

**Format of Test – Check report under ADIP Scheme**

Test Check (minimum of 10/15 percent\*) of beneficiaries assisted during the year 2018-19

Name of the Implementing Agency –NIEPID RC Navi Mumbai

District – Navi Mumbai

**PART – I**

Sl. No.	S.No. of list of the covered beneficiaries	Name of beneficiaries	Father / Husband Name	Male/ Female	Age	Complete Address	Contact Number	Place of camp	Type of aid given	Date of Camp	Whether any surgical correction under taken	Date of Test check	Findings of test check (eg distributed confirmed and working well /distribution confirmed but quality not satisfactory /distribution not confirmed etc.)
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	1	Pranay Vinod Arde	Mr. Vinod Arde	Male	20	Behind Sarvodaya Hospital, D 1, Bhim Nagar Galli, Near New Ration Shop, Ghatkoopar West, Mumbai-400086	9702285968, SC	NIEPID RC NM	Kit 4	31.10.2018	No	31.10.2018	Confirm and Working

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

**Part –II**

**Abstract of Test Check**

Total No. of beneficiaries test checked	No. of beneficiaries found with aid/appliances		No. beneficiaries not found to have been given aid /appliances
	Working satisfactory	Not Working satisfactory	
1	2	3	4
<u>01</u>	<u>01</u>	<u>0</u>	<u>0</u>

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

Signature

  
**MS. CHHAYA KUBAL**  
 ASSISTANT DIRECTOR  
 SKILL DEVELOPMENT EMPLOYMENT  
 & ENTREPRENEURSHIP.  
 GOVERNMENT OF MAHARASHTRA

**Ms Chhaya Kubal**  
 Asst. Director,  
 Skill Development, Employment and  
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