAL OFFICER
 PHC - AMBAPANI
 Ta. Vansda, Di. Navsari



Signature & Thumb Impression of the Beneficiary/Guardian

Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others category. Validity : न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

No. : 2016-17/NAVR5/T8/01181/ADIP-SPL (VIP) Date : 21/08/16
 Name of the Beneficiary : NAYAN Age : [] Sex : Male Mobile No. : +91-97
 Degree of Disability : 1. MENTALLY IMPAIRED (50%)

Sl. No.	Appliances Detail	Remark	Quantity	Value
	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATION		1	4500.00
	TD 2A 06 Wheel Chair Folding Child Size (MAMTA)		1	7200.00
Total			2	11700.00

हस्ताक्षर - जिला अधिकृत/अभिभावक /
 Counter Signed by - Dist Authority/

हस्ताक्षर/गांव : NAVSARI पिनकोड : 396436
 Town/Village Pin Code
 राज्य : GUJARAT जिला : NAVSARI District
 आधार पत्र और नं. : Aadhar Card (321045542974)

Email ID

PART II

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

Sl. No.	Appliances Detail	Quantity	Value
	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATION	1	4500.00
	TD 2A 06 Wheel Chair Folding Child Size (MAMTA)	1	7200.00
Total		2	11700.00

निर्धारक चिकित्सा अधिकारी/पुनर्वास
 Signature of Medical Officer /

PART III

प्रमाणित किया जाता है कि माता/पिता/अभिभावक/अधिकारी/उत्तरके पितर / उत्तरके संरक्षक के मासिक आय रु. 2500 (दो हजार में Two Thousand Five Hundred only)

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

हस्ताक्षर - सहयोगी संगठन/अभिभावक/अधिकारी
 Counter Sig. by - Collaborative Agency/Dist. Authority

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

मैं NAYAN प्रमाणित करता/करती हूँ कि मैंने पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य सामाजिक योजना के अंतर्गत किसी शासकीय/अशासकीय/अन्य संगठन से कोई भी वस्तु प्राप्त नहीं किया है। यदि मेरे द्वारा कोई वस्तु प्राप्त हुई होती है तो मैंने उचित कानूनी कार्रवाई या आपूर्ति किया गये उपकरण एवं उपकरण की पूरी मातहत मुआयना

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

हस्ताक्षर - जिला अधिकृत/अभिभावक/अधिकारी
 Counter Signed by - Dist Authority/ALIMCO Rep.

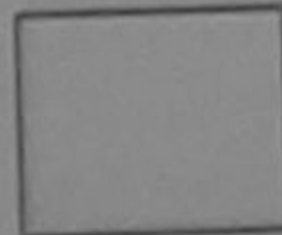
साक्षर/संरक्षक के हस्ताक्षर / अंगूठा निशान
 Signature/Thumb Impression of the Beneficiary/Guardian (I

उपकरण पावती RECEIPT OF APPLIANCES
 PART IV

मैं NAYAN प्रमाणित करता/करती हूँ कि आज दिनांक _____ मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01, 2. TD 2A 06 उपकरण प्राप्त किया है।

I NAYAN certify that today _____, I received 1. TD 0M 01, 2. TD 2A 06 appliances under ADIP-SPL (VIP) scheme of Government of Gujarat. The appliances are subsidized/free of cost of Rs. Nil & in a good working condition.

हस्ताक्षर - जिला अधिकृत/अभिभावक/अधिकारी
 Counter Signed by - Dist Authority/ALIMCO Rep. Place : _____



साक्षर/संरक्षक के हस्ताक्षर
 Signature & Thumb Impression of the Beneficiary/Guardian

Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others category.
 पात्रता : न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

निर्धारक चिकित्सा अधिकारी / पुनर्वास विशेषज्ञ
 Prescribing Medical Officer/Rehab Expert

दिनांक :
 Date :

Slip No. : 2016-17/NAVSA1/T17/00515/ADIP-SPL (VIP) Date : 08/09/16
 Name of the Beneficiary : NAIM KUMAR Age : 10 Sex : Male
 Type of Disability : 1. MENTALLY IMPAIRED (50%)

S No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED KI - MULTI-SENSORY INTEGRATED EDUCAT		1	4500
Total			1	4500

Counter Signed by -

511-K3

राज्य : GUJARAT जिला : NAVSARI
 State : GUJARAT District : NAVSARI
 पहचान पत्र और नं. ID Card Type & No. : Voter ID Card (bjr090068)

PART II

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

S.No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED KI - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
Total		1	4500.00

निर्धारक चिकित्सा अधिकारी
Signature of Medical Officer

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार लाभार्थी / उसके पिता / उसके सरक्षक के मासिक आय रु. 1200 (दो सौ) से One Thousand Two Hundred only.
 Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rupees

हस्ताक्षर - सहयोगी संस्था/जिला अधिकारी/अधिकारी
 Counter Sig. by - Collaborative Agency/ Dist. Authority

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

मैं NAIM KUMAR प्रमाणित करता/करती हूँ कि मैंने पिछले एक/दो/तीन वर्षों में भारत सरकार/राज्य सरकार या अन्य सामाजिक योजना के अंतर्गत किसी भी उपकरण प्राप्त नहीं किया है। यदि मेरे द्वारा दी गई सूचनाएँ गलत पाई जाती हैं तो मेरे ऊपर कानूनी कार्रवाई या आपूर्ति किये गये उपकरण एवं उपकरणों के भंग होने पर मेरी होगी।

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

हस्ताक्षर - जिला अधिकारी/अधिकारी/ALIMCO प्रतिनिधि
 Counter Signed by - Dist Authority/ALIMCO Rep.

लाभार्थी / सरक्षक के हस्ताक्षर /
Signature/Thumb Impression of the Beneficiary

उपकरण पावती RECEIPT OF APPLIANCES
PART IV

मैं NAIM KUMAR प्रमाणित करता/करती हूँ कि आज दिनांक मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01

I NAIM KUMAR certify that today I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Rs. Nil & in a good working condition.

हस्ताक्षर - जिला अधिकारी/अधिकारी/ALIMCO प्रतिनिधि
 Counter Signed by - Dist Authority/ALIMCO Rep.

लाभार्थी / सरक्षक के हस्ताक्षर /
Signature & Thumb Impression of the Beneficiary

Date :
Place :

* Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all other appliances. पावता : न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए।

ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue
 परीक्षण पावती पर्ची

MATIYA PATIDAR
 VIVEKANAND SW
 POOL JUNA THAR

No. : 2016-17/NAVR4/T17/00827/ADIP-SPL (VIP)
 Name of the Beneficiary : UTSAV
 Type of Disability : 1. MENTALLY IMPAIRED (75%)

Date : 22/08/16
 Age : 9 Sex : Male
 Mobile No. :

Sl. No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total			1	4500.00

Counter Signed by - Dist Authority

826-K3

Type & No. : Other (NA)
 District : NAVSARI

PART II

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

Sl. No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	4500.00
Total		1	4500.00

Signature of Medical Officer

PART III

Declared that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. 1500 (Rupees One Thousand Five Hundred only.)

