

Rayat Shikshan Sanstha's
Arts Science & Commerce College, Mokhada Dist. Palghar

**7.1.2 The Institution has facilities and initiatives for
Disabled-friendly, barrier free environment**

Index

| Sr. No. | Name of the Particular activity | PageNo. |
|--------------------|--|----------------|
| 1. | Policy Document | 2-3 |
| 2. | University Circular for Divyang students | 4-9 |
| 3. | UGC Circular for Divyang students | 10-16 |
| 4. | Some College students with several disabilities/Scribe Facility provided | 17-21 |
| 5. | Geotagged Photos | 22-35 |



"Education through self help is our motto"- Karmveer Bhaurao

Rayat Shikshan Sanstha's

Arts, Science & Commerce College, Mokhada Dist Palghar 401604

Accredited by NAAC-'B' Grade (CGPA : 2.21)

(Affiliated to University of Mumbai)



POLICY DOCUMENT FOR PERSONS WITH DISABILITIES

Right of Persons with Disabilities Act, 2016 prohibits discrimination against individuals with physical and mental disabilities. Arts Science and Commerce College, Mokhada is against all kinds of discrimination on any grounds including disability. Our College aims for all-inclusive teaching and learning environment in which incapacitated students and employees are not distraught or treated unfavourably. The College aims to design its programs, administrations, and activities accessible to the students. All the authorities of the College are determined to extend a helping hand towards the differently abled to make sure benefits in administrations and activities. These guidelines apply to all the College students, faculty, and staff.

OBJECTIVES OF THE POLICY:

- To create a suitable regulatory mechanism for effective delivery of services to Disable Students and Staff of the College
- To provide accessible and inclusive education on the College campus.
- To ensure full participation of persons with disabilities and to provide them the equal development opportunities.

DISABILITY:

Disability is a term that includes motor and sensory limitations (e.g, mobility, vision, or hearing impairments). It also includes disabilities resulting from chronic illnesses and syndrome, invisible disabilities, such as psychological and emotional disorders, learning disabilities, heart disease, diabetes, asthma, arthritis, epilepsy, Acquired Brain Injuries (AB), and Acquired Immune Deficiency Syndrome (AIDS) are also included in the term disability. Many disabilities vary in degree and type of

limitation; therefore, accommodations must also vary and should be tailored to the needs of the individual.

QUALIFIED PERSON WITH DISABILITY:

It includes a person with limitations in mobility, vision, and hearing impairments and he/she can perform the essential functions of the job. However, relaxations shall be allowed as per the government rules.

SUPPORTS FOR PERSONS WITH DISABILITIES:

The college is committed to cater to the diverse needs of physically disabled students. It ensures that the infrastructure facilities meet the requirements of such students in the following ways:

- The ramps are provided to the entry point of the administrative office and library.
- Physically challenged students are provided with a separate seating arrangement in their classrooms and the reference room of the library on its ground floor.
- A hostel facility is also provided to them if opted.
- They are provided with a separate seating arrangement, Scribe; a 'writer', and extra time of 30 minutes during the examination as per the directive of affiliating University and the percentage of disabilities certificate provided by the health officer.
- The faculty and non-teaching staff fully co-operate with such students.
- The admission policy of the College offers reservations as per the guidelines given by the government of Maharashtra State for persons with disabilities in all the courses offered by the College.

For 
IQAC Co-ordinator




PRINCIPAL
Arts Science and Commerce College
Mokhada, Dist. Palghar

**Circular of
University of
Mumbai for
Divyang/Differ
ently abled
Students**

University of Mumbai



No. Aff./ICC/ (2018-19)/41/ of 2018

परिपत्रकः

विषयः— उच्च शिक्षण संस्थांमध्ये दिव्यांगाना सर्व प्रकारच्या सोयी व सवलती देणेबाबत

संदर्भः— शिक्षण संचालक, उच्च शिक्षण, पुणे यांचे क. युएनआय—२०१८/ दिविसो/(१९५/१८)/विशि/१७००५ दिनांक ०१ऑक्टोबर, २०१८ रोजीचे पत्र.

उपरोक्त संदर्भिय विषयान्वये मुंबई विद्यापीठाशी संलग्नीत सर्व शासकिय, अशासकिय, अनुदानित, विनाअनुदानित महाविद्यालयांचे प्राचार्य, संस्थाचे संचालक तसेच मुंबई विद्यापीठाच्या विविध विभागांचे विभागप्रमुख आणि संचालक यांना या परिपत्रकाद्वारे कळविण्यात येते की, शिक्षण संचालनालय, उच्च शिक्षण, पुणे येथे दिनांक १५ सप्टेबर, २०१८ रोजी राज्यातील सर्व अकृषी विद्यापीठांचे कुलसचिव आणि व्यवस्थापक, मालमत्ता विभाग यांची बैठक आयोजित करण्यात आली होती.

