

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	Fabrication / Fitment Charges	Total Cost of aid	Subsidy Provided	Travel Cost Paid to Out Station Beneficiary	Board and Lodging Expense s Paid	Whether any surgical / Correction Undertake n	Total of 12+13+14+15	No of Days for which stayed	Signature of Beneficiary/ Thumb Impression	Photo	Whether accompanied by Escort	Caste	When did you last received aids
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
1	సాయి	అంబారి ప్రాంతం అంబారి అల్లంపాటి కడప-కామారా	F	11	42000/- P.A.	TLM Kit-4	25-3 23	9497/-	-	-	-	-	-	-	-	-			With	SC	-
2	ధీరజ్ సాయి	కె.వి. సామ్రాజ్ కె.వి. సామ్రాజ్ కడప-కామారా - 276207.	M	26	58000/- P.A.	TLM Kit-4	25-3 23	9497/-	-	-	-	-	-	-	-	-			With	SC	-
3	రామ్ లక్ష్మణ్	అల్లంపాటి ప్రాంతం అల్లంపాటి ప్రాంతం కడప-కామారా	M	39	35000/- P.A.	TLM Kit-4	25-3 23	9497/-	-	-	-	-	-	-	-	-			With	SC	-

FORMAT OF TEST - CHECK REPORT Under ADIP Scheme

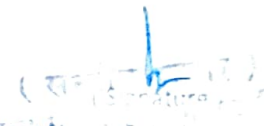
Test Check (Minimum of 10/15 percent%) of beneficiaries assisted during the year 2021-22

Name of the Implementing Agency : NIEPID, Secunderabad

Part - 1

Sl. No.	S.No.of List of the covered beneficiaries	Name of Beneficiaries	Gender	Age	Father/ Husband name	Complete Address	Contact Numbers	Place of camp	Type of Aid Given	Date of Camp	Whether any surgical correction undertaken	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.	2	DEEPAK SAROJ	M		OmPrakash	vill. Sonwara Martingari Azm	8318041639	AZAMGARH	TLM KIT-4	25-03-2023		25-03-2023	
2.	1	SABERA	F		Avinash	Shahpur Ambari AZAMGARH		AZAMGARH	TLM KIT-4	25-03-2023		25-03-2023	

* 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/Tehsil or Tehsil/Block/Tehsil/Block
 or SDO or BDO/SDO level officer or Social Welfare Officer/District Welfare Officer
 Women and Child Development Officer or In-charge of Social Centre
 or any other officer authorised by District Collector
 Authorised officer for signature

PART - II

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
	✓		

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


 (Signature)
 (समानो नाम)

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