Signature of the Principal/Head M

Signature of the Beneficiary/Guardian (In the presence of the District Authority)

Signature & Stamp of the Principal/Head M

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

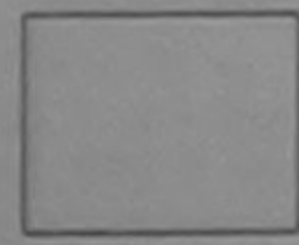
Signature of the Beneficiary/Guardian (In the presence of the District Authority)

Signature/Thumb Impression of the Beneficiary/Guardian (In the presence of the District Authority)

उपकरण पावती RECEIPT OF APPLIANCES PART IV

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

Signature of the District Authority/ALIMCO Rep. Date : _____ Place : _____



Signature & Thumb Impression of the Beneficiary/Guardian

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

Date :

Prescribing Medical Officer/Retd. Exp

परीक्षण पावती पर्ची

2016-17/NAVR5/T:7/01071/ADIP-SPL (VIP)
 (the Beneficiary: TARUN)
 Date: 23/08/16 Age: 6 Sex: Male Mobile No: 98271554

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

हस्ताक्षर - जिला अधिकृत / एलिम्को प्रतिनिधि / एलिम्को प्रतिनिधि
 Counter Signed by - Dist Authority/ALIMCO

792-K3

Home/Village: GUJARAT
 Pin Code: 396430
 District: NAVSARI
 Email ID: _____
 Type & No.: Aadhar Card (845826452139)

PART II

Disability: 1. MENTALLY IMPAIRED (75%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	4500.00
Total		1 4500.00

निर्धारक चिकित्सा अधिकारी/पुनर्वास विशेषज्ञ के
 Signature of Medical Officer / Rehab

PART III

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

Collaborative Agency (CA) Authority: _____
 Signature & Stamp of the Principal/Head Master /S

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

Signed by - Dist Authority/ALIMCO Rep. Signature/Thumb Impression of the Beneficiary/Guardian (in case of)

उपकरण पावती RECEIPT OF APPLIANCES PART IV

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

Signed by - Dist Authority/ALIMCO Rep. Date: _____ Place: _____ Signature & Thumb Impression of the Beneficiary/Guardian

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

1362

No. : 2015-17/NAVR3/T8/00481/ADIP-SPL (VIP)
of the Beneficiary : TANVI

Date : 21/09/18
Age : 8
Sex : Female
Mobile No. : 91-7898608312

Disability : 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED K8 - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

Signature of Dist Authority

Address : NAVSARI
Pin Code : 398436
District : NAVSARI

Mobile No. : +91-7898608312
Email ID :

Aadhar Card (9797521137772)

PART II

Disability : 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED K8 - MULTI-SENSORY INTEGRATED EDUCAT	1	4500.00
Total		1 4500.00

Signature of Medical Officer / R

PART III

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

Signature & Stamp of the Collaborative Agency/ Dist. Authority

Signature & Stamp of the Principal/Head Ma

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

Taluka Health Officer,
T. H. Office, Gandevi

Signature/Thumb Impression of the Beneficiary/Guardian (in

RECEIPT OF APPLIANCES
PART IV

TANVI certify that today I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at

at of Rs. 4500 & in a good working condition.

Taluka Health Officer,
T. H. Office, Gandevi



Date : _____ Place : _____ Signature & Thumb Impression of the Beneficiary

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

790-K3

ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue : MATIYA PAT
 परीक्षण पावती पर्ची VIVEKANAN
 POOL, JUNA

Slip No. : 2016-17/NAVR5/T8/00966/ADIP-SPL (VIP) Date : 23/08/16
 Name of the Beneficiary : TANVI Age 7 Sex : Female Mobile

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

No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 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
Total			3	12726.00

हस्ताक्षर - जिला अधिकृत
 Counter Signed by - Dist A

State : GUJARAT Pin Code : 388400
 जिला : NAVSARI District
 Type & No. : Aadhar Card (914039485666)

PART II

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

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
TD 2A 06 Wheel Chair Folding Child Size (MAMTA)	1	7200.00
TD 2N 86 Rolator Size II (Adult)	1	1026.00
Total		3 12726.00

निर्धारक चिकित्सा अधिकारी/पुन
 Signature of Medical Offi

PART III

निर्धारित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार 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
 and Five Hundred only.)

Collaborative Agency/ Dist. Authority Signature & Stamp of the Principal/Hea

TANVI प्रमाणित करता/करती है कि मेरे पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतर्गत किसी छात्रकीय/अध्यास

TANVI 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
 d appliances supplied from me.

जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
 Signature/Thumb Impression of the Beneficiary/Guardia

उपकरण पावती RECEIPT OF APPLIANCES
 PART IV

TANVI प्रमाणित करता/करती है कि आज दिनांक मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01, 2. TD 2A 06
 सिवायकी हा पर अच्छी हालत में प्राप्त किया है।

I TANVI certify that today I received 1. TD 0M 01, 2. TD 2A 06, 3. TD 2N 86 appliances under ADIP-SPL (VIP)
 t subsidized/free of cost of Rs. Nil & in a good working condition.

जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि Date :
 Signature&Thumb Impression of the B

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

2016-17/NAVR3/T8/00547/ADIP-SPL (VIP)
of the Beneficiary : TAHER

Date : 21/09/18
Age : 9 Sex : Male Mobile No. : +91-9638992248

Disability : 1. MENTALLY IMPAIRED (75%)

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

Counter Signed by - Dist Authority/A

783-K3
Ah

Town/Village : GUJARAT
 Pin Code : 396436
 District : NAVSARI
 Mobile No. : +91-9638992248
 Email ID :
 Ration Card (124006000594041)

of Disability : 1. MENTALLY IMPAIRED (75%)

अस्पष्ट हेमाला स्थले
वाढेर डरेल आवड मुलज

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
Total		1 4500.00

Signature of Medical Officer / F

PART III
 notified 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.)

Sig. by - Collaborative Agency/ Dist. Authority
 Signature & Stamp of the Principal/Head Mas

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

MEDICAL OFFICER
 PHC - AMBAPANI

Signed by - Dist Authority/ALIMCO Rep.
 Signature/Thumb Impression of the Beneficiary/Guardian (In c

उपकरण पावती RECEIPT OF APPLIANCES
 PART IV

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

MEDICAL OFFICER
 PHC - AMBAPANI

Signed by - Dist Authority/ALIMCO Rep.
 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
 न्यूनतम १ वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा १० वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

Date :

Slip No. : 2016-17/NAVR4/T12/00665/ADIP-SPL (VIP)

Date : 22/08/16

Name of the Beneficiary : PUJA

Age : 7

Sex : Female

Mobile No. :

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

S.No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total			1	4500.00

हस्ताक्षर - जिला अधिकृत अधिकारी
Counter Signed by - Dist Authority

603-K3

ग्राम/गांव : NAVSARI
Town/Village : NAVSARI
पिनकोड : 396450
Pin Code : 396450
जिला : NAVSARI
District : NAVSARI
कार्ड प्रकार और नं. : Aadhar Card (532983230305)

Email ID
अध्यक्ष के माध्यम से
लक्ष्मी देवी आर्य समाज

PART II

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

S.No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	4500.00
Total		1	4500.00

निर्धारक चिकित्सा अधिकारी/पंजीयन
Signature of Medical Officer

PART III

ALIMCO

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार लाभार्थी / उसके पिता / उसके संरक्षक के मासिक आय रु. 4500 (चब्दी में Four Thousand Five Hundred only.)

