

Q_nM 4 marks

7.1.7. The Institution has disabled-friendly, barrier free environment

- 1. Built environment with ramps/lifts for easy access to classrooms.**
- 2. Disabled-friendly washrooms**
- 3. Signage including tactile path, lights, display boards and signposts**
- 4. Assistive technology and facilities for persons with disabilities (Divyangjan) accessible website, screen-reading software, mechanized equipment**
- 5. Provision for enquiry and information: Human assistance, reader, scribe, soft copies of reading material, screen reading**

S. No.	Document list
1	Scribe's letter
2	Disability certificates
3	Concession certificate for disabled person
4	Aadhar card of disabled student
5	Rest room for physically handicap and receipt of expenses on rest room


11/11/2020
Off. Principal,
S.S. Maniar College, Nagpur

1. Scribe for examination

A BCCA 2nd year 3rd semester student who is physically disabled was provided with a scribe to write in university examination. He appeared for the aforementioned examination on 3rd March 2018. His disability certificate is attached.

To

Date: 31-3-2018

RTMNU
College Section

Subject: Request for writter

This is with reference to the BCCA 1st yr.
2 sem RTMNU examination. I, Rohit
Grenddas Pachdhare student of BCCA 1st yr.
2 sem is handicape. I request you
to permit a writter for my BCCA
examination which is starting from
3rd March 2018. Followig are the details
of my writter.

Name of writter : Divya Paidakar
Qualification : 12th pass

Yours Faithfully

~~Rohit~~

Rohit Grenddas Pachdhare

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JA Jankar
11/11/2020
Off. Principal,
S.S. Maniar College, Nagpur

2. Disability Certificate

**Form II
DISABILITY CERTIFICATE**

(In case of amputation or complete permanent paralysis of limbs and case of blindness) (See rule 4)

GOVERNMENT MEDICAL COLLEGE & HOSPITAL, NAGPUR

(Hanuman Nagar, Nagpur - 440 003)

Certificate No. - GMCH-Handicapped - 3579-2013.

Date: 17/9/20



[Signature]
Asst. Medical Officer
Govt. Medical College & Hospital, Nagpur
(R)

This is to certify that, I have carefully examined Shri/Smt./Kum. Rohit Genddadas Pachdhare son/wife/daughter of Shri Genddadas Pachdhare
Date of Birth 21/5/96 (DD/MM/YY) Age 17 yrs. Years, male/female, Registration No. 909561, Permanent resident of House No. _____ Ward/Village Nag
Street Medical College Rd. Post office Hanuman Nagar District Nag
State Maharashtra whose photograph is affixed above and am satisfied that :

(A) He/she is a case of Locomotor disability
Blindness

(Please tick as applicable)

(B) The diagnosis in his/her case is Cerebral palsy - spastic quadriplegia

(C) He/she has 66 % (in figure) Sixty six (in words) permanent physical impairment/blindness in relation to his/her Disability (part of body) as per guidelines (to be specified).

The applicant has submitted the following documents as proof of residence :

Sr. No. (1)	Name of Document (2)	Date of Issue (3)	Details of authority issuing certificate (4)

[Signature]
Dr. Vinay Patil
Specialist
Member of Handicapped Board
Assistant Professor, Dept. of Medicine
Govt. Medical College & Hospital, Nagpur
(Reg. No. 87063)

[Signature]
Dy. Medical Superintendent
Dr. Wasudev Patil
Dy. Medical Superintendent
Govt. Medical College & Hospital, Nagpur
(Reg. No. 87079)

[Signature]
Dr. Anurag Pawade
Chairman, Handicapped Board
Govt. Medical College & Hospital, Nagpur
(Reg. No. 87503)

Signature or Left Hand Thumb Impression of the person in whose favour disability certificate is issued.

GPN-O-118-MSGMC&HN-05-2013-2,000 (loose)PA4.