सदर बैठकीच्या अनुषंगाने आपल्या महाविद्यालयात दिव्यांग विद्यार्थ्यांना दिल्या जाणा—या सोयी सुविधांबाबत सोबत प्रश्नावली जोडलेली आहे. तरी सदरची प्रश्नावली अचूक भरून, प्रमाणित करून श्रीमती वैशाली कोल्हे, यांना या tissdiability@gmail.com/vaishali@tiss.edu ई—मेल वा पाठवून त्याची एक प्रत संचालनालयास vishi.dhepune@nic.in या ई—मेल वर सादर करावी.

मुंबई—४०० ०३२
०६ ऑक्टोबर, २०१८

(Handwritten signature)
१.१०.१८

(प्रो. सुनिल भिरूड)
प्र—कुलसचिव

मुंबई विद्यापीठाशी संलग्नीत सर्व शासकिय, अशासकिय, अनुदानित, विनाअनुदानित महाविद्यालयांचे प्राचार्य, संस्थाचे संचालक तसेच मुंबई विद्यापीठाच्या विविध विभागांचे विभागप्रमुख आणि संचालक

महाराष्ट्र शासन
शिक्षण संचालनालय, (उच्च शिक्षण)
महाराष्ट्र राज्य, मध्यवर्ती इमारत, पुणे ४११ ००१

web-www.dhepune.gov.in

E-Mail : vishi.dhepune@nic.in

फोन नं. ०२०/२६१२२११९, २६०५१५१२, २६१३०६२७, २६१२४६३९

फॅक्स नं. ०२०/२६११११५३

क्रमांक. युएनआय. २०१८/दिवािसो/(१९५/१८)/विशि / 17005

दिनांक. ०१.१०.२०१८

- 1 OCT 2018

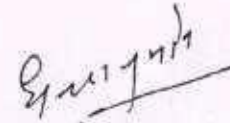
प्रति,

कुलसचिव,

सर्व अकृपी विद्यापीठे

विषय : उच्च शिक्षण संस्थांमध्ये दिव्यांगाना सर्व प्रकारच्या सोयी व सवलती देणेबाबत...

विषयांकित प्रकरणी शिक्षण संचालनालय, उच्च शिक्षण, पुणे येथे दिनांक. १५.०९.२०१८ रोजी राज्यातील सर्व अकृपी विद्यापीठांचे कुलसचिव आणि व्यवस्थापक, मालमत्ता विभाग यांची बैठक आयोजित करण्यात आलेली होती. सदर बैठकीचे अनुषंगाने आपले विद्यापीठ व संलग्नीत महाविद्यालयांमधील दिव्यांग विद्यार्थ्यांना दिल्या जाणाऱ्या सोयी-सुविधांबाबत सोबत प्रश्नावली जोडलेली आहे. तरी सदरची प्रश्नावली अचूक भरून, प्रमाणित करून श्रीम. वेंशाली कोल्हे यांना tissdiability@gmail.com/vaishali@tiss.edu या ई-मेल वर पाठवून त्याची एक प्रत संचालनालयास vishi.dhepune@nic.in या ई-मेल वर सादर करावी.



(डॉ. धनराज माने)

शिक्षण संचालक, उच्च शिक्षण,

महाराष्ट्र राज्य, पुणे-१

प्रत,

श्रीमती वेंशाली कोल्हे, सहयोगी प्राध्यापक, सेंटर फॉर डिसेबिलिटी स्टडीज अॅण्ड अॅक्शन, टाटा इन्स्टिट्यूट ऑफ सोशल सायन्सेस, मुंबई यांना माहिती व उचित कार्यवाहीस्तव.

Most URGENT

SP cell

DR

SP cell / Enrollment / Athletics / Statistics / UG-PA / Finance.

For necessary compliance.

0/4

Government of Maharashtra
Directorate of Higher Education
and
'I-Access Rights Mission: TISS Initiative
for Students with Disability in Higher Education
 Field Action Project, The Centre for Disability Studies and Action
 Faculty Room-02, Ground Floor, Academic block, Old TISS Campus, V.N Puran Marg,
 Tata Institute of Social Sciences, Mumbai -400088

Telephone - 022-25525401 , 8850038149, 9969978058
 email tissdisability@gmail.com vaishali@tiss.edu

Questionnaire for University/Colleges

A survey conducted by Government of Maharashtra, Directorate of Higher Education in collaboration with The "I-Access" Rights Mission: TISS Initiative on enabling Inclusion and Accessibility for Students with Disability in Higher Education, Field Action Project, Centre for Disability Studies and Action. Tata Institute of Social Sciences.

This survey aims towards creating data of students with disability and their needs assessment in higher education and develop Call for Action/ Guidelines for Students with Disability in Higher Education and further acknowledge the implementation of (R.P.W.D. Act 2016) Rights for Persons with Disability Act 2016. This initiative with 'bottom up approach' also aims to include the voices of students with disability towards developing "Disability Inclusion and Accessibility Policy in Higher Education" with UNCRPD Framework to facilitate inclusion, accessibility and disabled friendly measures at university campus of Maharashtra State.