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

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

निर्धारक प्रधानाचार्य/मुख्य अधिकारी
Signature & Stamp of the Principal/Head M

मैं PUJA प्रमाणित करता/करती हूँ कि मैंने पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतर्गत किसी छात्रवृत्ति/अनुदान/वित्त सहायता प्राप्त नहीं किया है। यदि मेरे द्वारा दी गई सूचनाएँ गलत पाई जाती हैं तो मेरे ऊपर कानूनी कार्रवाई या आपत्ति किये गये उपस्कर एवं उपकरण की पूरी प्राप्ति सुनिश्चित की जाएगी।

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

हस्ताक्षर - जिला अधिकृत अधिकारी / पंजीयन प्रतिनिधि
Counter Signed by - Dist Authority/ALIMCO Rep.

लाभार्थी / संरक्षक के हस्ताक्षर / अंगूठा निशान
Signature/Thumb Impression of the Beneficiary/Guardian

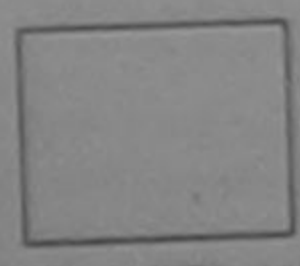
उपकरण पावती RECEIPT OF APPLIANCES PART IV

मैं PUJA प्रमाणित करता/करती हूँ कि आज दिनांक _____ मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण प्राप्त किया है।

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

हस्ताक्षर - जिला अधिकृत अधिकारी / पंजीयन प्रतिनिधि
Counter Signed by - Dist Authority/ALIMCO Rep.

Date : _____
Place : _____



लाभार्थी / संरक्षक के हस्ताक्षर
Signature & Thumb Impression of the Beneficiary/Guardian

Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others category.
पात्रता : न्यूनतम 1 वर्ष के लिए आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

TALUKA HEALTH OFFICER
JALUPUR

Slb
No. : 2016-17/NAVR3/T17/00579/ADIP-SPL (VIP)

Date : 21/08/16

Name of the Beneficiary : IRFAN

Age : 30 Sex : Male

Mobile No. :

Disability : 1 MENTALLY IMPAIRED (50%)

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

हस्ताक्षर - जिला अधिकारी/पुनर्वास वि
Counter Signed by - Dist Author

Village : GUJARAT
Pin Code : 396430
जिला : NAVSARI
District

Other (na)

PART II

Disability : 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	4500.00
Total		1 4500.00

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

PART III

किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार लाभार्थी / उसके पिता / उसके संरक्षक के मासिक आय रु. 200 (सब्दों में Two Hundred मात्र) है।

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

आण वृत्त प्रतिनिधक अधिकारी सह

Collaborative Agency / Dist Authority

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

प्रमाणित करता/करती हूँ कि मेरे विद्यार्थी एक/तीन/दस - वर्षों में भारत सरकार/राज्य सरकार या अन्य अनाधिकारी योजना के अंतर्गत किसी शासकीय/अशासकीय/अन्य

I 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 legal action beside recovery of the appliances supplied to me.

आण वृत्त प्रतिनिधक अधिकारी सह

ALIMCO Rep.

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

उपकरण पावती RECEIPT OF APPLIANCES
PART IV

प्रमाणित करता/करती हूँ कि आज दिनांक मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण नि:शुल्क/सिवाय

IRFAN certify that today I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at sub

आण वृत्त प्रतिनिधक अधिकारी सह

ALIMCO Rep.

Date :

Place :

Signature & Thumb Impression of the Beneficio

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

No. 16-17/NAVR4/T12/00686/ADIP-SPL (VIP)
Name of the Beneficiary: CVHANDRESH BHAI
Type of Disability: 1. MENTALLY IMPAIRED (75%)

Date: 22/08/18
Age: 15 Sex: Male

Mobile No.:

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

Counter Signed by - Dist Authority

गांव/Village: NAVSARI
पिनकोड/Pin Code: 396450
जिला/District: NAVSARI
Type & No.: Aadhar Card (470697689219)

ई-मेल/Email ID

PART II

अनुदान के उपकरणों के स्थान पर
नई सेल आपड मुफ्त

Disability: 1. MENTALLY IMPAIRED (75%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	4500.00
Total		1 4500.00

Signature of Medical Officer / F

PART III

यदि यह पता चले कि मेरी व्यक्तिगत जानकारी के अनुसार लाभार्थी / उसके पिता / उसके संरक्षक के मासिक आय रु. 3500 (छब्दी में Three Thousand Five Hundred only) है तो मेरी व्यक्तिगत जानकारी के अनुसार लाभार्थी / उसके पिता / उसके संरक्षक के मासिक आय रु. 3500 (छब्दी में Three Thousand Five Hundred only) है।

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

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

निर्धारक प्रधानाचार्य/हेड मास्टर
Signature & Stamp of the Principal/Head Ma

HANDRESH BHAI प्रमाणित करता/करती हूँ कि मैंने पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य सहायक योजना के अंतर्गत किसी सहायक योजना के अंतर्गत कोई भी उपकरण प्राप्त नहीं किया है। यदि मेरे द्वारा दी गई सूचनाएँ गलत पाई जाती हैं तो मेरे ऊपर कानूनी कार्रवाई या आपत्ति किये गये उपकरण एवं उपकरण की पूर्ति की जाएगी।

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

जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
Signed by - Dist Authority/ALIMCO Rep.

लाभार्थी / संरक्षक के हस्ताक्षर / अंगूठा निशानी
Signature/Thumb Impression of the Beneficiary/Guardian (In c

उपकरण पावती RECEIPT OF APPLIANCES
PART IV

HANDRESH BHAI प्रमाणित करता/करती हूँ कि आज दिनांक _____ मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण प्राप्त किया है।

I CVHANDRESH BHAI certify that I have received _____ I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. free of cost of Rs. Nil & in a good working condition.

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

लाभार्थी / संरक्षक के हस्ताक्षर तथा
Signature & Thumb Impression of the Beneficia

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



Name of Beneficiary CHINTAN
 Age 11
 Father's Name BOGHA BALDANIYA
 Camp Place NAVSARI Date 31/9/16
 Assessed for TD 0M 01
 Date of Distribution _____
 Name of Assessing Rep _____
 Signature _____

INCORPORATION OF INDIA
 (A 'NA' UNDERTAKING)
 208016
 JAPAN
 Y LUNCIQUI, NAVSARI
 Date: 08/09/16
 PART I

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Camp Type : ADIP-

Block/Village _____
 State : GUJARAT
 Pin Code : 396430
 District : NAVSARI

आयु (Age)	: 14	लिंग (Sex)	: M
जाति (Category)	: ST	मोबाइल नं. (Mobile No.)	:
		ई-मेल (Email ID)	:

PART II

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

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATION	1	4500.00
Total	1	4500.00

निर्धारक चिकित्सा अधिकारी/पुनर्वास विशेषज्ञ
 Signature of Medical Officer / Rehabilitation Specialist

PART III

निर्धारक चिकित्सा अधिकारी द्वारा यह है कि मेरी व्यक्तिगत जानकारी के अनुसार लाभार्थी / उसके पिता / उसके संरक्षक के मासिक आय रु. 1500 (सब्बों में One Thousand Five Hundred only) है।

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

सहायकी सचिव/जिला अधिकृत अधिकारी
 Officer in Charge/Collector, District Authority

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

CHINTAN प्रमाणित करता है कि मैं पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य सहायक योजना के अंतर्गत किसी शासकीय/अशासकीय/अन्य संगठन/अन्य संस्था से कोई भी उपकरण प्राप्त नहीं किया है जो मेरे उपकरण का प्रतिस्थापन करने के लिए उपयोग किया जा सकता है।

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

जिला अधिकृत अधिकारी / एरिम्बको प्रतिनिधि
 Officer in Charge/Collector/Rep.

