NATIONAL INSTITUTE FOR THE EMPOWERMENT OF PERSONS WITH INTELLECTUAL DISABILITIES(DIVYANGJAN), SECUNDERABAD Register to be Maintained by the Agencies Implementing the Scheme of Assistance to Disabled for Purchase / fitting of Aids / Appliances

ANNEXURE - III

S. No.	Name of Beneficiary	Address	M/F	Age	Income	Type of Aid (given)	Date on which given	Cost of Aid	Fabricatio n/ Fitment Charges	Total Cost of aid	Subsidy Provided	Travel Cost Paid to Out Station Beneficia	Board and Lodging Expense s Paid	Whether any surgical / Correction Undertake n	Total of 12+13+1 4+15	No of Days for which stayed	Signature of Beneficiary/ Thumb Impression	Photo	Wheth er accom panied by Escort	Caste	When did you last recei yed aids
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18		19	20	21
1	सवाय	अस्तार। द्वारपुर उत्तार। उत्तार। उत्तर कार्यन	F	11	42000/ P.A.	TLOY KH-4	253	9447_				_			_				best	Ge	
		वेश-स्तीमारा केटिंग, मुम्माप उट्य-मड्ड - 276 207.	M	26	5%0)_ 1.m	TLM Kir-4	25-3 23	9494_			_		_						porune) 59	
3	राम लिएम	उत्पर-म्यड्य डेरायम् ट्रायम्		39	3500/- p.n	Tem Kil-4	25-3 23	9497			-		_					3	उद्यम जे	G,	

FORMAT OF TEST - CHECK REPORT Under ADIP Scheme

Test Check (Minimum of 10/15 percent%) of beneficiaries assisted during the year 2021-22 Name of the Implementing Agency: NIEPID, Secunderabad

Part - 1

17.50		Gender	Age	Father/ Husband name	Complete Address	Contact Numbers	Place of camp	Type of Aid Given	Date of Camp	any surgical correcti on underta	• Date of	Findings of estichers (egid shib sted confirming and working well/distribution confirmed but quality r satisfactory/distribution not confirmed letc.)
	-	4	5	6	7	8	9	10	11		13	14
2	DEEPAK SAROJ	M		Ombrakash	Vill-Sonwara Martinganj Azm	831804	AZAMÇARH	TLM			25-03-	49
1	SABERA	F		Avinash	Shahpur Ambari AZAMGARH		AZAMGARH	TLM	25- 0 3- 2023		25-03-	
				2								
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	of the covered beneficiaries	of the covered beneficiaries 2 3 2 DEEPAK SAROJ SABERA	of the covered beneficiaries 2 3 4 2 DEEPAK SAROJ M SABERA F	of the covered beneficiaries 2 3 4 5 2 DEEPAK SAROJ M SABERA F	of the covered beneficiaries Name of Beneficiaries Gender Age Husband name 2 3 4 5 6 DEEPAK SAROJ M Omfrakash SABERA F Avinash	of the covered beneficiaries Name of Beneficiaries Age Father/Husband name Complete Address DEEPAK SAROJ M Omfrakosh SABERA F Avinash Azamgary	of the covered beneficiaries Name of Beneficiaries Gender Age Father/ Husband name Complete Address Contact Numbers Age DEEPAK SAROJ M Ombrakash SABERA F Avinash SABERA Age Father/ Husband name Complete Address Vill-Samwara Martingani Azm 1639 Avinash Shahbur Ambari Azamana	Of the covered beneficiaries Name of Beneficiaries Gender Age Husband name Complete Address Contact Numbers Place of Camp Place of Camp DEEPAK SAROJ M Om Prakosh SABERA F Avinash Avinash Shahpur Ambari Azam(ARH Azam(ARH	Of the covered beneficiaries Name of Beneficiaries Gender Age Husband name Complete Address Contact Numbers Complete Address Place of Aid Given Type of Aid Given Type of Aid Given DEFPAK SAROJ M Ombrakosh SABERA F Avinash Shahpur Ambari Azam(ARH KIT-4	Of the covered beneficiaries Name of Beneficiaries Omega Father/Husband name Complete Address Contact Numbers Place of Aid Given Oate of Camp Deferring Father/Husband name Omega Father/Husband name Complete Address Contact Numbers Place of Aid Given Oate of Camp Omega Father/Husband name Omeg Father/Husband name Omeg Father/Husb	S.No. of List of the covered beneficiaries Name of Beneficiaries Gender Age Husband name Complete Address Contact Numbers Contact Numbers Contact Numbers Place of Aid Given On undertaken Place of Camp On undertaken Place of Aid Given Date of Camp On undertaken Numbers Place of Aid Given On undertaken Place of Aid Given On undertaken Name of Beneficiaries Place of Aid Given On undertaken Name of Beneficiaries Place of Aid Given On undertaken Name of Camp Oate of Aid Given On undertaken Name of Beneficiaries Place of Aid Given On undertaken Name of Camp Oate of Aid Given On undertaken Name of Camp Oate of Camp Oate of Camp On undertaken Name of Camp Oate of Camp Oate of Camp On undertaken Name of Camp Oate Oate O	Of the covered beneficiaries Name of Beneficiaries Gender Age Husband name Complete Address Contact Numbers Complete Address Contact Numbers Place of Camp Date of Camp On Underta ken Date of Camp Date of Camp Date of Camp Date of Camp On Underta ken Date of Camp On Underta ken Date of Camp On Camp

^{* 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

Doctor of primary Health Centre/Block/Teholf or Teholf & Teholf & Teholf & or SDO or BDO/SDO level officer or Social Welfare Officer of strict & M. Ay Officer Women and Child Development Officer or strip character of for all Walter or any other officer or all thorses by B. that Collection As the condition of social welfare the condition of the

ABSTRACT OF TEST CHECK

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

Certificied that the above report is based on test check personaly carried out by me and the finding have been accurately reported above

Doctor of primary Health Centre/Block/Tehsil or Tehsildar of 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 authorised by District Collector

Authorised officer from any other NIs