The survey to be filled by university authorities before or by 12th October 2018.

| S.No | Title | Details | Remarks |
|------|---|-------------------|---------|
| 1.a. | University/College Website | | |
| b. | Name of the University/College | | |
| c. | Name of the Vice Chancellor/Principle | | Email : |
| 2. | Address | | |
| 3. | Telephone | | |
| 4. | Email | | |
| 5. | Number of academic programmes | | |
| 6. | List of Academic Degree Programmes- Graduation, post graduation, Mphil, PhD (Attach the List of Prog/courses) | | |
| 7. | Total Number of Teachers | | |
| a. | b. Total Number of Disabled Teachers | | |
| b. | b.(Attach their List with Mobile & Email) | | |
| 8. | Total number of Students | | |
| 9. | Total Number of Students with Disability (Attach here SWD list with mobile no. or email id) | Male: Female : | |
| 10. | Total Number of Students with Blindness and Low Vision (Attach here SWD list with mobile no. or | Male: Female : | |

| | email id) | | |
|----|---|-------------------|--|
| 11 | Total number of Students with Orthopedic or Locomotor Disability and wheel chair user (Attach here SWD list with mobile no. or email id) | Male : Female: | |
| 12 | Total number of students with Mental illness (Attach here SWD list with mobile no. or email id) | Male Female | |
| 13 | Total Number of Students with Hemophilia (Blood Disorders) (Attach here SWD list with mobile no. or email id) | Male Female | |
| 14 | Total Number of Students with Autism Spectrum Disorder (Attach here SWD list with mobile no. or email id) | Male Female | |
| 15 | Total Number of Students with Hearing Impairment(Deafness and hard of hearing) (Attach here SWD list with mobile no. or email id) | Male Female | |
| 16 | Total Number of Students with Muscular Dystrophy (Attach here SWD list with mobile no. or email id) | Male Female | |
| 17 | Total Number of students with Leprosy cured (Attach here SWD list with mobile no. or email id) | Male Female | |
| 18 | Total Number of Students with Dwarfism (Attach here SWD list with mobile no. or email id) | Male Female | |
| 19 | Total Number of Students with Specific Learning Disability (Attach here SWD list with mobile no. or email id) | Male Female | |
| 20 | Total number of students with Sickle cell Disease (Attach here SWD list with mobile no. or email id) | Male Female | |
| 21 | Total number of Students with Multiple Disability (Two or more disability)/(Deaf-Blindness) (Attach there SWD list with mobile no. or email id) | Male Female | |
| 22 | Total number of Students with Acid Attack Victims (Attach here SWD list with mobile no. or email id) | Male Female | |
| 23 | Total number of students with cerebral palsy (Attach here SWD list with mobile no. or email id) | Male Female | |
| 24 | Total Number of Students with Chronic Neurological Conditions (Attach here SWD list with mobile no. or email id) | Male Female | |
| 25 | Total Number of Students with Parkinsons Disease (Attach here SWD list with mobile no. or email id) | Male Female | |
| 26 | Total Number of Students with Parkinsons Disease (Attach here SWD list with mobile no. or email id) | Male Female | |

| | | | |
|----|--|---|--|
| 27 | Total Number of Students with Thalassemia (Attach here SWD list with mobile no. or email id) | Male Female | |
| 28 | Students with Cochlear Implants (Attach here SWD list with mobile no. or email id) | Male Female | |
| 29 | Students with Intellectual Disability (Mental Retardation) (Attach here SWD list with mobile no. or email id) | Male Female | |
| 30 | Do you think your university campus is disabled friendly | Yes /No | |
| 31 | a. Do you have Enabling Unit or Equal Opportunity Cell for PWD. b. Year of Establishment and tasks c. Name of the Enabling unit coordinator d. Contact no and Email of Enabling unit | Yes/No Year..... EU Coordinator..... Email..... Tele..... | |
| 32 | List the provisions and facility for students with disability in your campus | Key Provisions: | |
| 33 | Do you follow 4% reservation for PWD | Yes/No | |
| | Do you provide Scholarship to PWD | Yes/No | |
| 35 | Do you celebrate World Disability Day 3 rd December in your campus?How ? | Yes/No | |
| 36 | Do you conduct Disability Access Audit for your campus (Attach disability access audit report here) | Yes/No | |
| 37 | Do you have accessible facility(Ramp/lift) in the Library for students with disability | Yes/No | |
| 38 | Is Your Academic buildings are designed with Barrier free environment standards(Disabled Friendly-Ramps, Tactile Path, Lifts, Toilets, accessible hostels, Canteens, Classrooms, library) | Yes/No Give details: | |
| 39 | Curriculum Accessibility : Do you make reasonable accommodation & modification in padagogy and curriculum as per needs of SWD. | Yes/No/ Give Details: | |
| 40 | Are you implementing the GR(04/03/17) released by GOM on examination provisions for 21 categories of SWD | Yes/No/ Give Details: | |
| 41 | a. List the changes made to implement GR dated 27/8/2018 by GOM on Barrier free environment in your campus b. Do you conduct regular seminar/meeting on needs of SWD ? If yes Please submit a report. | Give Details of Seminars: | |
| 42 | Provide Stay and logistic arrangements for 2-3 | Give convenient | |