[Signature]
11/11/2020
Off. Principal,
S.S. Maniar College, Nagpur

3. Concession certificate for disabilities

Concession Certificate for Persons with Disabilities (Divyangjan)

Concession certificate form for orthopaedically handicapped/paraplegic person/patients/mentally retarded person/person with visual impairment with total absence of sight/person with hearing and speech impairment totally (both afflictions together in the same person)



श्री. अमीर
श्री. इमरान
शासकीय वैद्यकीय
नागपुर.



This is to certify that Ku./Shri/Smt. MOHAMMAD AMIR IMTEYAZ SHI IMTEYAZ AHMAD whose particulars are furnished below is a bonafide ORTHOPAEDICALLY HANDICAPPED/PARAPLEGIC PERSON / PATIENTS WHO CANNOT TRAVEL WITHOUT THE ASSISTANCE OF AN ESCORT / MENTALLY RETARDED PERSON WHO CANNOT TRAVEL WITHOUT AN ESCORT / PERSON WITH VISUAL IMPAIRMENT WITH TOTAL ABSENCE OF SIGHT / PERSON WITH HEARING AND SPEECH IMPAIRMENT TOTALLY (BOTH AFFLICTIONS TOGETHER IN THE SAME PERSON)*

Particulars :

- (a) Address: HOUSE No-1068 SAYEED NAGAR RANALA TAL. KAMPTEE DIST. NAGPUR
- (b) Father's/Husband's Name: IMTEYAZ AHMAD
- (c) Age: 06-11-2001 (17 yrs)
- (d) Sex: MALE
- (e) Nature of Handicap: (To be written by doctor whether the disability is temporary or permanent): permanent
- (f) Signature or thumb impression of the person seeking concession (not necessary for those with both hands missing or non-functional): _____

Amir

Imran

Place: NAGPUR.

(Signature of Government Doctor#)

Date: 30/08/2019

सहायक-प्रमुख
जीववैद्यकशास्त्र विभाग
श्री. अमीर शासकीय वैद्यकीय
नागपुर.

Clear seal of Government Hospital#

Seal containing full name and Registration Number of the Doctor#

*Strike out where not applicable.

#For PERSON WITH VISUAL IMPAIRMENT WITH TOTAL ABSENCE OF SIGHT, RMP/Head of institution for the blind recognized can also issue certificate for visual impairment (with total absence of sight).

(1) The certificate should be issued only to those ORTHOPAEDICALLY HANDICAPPED/PARAPLEGIC PERSON/PATIENTS WHO CANNOT TRAVEL WITHOUT THE ASSISTANCE OF AN ESCORT/MENTALLY RETARDED PERSON WHO CANNOT TRAVEL WITHOUT AN ESCORT/PERSON WITH VISUAL IMPAIRMENT WITH TOTAL ABSENCE OF SIGHT/PERSON WITH HEARING AND SPEECH IMPAIRMENT TOTALLY (BOTH AFFLICTIONS TOGETHER). The photo must be signed and stamped in such a way that doctor's signature and stamp appears partly on the photo and partly on the certificate.

(2) For mentally retarded person / PERSON WITH VISUAL IMPAIRMENT WITH TOTAL ABSENCE OF SIGHT / PERSON WITH HEARING AND SPEECH IMPAIRMENT TOTALLY (BOTH AFFLICTIONS TOGETHER), the certificate will be valid for five years from the date of issue. For temporary disability in the case of orthopaedically/paraplegic persons, the certificate will be valid for 5 years and in case of permanent disability, the certificate will remain valid for (1) five years, in case of persons upto the age of 25 years, (2) ten years, in case of persons in the age group of 26 to 35 years and (3) in case of persons above the age of 35 years, the certificate will remain valid for whole life of the concerned persons. After expiry of the period of validity of the certificate, the person is required to obtain a fresh certificate.

(3) Photocopy of this certificate is accepted for the purpose of grant of concession. The original certificate will have to be produced for inspection at the time of purchase of concessional ticket and during the journey, if demanded.