उपकरण प्राप्त RECEIPT OF APPLIANCES
 PART IV

CHINTAN प्रमाणित करता है कि मैंने आज दिनांक _____ में भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण नि:शुल्क/सुब्सिडी के साथ प्राप्त किया है।
 CHINTAN certify that today _____ I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at subsidized cost of Rs. _____ & in a good working condition.

जिला अधिकृत अधिकारी / एरिम्बको प्रतिनिधि
 Officer in Charge/Collector/Rep.

Date : _____
 Place : _____



लाभार्थी / संरक्षक के हस्ताक्षर तथा मुद्रा
 Signature & Thumb Impression of the Beneficiary

उपकरण की कार्यक्षमता की गारंटी: न्यूनतम 1 वर्ष चिकित्सा/शैक्षणिकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए।
 Warranty: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others categories

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272

परीण पावती पया

POOL JUNA

ip No. : 2016-17/NAVR4/T12/00760/ADIP-SPL (VIP)
Name of the Beneficiary : CHITAN

Date : 22/08/16
Age : 23 Sex : Male

Mobile No

Type of Disability : 1 MENTALLY IMPAIRED (50%)

S.No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total			1	4500.00

Counter Signed by - Dist Au

386

OK R

State : GUJARAT

Pin Code : 396310
District : NAVSARI

Email ID

D Card Type & No. : Other (na)

PART II

Type of Disability : 1 MENTALLY IMPAIRED (50%)

S.No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	4500.00
Total		1	4500.00

Signature of Medical Off

PART III

Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees) 3500 (Three Thousand Five Hundred only).

Counter Sig. by - Collaborating Agency/ Dist. Authority

Signature & Stamp of the Principal/Head

I CHITAN certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten years' Government/Non Government organization in case the undertaking is found false, I will be liable for legal action beside recovery of cost of Rs. 5000 & in a good working condition.

Counter Signed by - Dist Authority/ALIMCO Rep.

Signature/Thumb Impression of the Beneficiary/Guardian

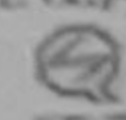
RECEIPT OF APPLIANCES PART IV

I CHITAN certify that today I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India of cost of Rs. 4500 & in a good working condition.

Counter Signed by - Dist Authority/ALIMCO Rep. Date : _____ Place : _____

Signature & Thumb Impression of the Ben

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



Name of Beneficiary CHIRAG

Age 21

Father's Name PRAVIN DHAMELIYA

Camp Place NAVSARI Date 2/9/16

Assessed for TDOMO

Date of Distribution

Name of Assessing Rep

Signature

SOCIETY LUNCIQUI, NAVSARI

Issued Date : 07/09/16

PART I

Camp Type

आयु Age	: 21	श्रेणी Se
जाति Category	: General	
सुरत SAYAN SURAT	मोबाइल नं. Mobile No.	: +91-987966484
	ई-मेल Email ID	:
पिनकोड Pin Code	: 385350	
जिला District	: NAVSARI	

शहर/कस्बा/गांव
Town/Village

: NAVSARI

राज्य
State

: GUJARAT

विवरण पत्र और नं.
Card Type & No. : Other (na)

PART II

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

No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED KI - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
	Total	1	4500.00

निर्धारक चिकित्सा अधिकारी/पुनरा

Signature of Medical Officer

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार मासिक / उनके पित / उनके संरक्षक के मासिक आय र. 2000 (दो हजार में Two Thousand मा

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

साक्षर - सहयोगी संस्था/जिला अधिकारी/अधिकारी
Counter Sig. by - Collaborative Agency/ Dist. Authorityनिर्धारक प्रधानाचार्य/हेड मास्टर/एस.एस. ए. प्रतिनिधि
Signature & Stamp of the Principal/Head

I CHIRAG BHAI प्रमाणित करता/करती हूँ कि मेरे विद्यार्थी एकलौटा/दल-वर्षी में भारत सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतर्गत किसी शासकीय/उपकरण प्राप्त नहीं किया है। यदि मेरे विद्यार्थी कोई सूचना प्राप्त नहीं जाती है तो मेरे ऊपर कानूनी कार्रवाई या जाति किये गये उपकरण एवं उपकरण की पूर्ण प्राप्ति होगी।

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

आज सुअ प्रतिक्रमक अधिकारी सह

साक्षर - जिला अधिकारी/अधिकारी/प्रतिनिधि
Counter Signed by - Dist. Authority/ALIMCO Rep.साक्षर / संरक्षक के हस्ताक्षर / अंगूठा नि
Signature/Thumb Impression of the Beneficiary/Guardianउपकरण पावती RECEIPT OF APPLIANCES
PART IV

I CHIRAG BHAI प्रमाणित करता/करती हूँ कि आज दिनांक _____ मेरे भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण प्राप्त किया है।

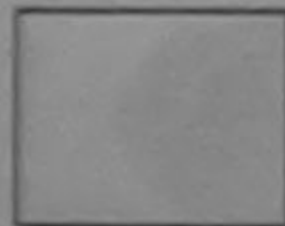
I CHIRAG BHAI certify that I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India, which is subsidized/free of cost of Rs. Nil & in a good working condition.

आज सुअ प्रतिक्रमक अधिकारी सह

कुल्ला सभास सुरक्षा अधिकारी

साक्षर - जिला अधिकारी/अधिकारी/प्रतिनिधि
Counter Signed by - Dist. Authority/ALIMCO Rep.

Date : _____



साक्षर / संरक्षक के हस्ताक्षर

Signature & Thumb Impression of the Beneficiary

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

I am satisfied with the appliances given to the disabled as per prescription given above and I fully satisfied with its quality and the signature/thumb impression (in part III above) done in my presence

दिनांक :
Date :निर्धारक चिकित्सा अधिकारी / पुनरा
Prescribing Medical Officer/Rehab Expert

परीक्षण पावती पर्ची

No. : 2016-17/NAVS3/T8/00769/ADIP-SPL (VIP)

Date : 08/06/16

Age : 20 Sex : Male

Mobile No. : +91

of the Beneficiary : CHIRAG

of Disability : 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	6900.00
Total		1	6900.00

Counter Signed by - Dist Authority

District
पत्र और नं.
Type & No. : Other (na)

PART II

of Disability : 1. MENTALLY IMPAIRED (50%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	6900.00
Total		1 6900.00

Signature of Medical Officer /

PART III

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

निर्धारक चिकित्सा अधिकारी/प्रधान चिकित्सक का हस्ताक्षर/मुद्रा
Signature & Stamp of the Principal/Head Ma

Collaborative Agency/ Dist Authority

Signature & Stamp of the Principal/Head Ma

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

Dist Authority/ALIMCO Rep.

Signature/Thumb Impression of the Beneficiary/Guardian (in

उपकरण पावती RECEIPT OF APPLIANCES PART IV

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

Date : _____
Place : _____
Dist Authority/ALIMCO Rep.