| | | | |
|----|--|----------------------------|--|
| | days for conducting Meetings with University Stakeholders, Workshop, Accessibility checks, seminar on Needs Assessment of Students with Disability in your university/campus by I Access TISS Team in Oct end/ November 2018 | Dates:..... | |
| 43 | Is your 3 % college or university grants is budgeted for PWD | Yes /No | |
| 44 | Do you have Sign Language interpretor facility in your campus | Yes/No | |
| 45 | Do you provide free assistive devices and aids appliances to SWD (Jaws, NVDA Software, DAISY Player, audio recorder, magnify screen reader, braille board, Wheel Chair, accessible transport | Yes/No | |
| 46 | Do you provide Scribe or writer facility in exams in campus for SWD | Yes/No Give Suggestions | |
| 47 | Current Funds & Budgetary allocation for SWD | | |
| 48 | Do you have a Disability Policy at your University. Give Suggestions: | Yes/No | |
| 49 | Any Innovative Programme for SWD | Give Details | |
| 50 | Your Achievements in Disability Sector | Give Details | |
| 51 | Is your website accessible to students with disability? | Yes/No | |
| 52 | Are your aware about Marrakesh Treaty to be implemented in your college to convert the education material into accessible format? | Yes/No | |

I(Name & Designation) hereby declare that the information furnished above is authentic and in compliance with the organisational records.

Date: _____

Signature: _____

We will be grateful if you could please E-mail/ Fax/ Courier this questionnaire to us at your earliest convenience, **but not later than Friday, 12th October 2018.**

**Circular of
University
Grant
Commission
for Persons
with
benchmark
Disabilities
Students**



ज्ञान-विज्ञान विमुक्तये

प्रो. रजनीश जैन
सचिव

Prof. Rajnish Jain
Secretary



सत्यमेव जयते

विश्वविद्यालय अनुदान आयोग
University Grants Commission

(मानव संसाधन विकास मंत्रालय, भारत सरकार)
(Ministry of Human Resource Development, Govt. of India)

बहादुर शाह जफर मार्ग, नई दिल्ली-110002
Bahadur Shah Zafar Marg, New Delhi-110002

Ph.: 011-23236288/23239337

Fax: 011-2323 8858

E-mail: secy.ugc@nic.in

F.No.6-2/2013(SCT)

January, 2019

The Registrar,
All Universities/Deemed to be Universities

14 JAN 2019

Sub: - Guidelines for conducting written examination for Persons with Benchmark Disabilities.

Sir/Madam,

The undersigned is directed to forward herewith a copy of the O.M. No.3402/2015-DD-III dated 29.8.2018 of Ministry of Social Justice & Empowerment, Department of Empowerment of Persons with Disabilities, New Delhi received through Ministry of HRD, New Delhi regarding "Guidelines for conducting written examination for Persons with Benchmark Disabilities". The Central Government (D/oEPwD) has laid down the Guidelines for conducting written examination for persons with Benchmark Disabilities, 2018 in supersession of the earlier Guidelines issued vide OM No.F.16-110/2003-DD.III dated 26.02.2013.

You are requested to take immediate action as per the above guidelines. These guidelines may also be circulated to the constituent and affiliated colleges for strict compliance.

Yours sincerely,

(.Rajnish Jain)

Encl: As above.

F. No. 34-02/2015-DD-III

Government of India

Ministry of Social Justice & Empowerment

Department of Empowerment of of Persons with Disabilities (Divyangjan)

Pt. Deendayal Antyodaya Bhawan,
C.G.O. Complex, New Delhi -110003

Dated: the 29th August, 2018

Handwritten notes and signatures: 1619, 2018, 29/8, 29/8/18, and other illegible scribbles.

Office Memorandum

Subject: Guidelines for conducting written examination for Persons with Benchmark Disabilities

Handwritten note: 29/8/18

The undersigned is directed to say that this Department had issued the guidelines for conducting written examination for persons with disabilities defined in terms of erstwhile Persons with Disabilities (Equal Opportunities, Protection for Rights and Full Participation) Act, 1995 vide OM No. 16-110/2003-DD.III dated 26/02/2013. The Department had constituted a Committee under the Chairmanship of Secretary, DEPwD in March, 2015 to review the said guidelines based on the issues raised by Union Public Service Commission and others. Meanwhile the Central Government enacted the Rights of Persons with Disabilities Act, 2016 (RPwD Act, 2016) which came into force from 19.04.2017. The Act provides for reservation in Government jobs for persons with benchmark disabilities as defined under section 2 (r) of the said Act.

Based on the findings of the Committee, the Central Government hereby lays down the revised guidelines for conducting written examination for persons with benchmark disabilities in supersession of the earlier guidelines issued vide OM No. 16-110/2003-DD.III dated 26/02/2013 as under:

- I. These guidelines may be called as "Guidelines for conducting written examination for persons with benchmark disabilities 2018"
- II. There should be a uniform and comprehensive policy across the country for persons with benchmark disabilities for written examination taking into account improvement in technology and new avenues opened to the persons with benchmark disabilities providing a level playing field. Policy should also have flexibility to accommodate the specific needs on case-to-case basis.
- III. There is no need for fixing separate criteria for regular and competitive examinations.

