

**Format of Test-Check Report under ADIP Scheme**

Test Check (minimum of 10/15 percents\*) of beneficiaries assisted during the year 2017-18

Name of the Implementing Agency-

State: Uttar Pradesh

District: GB Ngr.

**PART-I**

**Details of Test-Check**

S.NO.	S.No. of List of the covered beneficiaries	Name of beneficiary	Father's /Husband's name	Male/Female	Age (YRS)	Complete Address	Contact Number	Type of aid given	Place of Camp	Date of Camp	Whether any surgical correction undertaken	Date of Test Check	Finding of test-check (e.g. distribution confirmed and working well/distribution confirmed but quality not satisfactory/distribution not confirmed etc.)
1	02/17/AUG	MANJU CHOURSIA	RAMDHARI CHOURSIA	F	15	D20 CHANDER VIHAR NILOTHI, ND-41		TLM KCF4	"	31.8.17	-	23.3.18	
2	12/17/OCT	ANSHU YADAV	RANJIT YADAV	M	15	RZ 20 GALI-5, SAGARPUR NANGAL RAYA, ND	9999089428	TLM KCF4	"	26.10.17	-	23.3.18	
3	22/17/NOV	AANCHAL	BUDHRAM	F	7/2	B56 PAPAN KALAN, SECI DWARKA ND75	882630469	TLM KCF3	"	22.11.17	-	23.3.18	
4	32/17/DEC	VIKAS	MEHRAM	M	12	VPO JHARODA KALAN NDELH-110072	9990964966	TLM KCF3	"	13.12.17	-	23.3.18	
5	42/17/MAR	SHIVA	RANPAL	M	7	BISRAKH, JALALPUR, G.B.NGR, U.P.	9953516976	TLM KCF1	"	14.3.18		23.3.18	

\* 15% in case of grants-in-aid up to Rs. 10.00 lakh and 10% in case of grants-in-aid exceeding Rs. 10.00 lakh.

**Part II**


**Abstract of Test-Check**

Total No. of	No. beneficiaries found with aid/appliances		No. beneficiaries not found to have been
	Working satisfactory	Not working satisfactory	
1	2	3	4

Certified that the above report is based on test check personally carries out by me and findings have been accurately reported above.



Doctor of Primary Health centre/block Tehsil or Tehsildar or Nayab Tehsildar or SDO or BDO/SDO level officer or Social Welfare Officer/ District Disability Officer/ Women and Child Development Officer holding charge of Social Welfare or any other officer authorized by District Collector

  
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