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

I have checked the appliance given to the disabled as per prescription given above and I fully satisfied with its fitment, and the signature/thumb impression (in part III above) done in my presence

Date: _____
Prescribing Medical Officer/Rehab Expert

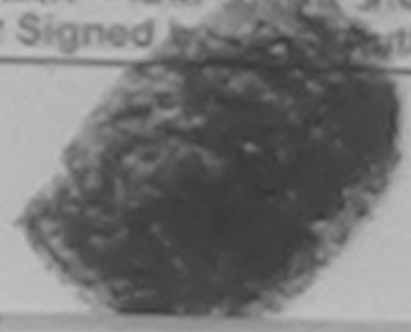
267 K4

ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue MATIYA PATIDAR VA VIVEKANAND SWIM POOL JUNA THANA
परीक्षण पावती पर्ची

Ref No: 2016-17/NAVR4/T8/00776/ADIP-SPL (VIP) Date: 22/08/18
Name of the Beneficiary: CHIRAG Age: 20 Sex: Male Mobile No.: +91
Disability: 1. MENTALLY IMPAIRED (75%)

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

हस्ताक्षर - जिला अधिकृत अधिकारी / Counter Signed by District Authority



Village: NAVSARI Pin Code: 396436 Email ID:
State: GUJARAT District: NAVSARI
Type & No.: Other (school)

PART II

अनुदानित डेम्पनां रखने वाले डेरेल आवड मुक्त

Disability: 1. MENTALLY IMPAIRED (75%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	4500.00
Total		1 4500.00

निर्धारक चिकित्सा अधिकारी/मुख्यालय विशेष
Signature of Medical Officer (Res)

PART III

किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार मासिक / उसके पिता / उसके सरक्षक के मासिक आय रु. 4500 (हमसे में Four Thousand Five Hundred only.)
and that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees Four Thousand Five Hundred only.)

Collaborative Agency/ Dist. Authority
Signature & Stamp of the Principal/Head Master

I certify that I have not received any financial 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 legal action beside recovery of the cost of appliances supplied, from me.

Dist Authority/ALIMCO Rep. Signature/Thumb Impression of the Beneficiary/Guardian (In Case)

उपकरण पावती RECEIPT OF APPLIANCES PART IV

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

Dist Authority/ALIMCO Rep. Date: Signature & Thumb Impression of the Beneficiary

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

No. : 2013-17/NAVS3/T17/00862/ADIP-SPL (VIP)

Date : 03/03/18

Age : 25

Sex : Female

Mobile No

Name of the Beneficiary : CHETNA

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

No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	6900.00
Total		1	6900.00

हस्ताक्षर - जिला अधिकारी
 Counter Signed by - Dist Au

261 / KY OK DC

Town/Village : ANMERGAM
 State : GUJARAT
 Card Type & No. : Other (na)

पिनकोड : 396430
 जिला : NAVSARI
 District : NAVSARI

ई-मेल :
 Email ID :

PART II

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

No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	6900.00
Total		1	6900.00

निर्धारक चिकित्सा अधिकारी
 Signature of Medical Officer

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार लाभार्थी / उसके पिता / उसके संरक्षक के मासिक आय रु. 2000 (दो हजार) में Two Thousand Rupees

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

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

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

मैं CHETNA प्रमाणित करता/करती हूँ कि मैंने पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतर्गत किसी शासकीय/अशासकीय संगठन से प्राप्त नहीं किया है। यदि मेरे द्वारा दी गई सूचनाएँ गलत पाई जाती हैं तो मेरे ऊपर कानूनी कार्रवाई या आपत्ति किये गये उपकरण एवं उपकरण की पूरी लागत मुझसे वापस की जा सकती है।

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

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
 Counter Signed by - Dist Authority/ALIMCO Rep.

लाभार्थी / संरक्षक के हस्ताक्षर / अंगूठा निशान
 Signature/Thumb Impression of the Beneficiary/Guardian

उपकरण पावती RECEIPT OF APPLIANCES
 PART IV

मैं CHETNA प्रमाणित करता/करती हूँ कि आज दिनांक मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण प्राप्त किया है।

I CHETNA certify that today I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India. It is subsidized/free of cost of Rs. Nil & in a good working condition.

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

लाभार्थी / संरक्षक के हस्ताक्षर / अंगूठा निशान
 Signature & Thumb Impression of the Beneficiary/Guardian

Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others category.
 पात्रता : न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

Date

प्रमुख चिकित्सा अधिकारी/रेनाब एगेंट
 Proposing Medical Officer/Rehab Expert

260 14

ASSESSMENT ACKNOWLEDGEMENT SLIP
परीक्षण पावती एच

VIVEKANAND SWIM
POOL, JUNA THANA

Date: 21/08/18
Age: 12 Sex: Female Mobile No.: +91
No. : 2016-17/NAVR3/T8/00398/ADIP-SPL (VIP)
of the Beneficiary : CHETNA
Disability : 1. MENTALLY IMPAIRED (75%)

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

हस्ताक्षर - जिला अधिकृत अधिकारी
Counter Signed by - Dist Authority

Handwritten: 260 - - photo - ok De

गांव : NAVSARI
Village : NAVSARI
पिनकोड : 396436
Pin Code : 396436
जिला : NAVSARI
District : NAVSARI
मोबाइल नं. : +91-9586868231
Mobile No. : +91-9586868231
ई-मेल :
Email ID :

Disability : 1. MENTALLY IMPAIRED (75%)
असह्यदारे डेम्पना स्थणे
वाहेर करेड जापड मुणन

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
Total		1 4500.00

निर्धारक चिकित्सा अधिकारी/पुनर्वासि वि
Signature of Medical Officer / R

PART III
किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार मासिक / उनके पिता / उनके संरक्षक के मासिक आय रु. 4500 (चार हज़ार में Four Thousand Five Hun
ed that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees. F
Five Hundred only.)

सहयोगी संस्था/जिला अधिकृत अधिकारी
Sponsored by - Collaborative Agency/ Dist. Authority
निर्धारक प्रधानाचार्य/हेड मास्टर
Signature & Stamp of the Principal/Head Mast

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

TALUKA HEALTH OFFICE
TALUKA HEALTH OFFICE
JALAPOR, TA JALAPOR, DIST NAVSARI

जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
Sponsored by - Dist Authority/ALIMCO Rep.
सामग्री / संरक्षक के हस्ताक्षर / अंगूठा निशानी
Signature/Thumb Impression of the Beneficiary/Guardian (In ca

उपकरण पावती RECEIPT OF APPLIANCES
PART IV

CHETNA certify that today I have received TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at free of cost of Rs. Nil & in good working condition.

TALUKA HEALTH OFFICE
TALUKA HEALTH OFFICE
JALAPOR, TA JALAPOR, DIST NAVSARI

जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
Sponsored by - Dist Authority/ALIMCO Rep.
Date :
Place :
सामग्री / संरक्षक के हस्ताक्षर
Signature & Thumb Impression of the Beneficiary

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

Date : 23/08/18
 Age : 27 Sex : Male Mobile No : *

No. : 2016-17/NAVR5/T8/00993/ADIP-SPL (VIP)
 Name of the Beneficiary : CHETAN
 Nature of Disability : 1. MENTALLY IMPAIRED (75%)

Sl. No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total			1	4500.00

इस्तेमाल - जिला अधिकृत अधिकारी
 Counter Signed by - Dist Author

365
 011 R

Town/Village : GUJARAT
 Pin Code : 396436
 District : NAVSARI
 Email ID :
 Card Type & No. : Other (NS)

PART II

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

Sl. No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT	1	4500.00
Total		1	4500.00

निर्धारक चिकित्सा अधिकारी
 Signature of Medical Officer

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार साक्षरता / उनके पिता / उनके संरक्षक के मासिक आय रु. 2500 (दो हजार 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 and Five Hundred only.)