Use (Cover)

3/7

IV. The facility of Scribe/Reader/Lab Assistant should be allowed to any person with benchmark disability as defined under section 2(r) of the RPwD Act, 2016 and has limitation in writing including that of speed if so desired by him/her.

In case of persons with benchmark disabilities in the category of blindness, locomotor disability (both arm affected-BA) and cerebral palsy, the facility of scribe/reader/lab assistant shall be given, if so desired by the person.

In case of other category of persons with benchmark disabilities, the provision of scribe/reader/lab assistant can be allowed on production of a certificate to the effect that the person concerned has physical limitation to write, and scribe is essential to write examination on his behalf, from the Chief Medical Officer/Civil Surgeon/Medical Superintendent of a Government health care institution as per proforma at **APPENDIX-I**.

V. The candidate should have the discretion of opting for his own scribe/reader/lab assistant or request the Examination Body for the same. The examining body may also identify the scribe/reader/lab assistant to make panels at the District/Division/ State level as per the requirements of the examination. In such instances the candidates should be allowed to meet the scribe **two days** before the examination so that the candidates get a chance to check and verify whether the scribe is suitable or not.

VI. In case the examining body provides the scribe/reader/lab assistant, it shall be ensured that qualification of the scribe should not be more than the minimum qualification criteria of the examination. However, the qualification of the scribe/reader should always be matriculate or above.

In case the candidate is allowed to bring his own scribe, the qualification of the scribe should be one step below the qualification of the candidate taking examination. The persons with benchmark disabilities opting for own scribe/reader should submit details of the own scribe as per proforma at **APPENDIX-II**.

VII. There should also be flexibility in accommodating any change in scribe/reader/lab assistant in case of emergency. The candidates should also be allowed to take more than one scribe/reader for writing different papers especially for languages. However, there can be only one scribe per subject.

VIII. Persons with benchmark disabilities should be given, as far as possible, the option of choosing the mode for taking the examinations i.e. in Braille or in the computer or in large print or even by recording the answers as the examining bodies

4/7

can easily make use of technology to convert question paper in large prints, e-text, or Braille and can also convert Braille text in English or regional languages.

IX. In case, the persons with benchmark disabilities are allowed to take examination on computer system, they should be allowed to check the computer system one day in advance so that the problems, if any in the software/system could be rectified. Use of own computer/laptop should not be allowed for taking examination. However, enabling accessories for the computer based examinations such as keyboard, customized mouse etc should be allowed.

X. The procedure of availing the facility of scribe should be simplified and the necessary details should be recorded at the time of filling up of the forms. Thereafter, the examining body should ensure availability of question papers in the format opted by the candidate as well as suitable seating arrangement for giving examination.

XI. The disability certificate issued by the competent medical authority at any place should be accepted across the country.

XII. The word "extra time or additional time" that is being currently used should be changed to "compensatory time" and the same should not be less than 20 minutes per hour of examination for persons who are allowed use of scribe/reader/lab assistant. All the candidates with benchmark disability not availing the facility of scribe may be allowed additional time of minimum of one hour for examination of 3 hours duration. In case the duration of the examination is less than an hour, then the duration of additional time should be allowed on pro-rata basis. Additional time should not be less than 5 minutes and should be in the multiple of 5.

XIII. The candidates should be allowed to use assistive devices like talking calculator (in cases where calculators are allowed for giving exams), tailor frame, Braille slate, abacus, geometry kit, Braille measuring tape and augmentative communication devices like communication chart and electronic devices.

XIV. Proper seating arrangement (preferably on the ground floor) should be made prior to the commencement of examination to avoid confusion or distraction during the day of the exam. The time of giving the question papers should be marked accurately and timely supply of supplementary papers should be ensured.

XV. As far as possible, the examining body should also provide reading material in Braille or E-Text or on computers having suitable screen reading software for open book examination. Similarly online examination should be in accessible format i.e. websites, question papers and all other study material should be accessible as per the international standards laid down in this regard.

XVI. Alternative objective questions in lieu of descriptive questions should be provided for Hearing-Impaired persons, in addition to the existing policy of giving alternative questions in lieu of questions requiring visual inputs, for persons with Visual Impairment.

XVII. As far as possible the examination for persons with disabilities should be held at the ground floor. The examination centres should be accessible for persons with disabilities.

2. It is requested to ensure that the above guidelines are scrupulously followed while conducting examination for persons with benchmark disabilities. All the recruitment agencies, Academics/Examination Bodies etc. under the administrative control of each Ministry/Deapartment may be advised appropriately to ensure compliance of implementing these guidelines. Action taken in this regard may be intimated to this office.

