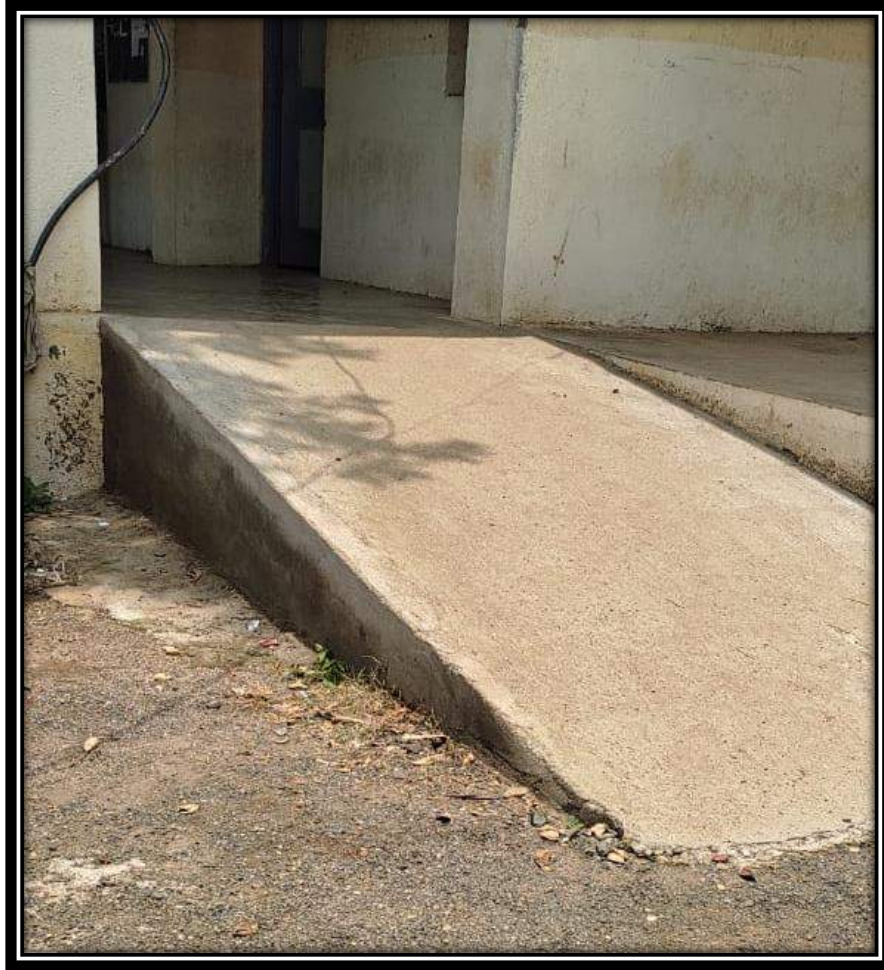


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Access To Classrooms With Ramps



Ramps to Classrooms



Friendly Washroom



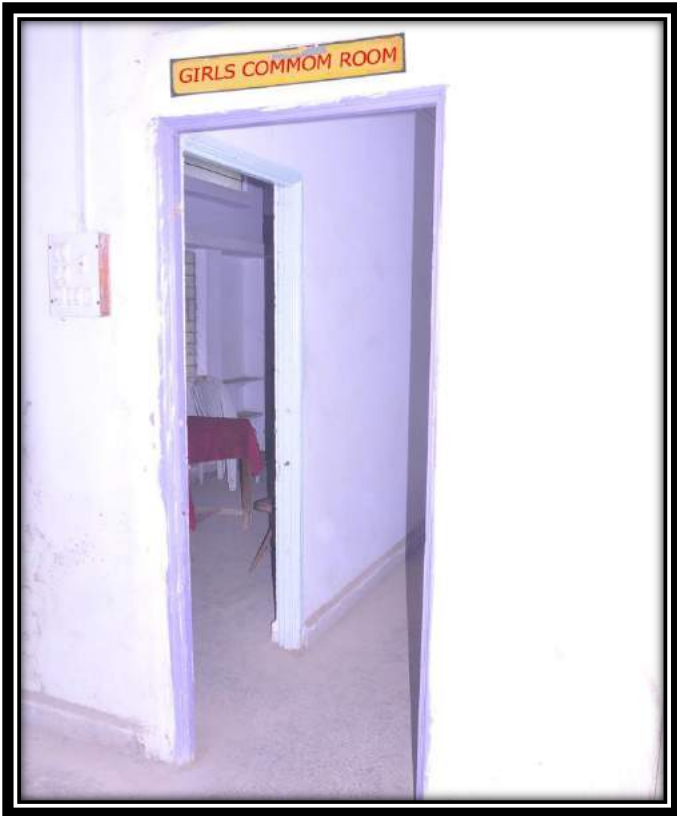
Ramps to Classrooms





Ramp in front of Home Economics Department

**Shri Shivaji Education Society, Amravati's
Y.D.V.D. Arts, Commerce and Science College, Teosa. Dist-Amravati**



Girls Common Room

Rest Room



**Shri Shivaji Education Society, Amravati's
Y.D.V.D. Arts, Commerce and Science College, Teosa. Dist-Amravati**



Vending Machines



Shri Shivaji Education Society, Amravati's
Y.D.V.D. Arts, Commerce College, Teosa. Dist-Amravati