सहयोगी संस्था/जिला अधिकृत अधिकारी
 Signature by - Collaborative Agency/District Authority
 निर्धारक प्रधानाचार्य/हेड मास्टर/एन.एस. ए. प्रतिनिधि के
 Signature & Stamp of the Principal/Head Ma

CHETAN प्रमाणित करता/करती है कि मैंने भारत सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतर्गत किसी शासकीय/अशासकीय/अन्य संस्था/संस्था से मुझे उपकरण प्राप्त नहीं किया है। यदि मुझे उपकरण प्राप्त पाई जाती है तो मेरे ऊपर कानूनी कार्रवाई या आपत्ति किये गये उपकरण एवं उपकरण की पूरी लागत भुगतान

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

जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
 Signature by - Dist Authority/ALIMCO Rep.
 साक्षरता / संरक्षक के हस्ताक्षर / अंगूठा निशानी
 Signature/Thumb Impression of the Beneficiary/Guardian (In

उपकरण पावती RECEIPT OF APPLIANCES
 PART IV

CHETAN प्रमाणित करता/करती है कि आज दिनांक _____ मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण (मूल्य रु. _____) प्राप्त किया है।
 I CHETAN certify that today _____ I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at a cost of Rs. _____ & in a good working condition.

जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
 Signature by - Dist Authority/ALIMCO Rep.
 साक्षरता / संरक्षक के हस्ताक्षर तथा
 Signature & Thumb Impression of the Beneficiary

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

255 44

परीक्षण पावती पर्ची

No. : 2016-17/NAVR4/T8/00846/ADIP-SPL (VIP) Date : 22/08/18
Name of the Beneficiary : CHETAN Age : 12 Sex : Male Mobile No. :

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

No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED KIT - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total			1	4500.00

हस्ताक्षर - जिला अधिकृत अधिकारी
Counter Signed by - Dist Authority

पता/Town/Village : NAVSARI
राज्य/State : GUJARAT
पिन कोड / Pin Code : 396436
जिला / District : NAVSARI
ई-मेल / Email ID :
कार्ड प्रकार और नं. / Card Type & No. : Other (ns)

PART II

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

No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED KIT - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
Total		1	4500.00

निर्धारक चिकित्सा अधिकारी/पुनर्
Signature of Medical Officer

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार मासिक आय र. 4500 (सब्बों 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.)

साहचर्य - सहयोगी संस्था/जिला अधिकृत अधिकारी
Signature & Stamp of the Principal/Head

मैं CHETAN प्रमाणित करता/करती हूँ कि मैंने पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य सार्वजनिक योजना के अंतर्गत किसी शासकीय/अशासकीय/अन्य सरकारी/अन्य संगठन से कोई भी मदद/उपकरण प्राप्त नहीं किया है। यदि मेरी दवाओं से कोई खर्च/संयोजन पाई जाती है तो मेरे उपर कानूनी कार्रवाई या आपत्तियाँ किये नये उपस्कर एवं उपकरण की पूरी लागत

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

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
Signature/Thumb Impression of the Beneficiary/Guardian

उपकरण पावती RECEIPT OF APPLIANCES
PART IV

मैं CHETAN प्रमाणित करता/करती हूँ कि आज दिनांक _____ मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण प्रि
प्राप्त किया है।
I CHETAN certify that today _____, I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of
of cost of Rs. [] & in a good working condition.

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
Date : _____
Counter Signed by - Dist Authority/ALIMCO Rep. Place : _____ Signature & Thumb Impression of the B

Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others cate
पावता : न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

Responsible Medical Officer/Reshab Expert

परीक्षण पावती पर्ची

Date : 23/08/16
 Age : 14 Sex : Male Mobile No. :
 : 2016-17/NAVR5/T12/01014/ADIP-SPL (VIP)
 of the Beneficiary : CHETAN
 Disability : 1. MENTALLY IMPAIRED (40%)

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

हस्ताक्षर - डिस्ट्रिक्ट अधिकृत अधिकारी
 Counter Signed by - Dist Authority

253 104

गाव/गाव : NAVSARI
 Pin Code : 396450
 जिला : GUJARAT
 District : NAVSARI
 मोबाइल नं. : +91-823819108
 ई-मेल :
 Email ID :
 पत्र और नं. :
 Type & No. : Aadhar Card (500382913971)

PART II

Disability : 1. MENTALLY IMPAIRED (40%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
Total		1 4500.00

निर्धारक चिकित्सा अधिकारी/पुनर्व
 Signature of Medical Officer

PART III

निर्धारित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार लाभार्थी / उसके पिता / उसके संरक्षक के मासिक आय रु. 2500 (दो हजार पचास रुपये) (Two Thousand Five Hundred only.)

सहयोगी संस्था/जिला अधिकृत अधिकारी
 r Sig. by - Collaborative Agency/ Dist. Authority
 निर्धारक प्रधानाचार्य/हेड मास्टर/एस.एस. ए. प्रतिनिधि
 Signature & Stamp of the Principal/Head

CHETAN प्रमाणित करता/करती हूँ कि मैंने पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतर्गत किसी छात्रकीय/अछासक/अछासक नहीं किया है। यदि मेरे द्वारा दी गई सूचनाएँ गलत पाई जाती है तो मेरे ऊपर कानूनी कार्रवाई या आपूर्ति किये गये उपकरण एवं उपकरण की पूरी लागत मुझसे वापस ली जा सकती है।

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

जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
 r Signed by - Dist Authority/ALIMCO Rep.
 लाभार्थी / संरक्षक के हस्ताक्षर / अंगूठा नि
 Signature/Thumb Impression of the Beneficiary/Guardian

उपकरण पावती RECEIPT OF APPLIANCES
 PART IV

CHETAN प्रमाणित करता/करती हूँ कि आज दिनांक मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण (विशुद्ध) प्राप्त किया है।
 I CHETAN certify that today I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India of Rs. Nil & in a good working condition.

जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
 r Signed by - Dist Authority/ALIMCO Rep.
 Date :
 Place :
 लाभार्थी / संरक्षक के हस्ताक्षर
 Signature&Thumb Impression of the Beneficiary

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

2016-17/NAVR5/T17/01028/ADIP-SPL (VIP)
 The Beneficiary : CHANDRA KANT
 Disability : 1. MENTALLY IMPAIRED (40%)
 Date : 23/08/16
 Age : 12 Sex : Male Mobile No. :

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

Counter Signed by - Dist Authority

State : GUJARAT District : NAVSARI
 & No. : Aadhar Card (337842135989)

PART II

Disability : 1. MENTALLY IMPAIRED (40%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
Total		1 4500.00

Signature of Medical Officer/Reha

PART III

What to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Rupees One Thousand) 1000 (शब्दों में One Thousand मात्र) है।

Signature by - Collaborative Agency/ Dist Authority

Signature & Stamp of the Principal/Head Master

CHANDRA KANT प्रमाणित करता/करती हूँ कि मैंने पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतर्गत किसी शासकीय/अशासकीय संगठन से कोई भी समान उपकरण प्राप्त नहीं किया है। यदि मेरे द्वारा दी गई सूचनाएँ गलत पाई जाती हैं तो मेरे ऊपर कानूनी कार्रवाई या आपत्ति किये गये उपकरण एवं उपकरण की पूरी लागत भुगतान करने की आवश्यकता होगी।

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

Signature by - Dist Authority/ALIMCO Rep.