3. The above guidelines are issued with the approval of Hon'ble Minister (Social Justice & Empowerment).

Yours faithfully,

(Signature)
(D.K. Panda)

Under Secretary to the Government of India
Tele. No. 24369059

To

1. Secretary of all Ministries/Department.
 2. Secretary, UPSC, Shahjahan Road, New Delhi.
 3. Chairman, SSC, Block No.12, CGO Complex, Lodhi Road, New Delhi-110003.
 4. Chairman, University Grants Commission with a request to issue necessary instructions to all universities including Deemed Universities for compliance.
 5. Chairman, Railway Board
 6. All National Institutes and RCI under administrative control of Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of SJ&E, New Delhi.
- Copy for information to: CCPD, Sarojini Bhawan, Bhagwan Dass Road, New Delhi

6/7

APPENDIX- I

Certificate regarding physical limitation in an examinee to write

This is to certify that, I have examined Mr/Ms/Mrs _____ (name of the candidate with disability), a person with _____ (nature and percentage of disability as mentioned in the certificate of disability), S/o/D/o _____, a resident of _____ (Village/District/State) and to state that he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

Signature

Chief Medical Officer/Civil Surgeon/ Medical Superintendent of a Government health care institution

Name & Designation.

Name of Government Hospital/Health Care Centre with Seal

Place:

Date:

Note:

Certificate should be given by a specialist of the relevant stream/disability (eg. Visual impairment - Ophthalmologist, Locomotor disability - Prthopaedic specialist/PMR).

Letter of Undertaking for Using Own Scribe

I _____, a candidate with _____ (name of the disability) appearing for the _____ (name of the examination) bearing Roll No. _____ at _____ (name of the centre) in the District _____ (name of the State). My qualification is _____.

I do hereby state that _____ (name of the scribe) will provide the service of scribe/reader/lab assistant for the undersigned for taking the aforesaid examination.

I do hereby undertake that his qualification is _____. In case, subsequently it is found that his qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post and claims relating thereto.

(Signature of the candidate with Disability)

Place:

Date:

**Some College
students with
Several
Disabilities**

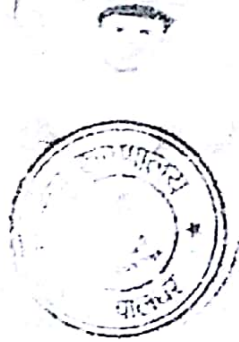
Government of Maharashtra

Form-IV

Disability Certificate

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

2151 of 1556



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

Certificate Number: 574588

Date: 10/10/2018

This is to certify that I have carefully examined.

Person Identification Number: *PI53200786695*

Aadhar Number: *N/A*

Shri/Smt./Kum: *BARAT DEVRAJ SURESH SANGITA*

Father Name: Shri/Smt./Kum. *SURESH*

Date of Birth (dd/mm/yyyy): *20/11/2001*

Age: *16 years*

Gender: *Male*

Permanent Address:

House Address: *ranjanpada morhanda*

Village: *Morhande*

Taluka: *Mokhada*

District: *Palghar*

Pincode: *401604*

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 %) |
|----------------------------|-----------------------------|--|-------------------|
| <i>Physical Impairment</i> | <i>Bil. U/L⁹</i> | <i>Congenital Deformty Of Both Upper Limb.</i> | <i>89</i> |

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)

[Signature]
Dr. Prashant Rajguru
Orthopedic Surgeon
Member
Regn. No. : 4268/2006

[Signature]
Dr. Rajendra Kelkar
Additional Civil Surgeon
Member Secretary
Regn. No. : 57805

[Signature]
Dr. Kanchan Wanere
Medical Superintendent Class I
President
Regn. No. : 68260

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

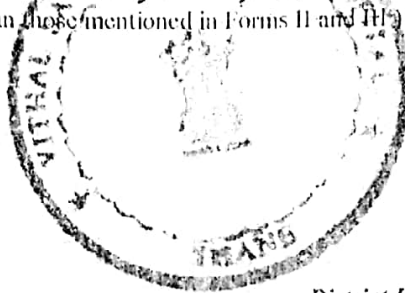
[Signature]

Print

Government of Maharashtra Disability Certificate

No. 1013/108

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



4983
91915



NAME OF THE HOSPITAL:

District Hospital, Thane
(Maharashtra, India)

Certificate Number: 2083/4

Date: 09/09/2015

This is to certify that I have carefully examined.

Person Identification Number: *V151700293674*

Aadhar Number: *N/A*

Shri/Smt./Kum: *WARGHADE PUJA CHANDRAKANT NALU*

Father Name. Shri/Smt./Kum. *CHANDRAKANT*

Date of Birth (dd/mm/yyyy): *07/05/1999*

Age: *16 years*

Gender: *Female*

Permanent Address:

House Address: *At-Pimpalgaon*

Village: *Pimpalgaon*

Taluka: *Mohhada*

District: *Thane*

Pincode: *401604*

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 %) |
|--------------------------|-----------------------|--|-------------------|
| <i>Visual Impairment</i> | <i>Both Eyes</i> | <i>BE- MICROCORNEA WITH AMETROPIA WITH AMBLYOPIA</i> | <i>75</i> |

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

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

[Signature]
DR ROHIT PRATAP TIWARI
Ophthalmic Surgeon Class-I
Member
Regn. No. : 2010/04/0932

[Signature]
Dr. Ashok Kamble
ENT Surgeon Class-I
Member Secretary
Regn. No. : 54160

[Signature]
Dr. P. R. Ghuse
Additional Civil Surgeon
President
Regn. No. : 50184

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

Note: This is not valid for Medico Legal cases.

