



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 & Photo	Address	M/F	Age	Income	Type of Aid (given)	Date on which given	Cost of Aid	Fabrication/ Fitting Charges	Total Cost of aid	Subsidy Provided	Travel Cost Paid to Out Station Beneficiary	Board and Lodging Expenses Paid	Whether any surgical / Correction Undertaken	Total of 12+13+14+15	No of Days for which stayed	Signature of Beneficiary/ Thumb Impression	Whether accompanied by Escort	Casto	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.	ASIF HUSAIN	LANGHAN PURA, MAHOBA U.P.-210427	M	11Y	4588.33/PM	TLM KIT-4	25.03.2023	9497/-	-	9497/-	9497/-	-	-	-					GEN.	1
2.	SHYAM SUNDER	KACHHINPURWA, MAHOBA, U.P.-210421	M	18Y	3853.53/PM	TLM KIT-4	25.03.2023	9497/-	-	9497/-	9497/-	-	-	-					GEN	1
3.	GIRIJACHARAN	NANAUDA, MAHOBA, U.P.-210433.	M	11Y	5000/PM	TLM KIT-4	25.03.23	9497/-	-	9497/-	9497/-	-	-	-					GEN	1

(Signature) (PRO)
ALIMCO
Kampan

(Signature)
Dm (ALIMCO)

जिल्हा दिव्यांगजन सशक्तीकरण अधिकारी
फरोखा



FORMAT OF TEST - CHECKREPORT Under ADIP Scheme
Test Check (Minimum of 10/15 percent%) of beneficiaries assisted during the year 2020-21
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. distribute and working well/distribution confirmed)
1	2.	SHYAM SUNDER	M	18y.	LAXMAN	KACHHINPURWA MAHOBA U.P. 210421	789765 1968	MAHOBA U.P.	TLM KIT-4	25-05-23	-	25-05-23	
2	3.	GITJA CHARAN KUSHWAHA	M	11y	BOLECHA NDKA KUSHWAHA	NANAURA MAHOBA U.P. 210433	76075 94625	MAHOBA U.P.	TLM KIT-4	25-05-23	-	25-05-23	
3	1.	ASIF HUSAIN	M	11y	MUBAREK HUSAIN	LANGHANPORA MAHOBA. U.P. 210427	708186 1661.	MAHOBA U.P.	TLM KIT-4	25-05-23	-	25-05-23	
4													

मिलम दिव्यांगजन सशक्तीकरण अधिकारी
 महोबा

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 P80 (ALIMOS)

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
03	(03) ✓	✓	✓

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 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