(4) No alternation in the form is permitted.

FORM-0 686-MSIG/MC&H-10-2018-5,900-(Loose)PA4

CS Scanned with CamScanner

Imran
12/12/2020
Off. Principal,
S.S. Maniar College, Nagpur

4. Aadhar card

	भारत सरकार GOVERNMENT OF INDIA		
	रहित गेंडस पचडारे Rohit Genddes Pachadhare जन्म वर्ष / Year of Birth : 1995 पुरुष / Male		
			
4704 4117 3736			
आधार — सामान्य माणसाचा अधिकार			
			
भारतीय विशिष्ट ओळख प्राधिकरण UNIQUE IDENTIFICATION AUTHORITY OF INDIA			
पत्ता C/O कमलाबाई शीतळे, मोटघरे हनुमन्त नगर भांडेवाडी पारस, भांडेवाडी, बेगाडगाव, नागपूर, महाराष्ट्र, 440008	Address: C/O Kamalabai Bopache, near motghare dekoreshan, hanuman nagar bhandedewadi parasol, Bhandedewadi, Bagadgar, Nagpur, Maharashtra. 440008		
 1947 1800 183 1947	 help@uidai.gov.in	 www.aidai.gov.in	 P.O. Box No. 1947, Bengaluru-560 001

J.A. Jawankar
11/11/2020
Off. Principal,
S.S. Maniar College, Nagpur

5. Receipt of expenses on rest room

TAX INVOICE		Original Copy			
JD & SONS		Phone No. 0712-2762763			
GANDHI BAGH, NAGPUR 440032 MAHARASHTRA		GST No. 27AACFJ2267L1Z5			
Invoice No. : 4268		Transporter			
Invoice Date: 14/03/2019		L.R. No DC			
Payment Mode: <i>cheque</i>		Date 14/03/2019			
DM No.		Vehicle#			
Cases					
Consignee: CASH MEMO - S. S. MANIAR COLLEGE OF COMPUTERS & M Party GST No. : NAGPUR Tel: 9890412247 Destination: NAGPUR Nagpur, Maharashtra					
SUBJECT TO NAGPUR JURISDICTION					
Sr. Item Code	Description	HSN	Qty.	Rate	Amount
1	CNS-WHT-959NS	69109000	1.00	6110.00	6110.00
	W. C. BOLLTS				
	ALD-CHR-573	69109000	1.00	500.00	500.00
4	FLR-CHR-5041N	84818020	1.00	1240.00	1240.00
5	FLV-CHR-1093	84818020	1.00	1475.00	1475.00
		84818020	1.00	2900.00	2900.00
HSN Code Taxable Central %		Central Amt State % State Amt			
69109000 5601.71 9.00		504.15 9.00		504.15	
84818020 4758.49 9.00		428.26 9.00		428.26	
Total :		10360.20		932.42	
		932.42		932.42	
Certified that the particulars given above are true & correct Terms & conditions of Sale: 1. Goods once sold will not be accepted back. 2. Interest @ 24 % p. a. will be charged if payment not made in ...15... days.				Total Qty. 5	
Discount % : 15.254 Sanitaryware : NRP Bath Fittings : NRP				Total : 12225.00	
RS. : Twelve Thousand Two Hundred Twenty Five rupees only.				Discount Amt : (-) 1864.80	
JAQUAR SERVICE TOLL FREE NO. 18001216808				Freight : 0.00	
10.00 AM TO 6.00 PM SUNDAY CLOSED				Taxable Value : 10360.20	
E. & O.E.				CGST @ 9% : 932.42	
Pre Authenticated By For JD & SONS				SGST @ 9% : 932.42	
<i>(Signature)</i>				IGST @ 0% : 0.00	
Officiating Principal				Tax Amt. GST @ 18% : 1864.84	
Sudha Sureshbhai Maniar College of				Round Off : -0.04	
Computer and Management, Nagpur				Net Amount : 12225.00	