ANNEXURE 1

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL

Certificate No. 1347

Date. 26-3-09

DISABILITY CERTIFICATE

This is certified that Shri/Smt/kum. Mital Chandrakant

Falke

son/wife/daughter of Shri. Chandrakant Ravaji

age 11

Falke



sex Female Identification mark (s) _____ is suffering from permanent disability of following category.

DR. A. B. CHAVAN
Orthopedic Surgeon
CIVIL HOSPITAL, Thane
Registration No. 85137

Congenital anomaly of

(R) upper limb

PPD - 70%

*[Soundly
permanent]*

[Signature]

DR. A. B. CHAVAN
Orthopedic Surgeon.
CIVIL HOSPITAL, Thane
Registration No. 85137

A. Locomotor or cerebral palsy :

(i) BL-Both legs affected but not arms :

(ii) BA-Both arms affected (a) impaired reach
(b) Weakness of grip

(iii) BLA-Both legs and both arms affected

(iv) OL-One leg affected (right or left)

(a) Impaired reach
(b) Weakness of grip
(c) Ataxic

(v) OA-One arm affected

(a) Impaired reach
(b) Weakness of grip
(c) Ataxic
(d)

(vi) BII-Stiff back and hips (Cannot sit or stoop)

(vii) MW-Muscular weakness and limited physical endurance.

B. Blindness or Low vision :

(i) B-Blind

(ii) PB-Partially Blind

सदर लक्ष्म्याचा दाखला
कोर्टाच्या कामकाजाकरता ग्रह
घरण्यात येणार नाही
जि.श.ची

- C. Hearing impairment :
- (i) D-Deaf
 - (ii) PD-Partially Deaf

(Delete the category which ever is not applicable)



2. This condition is progressive/non-progressive/likely to improve. Reassessment of this case is not recommended /is recommended after 3 years 3 months.

DR. P. S. ...
Orthopedic Surgeon
CIVIL HOSPITAL
Registration No. 85137

3. Percentage of disability in his/ her case is 70% [Seventy percent] percent.

1. Sh./Smt/Kum _____ meets the following physical requirements

for discharge of his/her duties :-

- | | |
|---|--------|
| (i) F-can perform work by manipulating with fingers | Yes/No |
| (ii) PP-can perform work by pulling and pushing | Yes/No |
| (iii) L-can perform work by lifting | Yes/No |
| (iv) KC-can perform work by kneeling and crouching | Yes/No |
| (v) B-can perform work by Bending. | Yes/No |
| (vi) S-can perform work by Sitting | Yes/No |
| (vii) ST-can perform work by standing | Yes/No |
| (viii) W-can perform work by walking | Yes/No |
| (ix) SE-can perform work by seeing | Yes/No |
| (x) H-can perform work by hearing/speaking | Yes/No |
| (xi) RW-can perform work by reading and writing | Yes/No |



Dr. A. B. CHAVAN
Member
Orthopedic Surgeon.
CIVIL HOSPITAL, Thane.
Registration No. 85137

Dr. V. S. G...
Member
Residence Medical Officer
(clinical) V. S. G... Thane
Medical Board

Dr. ...
Chairman
CIVIL HOSPITAL Thane
Medical Board

Countersigned by the
Medical Superintendent / CMO/ Head of
Hospital (with seal)

* Strike out which is not applicable.

सदर न्यायानुसार दाखला
कोर्टाच्या कामकाजाकरता ग्राह
घरण्यात वेपार नाही

जि.श.ची



महाराष्ट्र शासन

Government of Maharashtra



Form-10
Disability Certificate

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

Government of Maharashtra Disability Certificate



No. 029002

रजिस्ट्र नंबर - 450



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

Certificate Number: **384847**

Date: **08/03/2017**

This is to certify that I have carefully examined.