2.2.3. Percentage of differently able 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 | Lakhe Mayuri Vilas | Female | 84921 | Hearing Impairment | B.A. II | 2018-19 |
| 2 | Mundre Shrutika Devendra | Female | 63647 | Visual Impairment | B.A-I | 2018-19 |




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Disability Certificate (Divyangjan)

Form-IV
2307
25-6-14

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



OF THE HOSPITAL
District Hospital, Amravati
(Maharashtra, India)



Number: 84921
Date: 18/06/14

I certify that I have carefully examined
Identification Number: H150300118572
Number: N/A
Patient/Kum: Lakhe Mayuri Vilas
Name: Shri/Smt./Kum. Vilas
Birth (dd/mm/yyyy):
Female
Age: 14 years
Present Address:
Address: Amravati
Amravati
Amravati
Taluka: Amravati
Pincode: N/A

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

| Category | Affected part of Body | Diagnosis | Disability (in %) |
|--------------------|-----------------------|--|-------------------|
| Hearing Impairment | Both Ears | ACQUIRED BILATERAL SEVERE S.N.HEARING LOSS. | 62 |

Above condition is *Permanent, progressive, not likely to improve*
Assessment of disability not necessary
Applicant has submitted following documents as proof of residence:
Certificate of residence issued by a Panchayat, municipality, cantonment board
(Signature and Seal of Authorised Signatory of notified Medical Authority)

Dr. Shrikant Mahalle
Dr. Shrikant Mahalle
Member M.S. ENT
ENT Surgeon CL-1
Reg. No. 62933

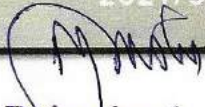
Dr. Ashok Wankar
Regional Officer
Regn. No. : 56967

Dr. R.D. Bhoose
DR. R.D. BHOOSE
PRESIDENT
BOARD
Regn. No. : 70494

Thumb impression of the person whose favour disability certificate is issued
Valid for Medical Legal cases.

**SHOT ON MI A2
MI DUAL CAMERA**


2021/5/13 00:47



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**Shri Shivaji Education Society, Amravati's
Y.D.V.D. Arts, Commerce College, Teosa. Dist-Amravati**

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

20'





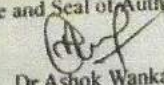
NAME OF THE HOSPITAL: *District Hospital, Amravati*
(Maharashtra, India)


Certificate Number: 63647 Date: 13/03/14


This is to certify that I have carefully examined
Person Identification Number: *VTS0300093910*
Aadhar Number: *N/A*
Shri Smt. Kum: *MUNDRE SHUTRIKA DEVANDRA*
Father Name: Shri Smt. Kum: *DEVANDRA*
Date of Birth (dd mm/yyyy): *03/07/2001* Age: *12 years*
Gender: *Female*
Permanent Address:
House Address: *UMARKHED* Taluka: *Teosa*
Village: *Umarkhed* Pincode: *444602*
District: *Amravati*

I am satisfied that
a) He/She is a case of *Visual Impairment*
b) The diagnosis in his/her case is *BOTH EYE NYSTAGMUS WITH COLOBOMA OF IRIS -CHOROID -RETINA*
c) She has *100%* (in figure) *One Hundred* percentage (in words) Permanent in relation *Visual Impairment* in his/her *Both Eyes* (part of body) as per guidelines (to be specified)
Reassessment of disability not necessary
The applicant has submitted following documents as proof of residence:
Certificate of residence issued by a Panchayat, municipality, cantonment board

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



Dr. Ashok Wankar
Resident Medical Officer
Member Secretary
Regn. No. : 56967


Dr. R. D. Bhoje
Civil Surgeon
President
Regn. No. : 70494


Dr. Namrata Sonawane
Ophthalmic Surgeon
Member
Regn. No. : 2381

SHOT ON MI A2 person whose favour disability certificate is issued
MI DUAL CAMERA Regn. No. : 2381

2021/5/13 00:47


Principal
Y.D.V.D. Arts, Commerce
College, Teosa, Dist. Amravati