

2.2.3. Percentage of differently abled students (Divyangjan) on rolls (current year data)

2.2.3.1

Year	Enrolled Students	Divyangjan
2017-18	2302	04
2018-19	2882	05
2019-20	2711	05

Response: 0.1841

2.2.3 List of differently abled students (Divyangjan) on rolls (current year data)

Year	Total number of students on roll	No. of differently abled students on rolls in the institution
2017-18	2861	4
2018-19	2882	5
2019-20	2715	5

$\frac{\text{Number of differently abled students on rolls}}{\text{Total number of students on rolls}} \times 100$
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Year	Percentage
2017-18	$4/2861 * 100 = 0.14$
2018-19	$2882/5 * 100 = 0.17$
2019-20	$5/2715 * 100 = 0.1841$

Response :- 0.1814

Percentage of differently abled students (Divyangjan) on rolls

Sr.No.	Name of the students enrolled under differently abled category	Gender	UDID card number	Type of disability	Program enrolled	Year of enrolment
1	KU.Geeta Ravindra Shinde	Female	219467	physical Impairment	B.A-I	2018-19
2	Mr. Nikhil Vishnu Wankhade	Male	89834	physical Impairment	B.A-I	2018-19
3	Mr. Nikhil Sudhakar Rao Bodkhe	Male	633479	Both retinal degeneration optic entropy	B.A-I	2018-19
4	Ku. Megha Narayan Shindkade	Male	438411	Visual Impairment	B.Com.III	2016-17
5	Mr. Vaibhao Tukaram Fokmare	Male	180268	physical Impairment	M.Com. -I	2018-19


Principal
Shri Shivaji Arts, Commerce & Science College, Akot
Dist. Akola (Maharashtra)

Government of Maharashtra
Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)



NAME OF THE HOSPITAL: **Govt. Medical College Hospital, Akola**
(Maharashtra, India)

Certificate Number: 219467

Date: 15/10/2015

This is to certify that I have carefully examined.

Person Identification Number: **PI50100309242**

Aadhar Number: **N/A**

Shri/Smt./Kum: **SHINDE GITA RAVINDRA PRAMILABAI**

Father Name: Shri/Smt./Kum. **RAVINDRA MAROTI SHINDE**

Date of Birth (dd/mm/yyyy): **08/10/2000**

Age: **15 years**

Gender: **Female**

Permanent Address:

House Address: **kamiti fail, akot**

Village: **Akot**

District: **Akola**

Taluka: **Akot**

Pincode: **444101**

whose photograph is affixed above, and am satisfied that he / she is a case of **Physical Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Physical Impairment	Bil. L/L	Spastic paraparesis.	66

1. The Above condition is **Permanent, non-progressive, not likely to improve**
2. Reassessment of disability
3. The applicant has submitted following documents as proof of residence: **Aadhar Card**
4. The applicant has submitted following documents as proof of Identity: **Aadhar Card**

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Dr. A. B. Jadhao

Dr. Dinesh N. Naitam

Dr. Arvind K. Ade

Assistant Professor of Orthopedics

Dy. Medical Superintendent

Medical Superintendent / President

अधिष्ठापक (ऑर्थोपेडिक्स)

Member Secretary

President

Regn. No. : 2003/02/622

Regn. No. PA 10201

Regn. No. 02462

Signature/Thumb impression of the person whose favour disability certificate is issued

Note: This is not valid for Medico Legal cases.

Associate / Assistant Professor
Shri Shivaji Arts, Commerce and
Science College, Akot

2. 2. 3

Government of Maharashtra

Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)



NAME OF THE HOSPITAL:

Govt. Medical College Hospital, Akola
(Maharashtra, India)

Certificate Number: **89834**

Date: **12/06/14**

This is to certify that I have carefully examined.

Person Identification Number: **PI50100119782**

Aadhar Number: **N/A**

Shri/Smt./Kum: **Wankhade Nikhil Vishnu**

Father Name: Shri/Smt./Kum. **Vishnu B. Wankhade**

Date of Birth (dd/mm/yyyy): **22/05/1997**

Age: **17 years**

Gender: **Male**

Permanent Address:

House Address: **Farkande Nagar Akot**

Village: **Akot**

Taluka: **Akot**

District: **Akola**

Pincode: **N/A**

whose photograph is affixed above, and am satisfied that he / she is a case of **Physical Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Physical Impairment	All 4 Limbs	? Quadriparesis	71

1. The Above condition is **Permanent, progressive, not likely to improve**
2. Reassessment of disability not necessary
3. The applicant has submitted following documents as proof of residence:

Ration card

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Dr.G.R.Raghuvanshi

Dr. Arvind K. Ade

Dr. G. C. Rathod

Orthopedic Surgeon Class-I/Class-II

Additional Civil Surgeon

Civil Surgeon

Member

Member Secretary

President

Regn. No. : 81669

Regn. No. : 72462

Regn. No. : 61687

Signature/Thumb impression of the person whose favour disability certificate is issued

Note: This is not valid for Medico Legal cases.