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

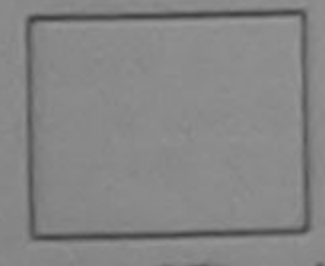
उपकरण पावती RECEIPT OF APPLIANCES PART IV

CHANDRA KANT प्रमाणित करता/करती हूँ कि आज दिनांक मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण प्राप्त किया है।

CHANDRA KANT certify that today I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India in working condition.

Signature by - Dist Authority/ALIMCO Rep.

Date :
 Place :



Signature & Thumb Impression of the Beneficiary/Guardian

Validity: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others category. (न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए)

No certificate

Prescribing Medical Officer/Rehab Expert

Date :

NAVSARI/T8/50129
 ARTIFICIAL LIMBS MFG. CORP. OF INDIA
 G.T. ROAD, KANPUR - 209217

DISABLED PERSONS
 एन लिमिटेड
 (एन लिमिटेड)
 एन लिमिटेड
 CORPORATION OF INDIA
 (PUBLIC UNDERTAKING)
 8016
 KANPUR



Name of Beneficiary: Urvarshi
 Age: 10 yrs
 Father's Name: _____
 Camp Place: _____ Date: 6/6/16
 Assessed for: TDOM01
 Date of Distribution: _____
 Name of Assessing Rep: _____
 Signature: _____

Date: 06/06/16
 PART I

Camp Type: ADIP

आयु Age	: 10	लिंग Sex	:
श्रेणी Category	: General		
मोबाइल नं. Mobile No.	: +91-9727027414		
ई-मेल Email ID	:		

गांव/ग्राम
village : GUJARAT
 Pin Code : 386445
 जिला
District : NAVSARI

पत्र और नं.
Card Type & No.: Aadhar Card (924965707125)

PART II

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

Appliances Detail	Quantity	Value
TD OM 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATION	1	5900.00
Total	1	5900.00

निर्धारक चिकित्सा अधिकारी/प्रमुख चिकित्सक
 Signature of Medical Officer / R

PART III

प्रमाणित किया जाता है की मेरी जानकारी के अनुसार लाभकारी / उपकरण / उपकरण के मासिक खर्च रु. 2500 (दो हजार पचास रुपये) से कम है।

Certified 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.)

Signature of Collaborative Agency / Dist. Authority

Signature & Stamp of the Principal/Head Master

URVARSHI प्रमाणित करता/करती है कि उपरोक्त उपकरण/उपकरण, वर्षों में प्राप्त उपकरण/उपकरण सरकार या अन्य सरकारी संस्था के अंतर्गत किसी सरकारी/उपकारी/अन्य सरकारी संस्था से प्राप्त नहीं किया है। यदि मेरे पास कोई उपकरण/उपकरण प्राप्त हुई जाती है तो मेरे ऊपर कानूनी कार्रवाई या आपत्ति किये गये उपकरण एवं उपकरण की पूरी लागत भुगतान करने का उत्तरदायित्व होगा।

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

Signature of Dist Authority/ALIMCO Rep.

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

उपकरण पावती RECEIPT OF APPLIANCES
 PART IV

URVARSHI प्रमाणित करता/करती है कि आज दिनांक _____ मैंने प्राप्त किया है ADIP-SPL (VIP) योजना के अंतर्गत 1. TD OM 01 उपकरण जिसकी लागत/मूल्य रु. _____ है।

URVARSHI certify that today _____ I received 1. TD OM 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India subsidized/free of cost of Rs. Nil & in a good working condition.

Signature of Dist Authority/ALIMCO Rep. Date: _____ Place: _____

Signature & Thumb Impression of the Beneficiary

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

Prescribing Medical Officer/Rehab Expert

NAVSA 1/T17/602
 ARTIFICIAL LIMBS MFG. CORP. OF INDIA
 G.T. ROAD, KANPUR - 209217

Name of Beneficiary: Aditya
 Age: 6
 Father's Name: Mahendra Kumar
 Camp Place: _____ Date: 6/6/16
 Assessed for: _____
 Date of Distribution: 7/6/16
 Name of Assessing Rep: _____
 Signature: _____

TO DISABLED PERSONS
 ग निमाण निगम
 (एन एन एन) (एन एन एन)
 एन एन एन एन एन एन
 एन एन एन एन एन एन
 RING CORPORATION OF INDIA
 (INIRATNA' UNDERTAKING)
 PUR-208016
 20 COMPANY



ND SWIMMING POOL, JUNA THANA, NAVSARI
 sment Date: 19/08/16
 PART I

आयु Age	: 6
जाति Category	: OBC
DIR	मोबाइल नं. Mobile No. : +91-989 ई-मेल Email ID

शहर/कस्बा/गांव : NAVSARI पिनकोड : 396430
 City/Town/Village Pin Code
 राज्य : GUJARAT जिला : NAVSARI
 State District
 पहचान पत्र और नं.
 ID Card Type & No. : Aadhar Card (27209709784)

PART II

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

S.No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	4500
2	TD 2A 06 Wheel Chair Folding Child Size (MAMTA)	1	7200
Total			11700

अनुदान कुल
 11700
 दिशानिर्देशक
 Signature of Medical Officer

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार लाभार्थी / उसके पिता / उसके संरक्षक के मासिक आय रु. 2000 (दो हजार) से कम है।
 Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is less than Rs. 2000 (Two Thousand only.)

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

निर्धारक प्रधानाचार्य/जिला अधिकृत अधिकारी
 Signature & Stamp of the Principal/ District Authority

ADITYA प्रमाणित करता/करती है कि मैंने पिछले एक/तीन/दस वर्षों में भारत सरकार/राज्य सरकार या अन्य समाजिक योजना के अंतर्गत किसी भी प्रकार का उपकरण प्राप्त नहीं किया है। यदि मेरे दवाओं की नई सूचनाएँ मिल पाई जाती हैं तो मेरे ऊपर कानूनी कार्रवाई या आपूर्ति किये गये उपकरण एवं उपकरण की लागत।
 I ADITYA 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 besides the cost of aids and appliances supplied, from me.

TALUKA HEALTH OFFICER
 हस्ताक्षर - जिला अधिकृत अधिकारी / एन एन एन एन एन
 Counter Signed by - Dist Authority/ALIMCO Rep.

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

उपकरण पावती RECEIPT OF APPLIANCES
 PART IV

ADITYA प्रमाणित करता/करती है कि आज दिनांक 19/6/16 मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01, 2. TD 2A 06 उपकरणों का प्राप्ति किया है।
 ADITYA certify that today 19/6/16, I received 1. TD 0M 01, 2. TD 2A 06 appliances under ADIP-SPL (VIP) scheme subsidized/free of cost of Rs. Nil in a good working condition.

TALUKA HEALTH OFFICER
 हस्ताक्षर - जिला अधिकृत अधिकारी / एन एन एन एन एन
 Counter Signed by - Dist Authority/ALIMCO Rep.

