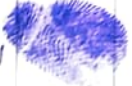


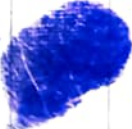



National Institute for The Empowerment of Persons with Intellectual Disabilities, (Divyangjan) Secunderabad

Register to be Maintained by the Agencies Implementing the Scheme of

Assistance to Disabled for Purchase / Fitting of Aids/Apparatus

ANNEXURE III

Sl. No.	Name of the Beneficiary	Address	M/F	Age	Income	Type of Artig. used	Date on which Given	Cost of Aid	Particulars of the aid	Total cost of aid	Percentage of cost covered	Agency Name	Bank Name	Account No.	Total	No. of Aids fitted	Signature of Beneficiary	Signature of Agency	Signature of NIEPD	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
01	Pooja	Dadla, Bagdikan Dhan	F	9	24,000/- (PA)	TLM Kit 3	25-03-2023	9249/-	Nil	9249/-100%	100%	Nil	Nil	No	9249/-	Nil				
02	Sakshi	Bhidola Khurd Dhan	F	10	24,000/- (PA)	TLM Kit 3	25-03-2023	9249/-	Nil	9249/-100%	100%	Nil	Nil	No	9249/-	Nil				
03	Mol. Anshu Gwenshi	Baidash marg, Dhan	M	15	24,000/- (PA)	TLM Kit 4	25-03-2023	9497/-	Nil	9497/-100%	100%	Nil	Nil	No	9497/-	Nil				
04	Aman	Bagdikan Dhan	M	19	24,000/- (PA)	TLM Kit 3	25-03-2023	9497/-	Nil	9497/-100%	100%	Nil	Nil	No	9497/-	Nil				
05	Javed Khan	Jawad ae, Motabli Dhan	M	22	24,000/- (PA)	TLM Kit 4	25-03-2023	9497/-	Nil	9497/-100%	100%	Nil	Nil	No	9497/-	Nil				

FORMAT OF TEST - CHECK REPORT Under ADIP Scheme


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

Name of the Implementing Agency : NIEPID, Secunderabad State- M. P. Dist. *Dhar*

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
1	2	3	4	5	6	7	8	9	10	11	12	13	14
01.	003	<i>Mod. Anshu Aureshi</i>	<i>M</i>	<i>15</i>	<i>Samra</i>	<i>Raidas Nagar Dhar, M. P.</i>	<i>9993416909</i>	<i>Nagar Palika Dhar</i>	<i>TLM Kt-4</i>	<i>25-03-2023</i>	<i>No</i>	<i>25-03-2023</i>	<i>Soft Scales by</i>
02.	002	<i>Sakshi</i>	<i>F</i>	<i>10</i>	<i>Dinesh</i>	<i>Bhidola, Khund Dhar, M. P.</i>	<i>9826491875</i>	<i>Nagar Palika Dhar</i>	<i>TLM Kt-3</i>	<i>25-03-2023</i>	<i>No</i>	<i>25-03-2023</i>	<i>Soft Scales by</i>

• 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/Bldc/Tehsil *Chhatrapati Sambhaji Maharaj* 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

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
1	Working satisfactory 2	Nonworking satisfactory 3
02	02	N/A
		N/A

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


Signature

Doctor of primary Health Centre/Block/Tehsil or Tehsildar of (Tehsil/Block)

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