Associate/Assistant Professor
Shri Shivaji Arts, Commerce and
Science College, Akot

Health Services

NO. 41
Office of the Civil Surgeon
General Hospital, Akola

5/1/06



Bhandari
Orthopaedic Surgeon
Distt. General Hospital, Akola

HANDICAP CERTIFICATE

Certified that Shri/Smt./Ku. Nikhil Surlakkar Bodecha
Age 15 yrs. was examined by me on 5/1/06 and found that he/she
does falls under the category of physically handicap persons in forms of the defination
laid down by Maharashtra State Govt. Resolution No. 1077/3576/1433/SVI-A,
dated 23rd May, 1978.

This certificate is issued to enable him / her to register him / her name as a
physically handicap person.

The nature of his / her disability is Bilateral Retinal degeneration
& optic atrophy. His / her permanent
disability of the above deformity is 100% Hundred percent.

Regd. No :	41
Date :	05/01/2006
Identify Card No (Ration Card)	SSNG/0633479
Impression of Left Thumb	



Bhandari
Orthopaedic Surgeon
District Hospital, Akola
Distt. General

[Signature]
R.M.O. (Clinical)
District Hospital Akola
Resident Medical Officer (C.L.)
General Hospital, Akola.

[Signature]
Civil Surgeon
District Hospital Akola

Associate /Assistant Professor
Shri Shivaji Arts, Commerce and
Science College, Akot

Note : This Certificate is Valid for only 10 years.

To be renewed after 5 Years.
Not Valid for Medico-Legal Purposes

Government of Maharashtra
Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)



NAME OF THE HOSPITAL: **Govt. Medical College Hospital, Akola**
(Maharashtra, India)

Certificate Number: **438411**

Date: **15/06/2017**

This is to certify that I have carefully examined.

Person Identification Number: **V150100569270**

Aadhar Number: **N/A**

Shri/Smt./Kum: **SHINDKADE MEGHA NARAYAN NIRMALA**

Father Name: **Shri/Smt./Kum. NARAYAN S SHINDKADE**

Date of Birth (dd/mm/yyyy): **10/03/1997**

Age: **20 years**

Gender: **Female**

Permanent Address:

House Address: **ward no 5 akot**

Village: **Akot**

District: **Akola**

Taluka: **Akot**

Pincode: **444101**

whose photograph is affixed above, and am satisfied that he / she is a case of **Visual Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Visual Impairment	Both Eyes	BE DISCANOMOLY WITH LE ESOTROPIA WITH AMBLYOPIA	40

1. The Above condition is **Permanent, progressive, not likely to improve**

2. Reassessment of disability

3. The applicant has submitted following documents as proof of residence: **Aadhar Card**

4. The applicant has submitted following documents as proof of Identity: **Aadhar Card**

(Signature and Seal of Authorised Signatory of notified Medical Authority)

डॉ. बी. टी. गुरुदासनी
Dr. B. T. Gurudasani
Ophthalmic Surgeon Class-I/Class-II
अधिष्ठाता
Regn. No. : 979443

Dr. Dinesh N. Naitam
Dy. Medical Superintendent
Member Secretary
Handicap Medical Board
Regn. No. : 61646
Sarpopchar Rughalaya Akola

Dr. N. R. Raut
Medical Superintendent / President
CHAIRMAN
President
Handicap Medical Board
Regn. No. : 61646
Sarpopchar Rughalaya Akola

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Signature/Thumb impression of the person whose favour disability certificate is issued
नमि. This is not valid for Medico Legal cases.

Associate/Assistant Professor
Shri Shivaji Arts, Commerce and
Science College, Akot

Government of Maharashtra

Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)



NAME OF THE HOSPITAL: Govt. Medical College Hospital, Akola (Maharashtra, India)

Certificate Number: 180268

Date: 11/06/15

This is to certify that I have carefully examined.

Person Identification Number: PI50100256583

Aadhar Number: N/A

Shri/Smt./Kum: Fokamare Vaibhav Tukaram

Father Name: Shri/Smt./Kum. Tukaram R. Fokamare

Date of Birth (dd/mm/yyyy): 4/4/1997

Age: 18 years

Gender: Male

Permanent Address:

House Address: Devori

Village: Deori

District: Akola

Taluka: Akot

Pincode: 444101

whose photograph is affixed above, and am satisfied that he / she is a case of Physical Impairment disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Physical Impairment	Bil. L/L	B/L LL Muscular dystrophy.	63

1. The Above condition is Permanent, non-progressive, not likely to improve
2. Reassessment of disability not necessary
3. The applicant has submitted following documents as proof of residence:

Ration card

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Dr. A. B. Jadhao

Dr. Dinesh N. Naitam

Dr. Arvind K. Ade

Assistant Professor Orthopedics

Dy. Medical Superintendent

Medical Superintendent / President

Member

Member Secretary

CHAIRMAN

Regn. No. : 2003/02/622

Regn. No. : A-10201

Handicap Medical Board

Signature of the person whose favour disability certificate is issued

Note: This is not valid for Medico Legal cases.

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Associate / Assistant Professor Shri Shivaji Arts, Commerce and Science College, Akot

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