लाभार्थी / संरक्षक के हस्ताक्षर
 Signature & Thumb Impression of the Beneficiary

* Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all other categories.
 पावता : न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए।



846

Name of Beneficiary VILASH BHAI
Age 11 years
Father's Name _____
Camp Place _____ Date 10/6/16
Assessed for _____
Date of Distribution 10/6/16
Name of Assessing Rep _____
Signature _____

ment Date : 10/06/16
PART I

Camp Type :

आयु Age	: 11	लिंग Sex	
जाति Category	: ST		
मोबाइल नं. Mobile No.	: +91-7069411236		
ई-मेल Email ID	:		

शहर/कस्बा/गांव : BANSDA
City/Town/Village
राज्य : GUJARAT
State
पहचान पत्र और नं.
ID Card Type & No. : Aadhar Card (437154814914)
पिनकोड : 396580
Pin Code
जिला : NAVSARI
District

PART II

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

S.No.	Appliances Detail	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATION	1	6900.00
Total		1	6900.00

निर्धारक चिकित्सा अधिकारी/पुनरुत्थान
Signature of Medical Officer

PART III

प्रमाणित किया जाता है की मेरी व्यक्तिगत जानकारी के अनुसार संश्लेषण/संश्लेषण के लिए / उसके संरक्षक के मासिक आय रु. 2500 (दो हजार में Two Thousand Five Hundred only.)
Certified that to the best of my knowledge, the monthly income of the beneficiary/ father / guardian of the patient is Rs. (Ru. Thousand Five Hundred only.)

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

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

मैं VILASH BHAI प्रमाणित करता/करती हूँ कि मेरे पास/मेरे पास कोई भी अन्य समान उपकरण प्राप्त नहीं किया है। यदि मेरे द्वारा दी गई जानकारी गलत पाई जाती है तो मेरे ऊपर कानूनी कार्रवाई या आपत्ति किये गये उपकरण एवं उपकरण की पूर्ति मेरी होगी।

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

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
Counter Signed by - Dist Authority/ALIMCO Rep.

लाभार्थी / संरक्षक के हस्ताक्षर / अंगूठा
Signature/Thumb Impression of the Beneficiary/Guardian

उपकरण पावती RECEIPT OF APPLIANCES
PART IV

मैं VILASH BHAI प्रमाणित करता/करती हूँ कि आज दिनांक _____ मैंने भारत सरकार के ADIP-SPL (VIP) योजना के अंतर्गत 1. TD 0M 01 उपकरण प्राप्त किया है।
I VILASH BHAI certify that today _____ I received 1. TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt subsidized/free of cost of Rs. Nil & in a good working condition.

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
Counter Signed by - Dist Authority/ALIMCO Rep.

Date : _____
Place : _____

लाभार्थी / संरक्षक के हस्ताक्षर / अंगूठा
Signature & Thumb Impression of the Beneficiary/Guardian

* Applicability: Minimum 1 year for CWSN & 10 years for High Cost High Value and three years for all others category.
पावता : न्यूनतम 1 वर्ष विशेष आवश्यकता वाले बच्चों के लिए तथा 10 वर्ष उच्च कीमत उच्च कोटि के उपकरणों के लिए

ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue : COTTAGE
परीक्षण पावती पर्ची

Slip No. : 2016-17/NAVS45/T17/02209/ADIP-SPL (VIP)	Date : 10/06/16			
Name of the Beneficiary : VILASH BHAI	Age : 11 Sex : Male			
Type of Disability : 1. MENTALLY IMPAIRED (40%)				
S.No.	Appliances Detail	Remark	Quantity	Value
1	TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATION		1	6900
Total			1	6900

हस्ताक्षर - जिला अधिकृत अधिकारी / एलिम्को प्रतिनिधि
Counter Signed by -



G.T ROAD, KANPUR - 209217

Name of Beneficiary: Komal
 Age: 11
 Father's Name: Ishwar Singh
 Camp Place: Chikhalu, Dist: 11/16/16
 Assessed for: ...
 Date of Distribution: 11/06/16
 Name of Assessing Rep: ...
 Signature: ...

ARTIFICIAL LIMBS MFG. CORP. OF INDIA
 (UNDERTAKING)
 209217
 KANPUR

Date: 11/06/16
 PART I

Camp Type: ADIP

Age	: 11	Sex	: Female
Category	: General		
Mobile No.	: +91-9723920180		
Email ID	: 198521@alimco.com		

PART II

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

No.	Appliances Detail	Quantity	Value
1	TD OM 01 MSED R4 - MULTI-SENSORY INTEGRATED EDUCAT	1	8900.00
Total		1	8900.00

Signature of Medical Officer

PART III

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

Signature of District Authority

Signature & Stamp of the Principal/Head Master

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

Signature of District Authority

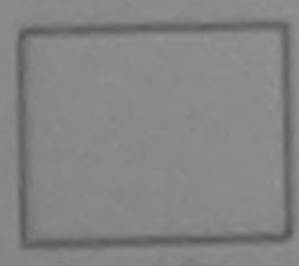
Signature/Thumb Impression of the Beneficiary/Guardian

RECEIPT OF APPLIANCES
 PART IV

I, KOMAL certify that today I received 1 TD OM 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India at a cost of Re. 8900 & in a good working condition.

Signature of District Authority

Date: ...
 Place: ...



Signature & Thumb Impression of the Beneficiary

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

ASSESSMENT ACKNOWLEDGEMENT SLIP Camp Venue: CHC, CHIKHALI
 परीक्षण पावती पर्ची

No. : 2016-17/NAV546/T8/01522/ADIP-SPL (VIP)
 Name of the Beneficiary : KOMAL
 Date of Disability : 1. MENTALLY IMPAIRED (75%)

Date: 11/06/16
 Age: 11 Sex: Female Mobile No.:

No.	Appliances Detail	Remark	Quantity	Value
1	TD OM 01 MSED R4 - MULTI-SENSORY INTEGRATED EDUCAT		1	8900.00
Total			1	8900.00

Counter Signed by: ...

o. : 2016-17/NAVSA1/T12/00419/ADIP-SPL (VIP)
 of the Beneficiary : RUPA BHAI
 Date : 08/09/18
 Age : 11 Sex : Male Mobile No. :
 Disability : 1. MENTALLY IMPAIRED (75%)

Appliances Detail	Remark	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCAT		1	4500.00
Total		1	4500.00

K-3 (671)

Counter Signed by - Dist Authority

GUJARATI District : NAVSARI
 Card Type & No. : Other (NA)

PART II

Disability : 1. MENTALLY IMPAIRED (75%)

Appliances Detail	Quantity	Value
TD 0M 01 MSIED Kit - MULTI-SENSORY INTEGRATED EDUCATI	1	4500.00
Total		1 4500.00

Signature of Medical Officer

PART III

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

Signature of District Authority / Principal/Head

RUPA BHAI certify that I have not received similar Aid/Equipment either free of cost/subsidized in the last one/three/ten year and appliances supplied, from me.

Signature/Thumb Impression of the Beneficiary/Guardian

उपकरण पावती RECEIPT OF APPLIANCES PART IV

RUPA BHAI certify that today I received 1 TD 0M 01 appliances under ADIP-SPL (VIP) scheme of Govt. of India

Signature/Thumb Impression of the Beneficiary/Guardian

Date : _____ Place : _____
 Signature & Thumb Impression of the Beneficiary/Guardian

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