Person Identification Number: **VI53200505994**

Aadhar Number: **N/A**

Shri/Smt./Kum: **BHOGADE DHANANJAY JAYARAM JAE**

Father Name: Shri/Smt./Kum. **JAYARAM**

Date of Birth (dd/mm/yyyy): **06/04/1999**

Age: **17 years**

Gender: **Male**

Permanent Address:

House Address: **SULYACHA PADA NYAHALE KHURD**

Village: **Jawhar**

Taluka: **Jawhar**

District: **Palghar**

Pincode:
401603

I am satisfied that:

(a) He/She is a case of: **Visual Impairment**

(b) The diagnosis in his/her case is **BOTH EYE ALTERNATING ESOTROPIA (30 degree) WITH AMBLYOPIA**

He/She has **100 %** (in figure) **One Hundred** percentage (in words) Permanent in relation **Visual Impairment** to his/her **Both Eyes** (part of body) as per guidelines (to be specified)

2. Reassessment of disability not necessary

The applicant has submitted following documents as proof of residence:

Aadhar Card

The applicant has submitted following documents as proof of Identity:

Aadhar Card

M.P. Torankar

Dr. Mitesh Torankar
Ophthalmic Surgeon
Member

Regn. No. : 2002/11/3637

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

Dr. Rajendra Kelkar
Additional Civil Surgeon
Member Secretary

Regn. No. : 57805

Kanchan Wanere
Dr. Kanchan Wanere
जिल्हा शल्यचिकित्साकेंद्र, पालघर
District Superintendent, Palghar
President

Regn. No. : 68260

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

Note: This is not valid for Medico Legal cases.

7.1.7 The Institution has Divyangjan-friendly, barrier free environment

1. Built environment with ramps for easy access to classrooms.



2. Signage including tactile path, lights, display boards and signposts

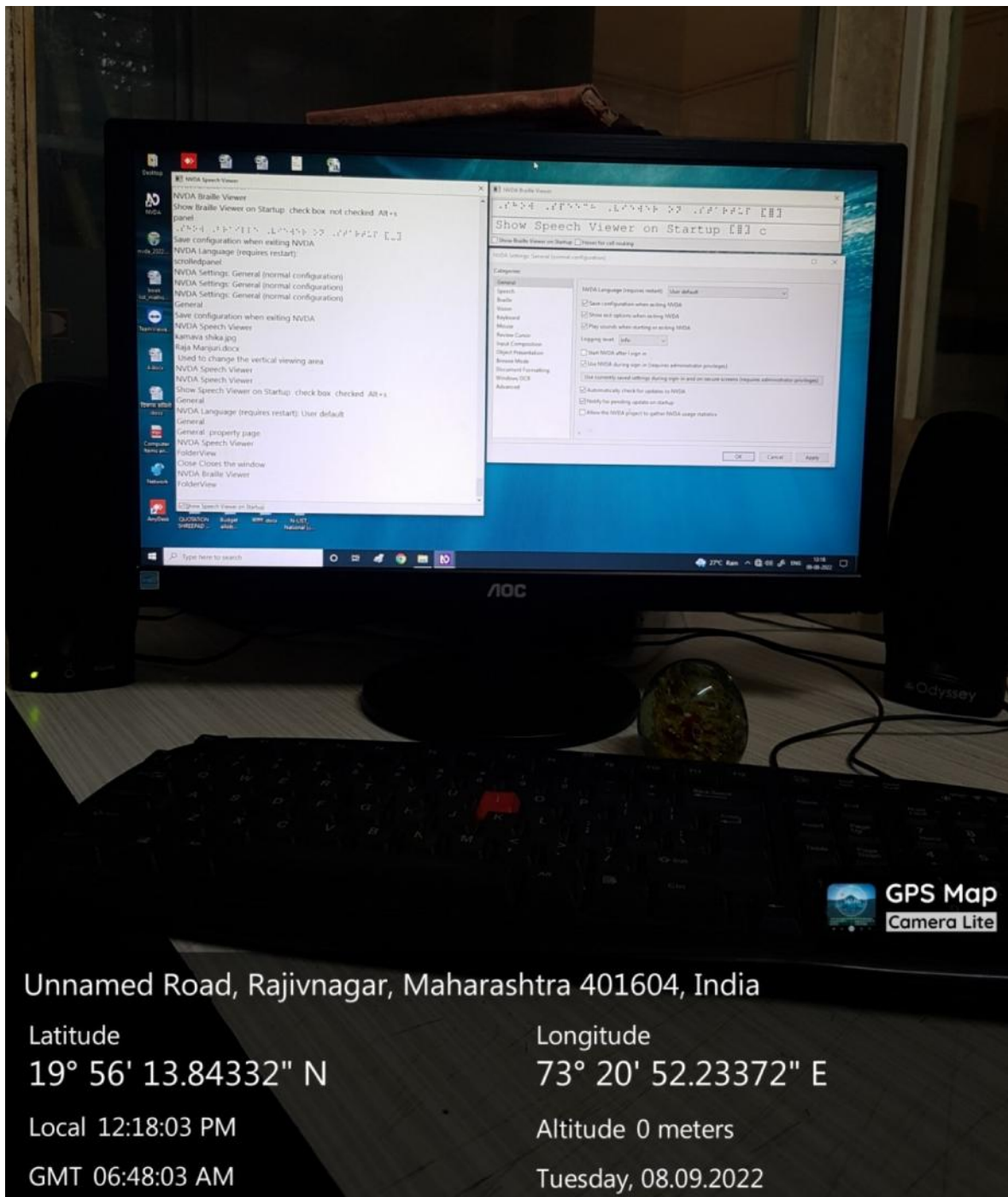
- Reserved Parking Area:



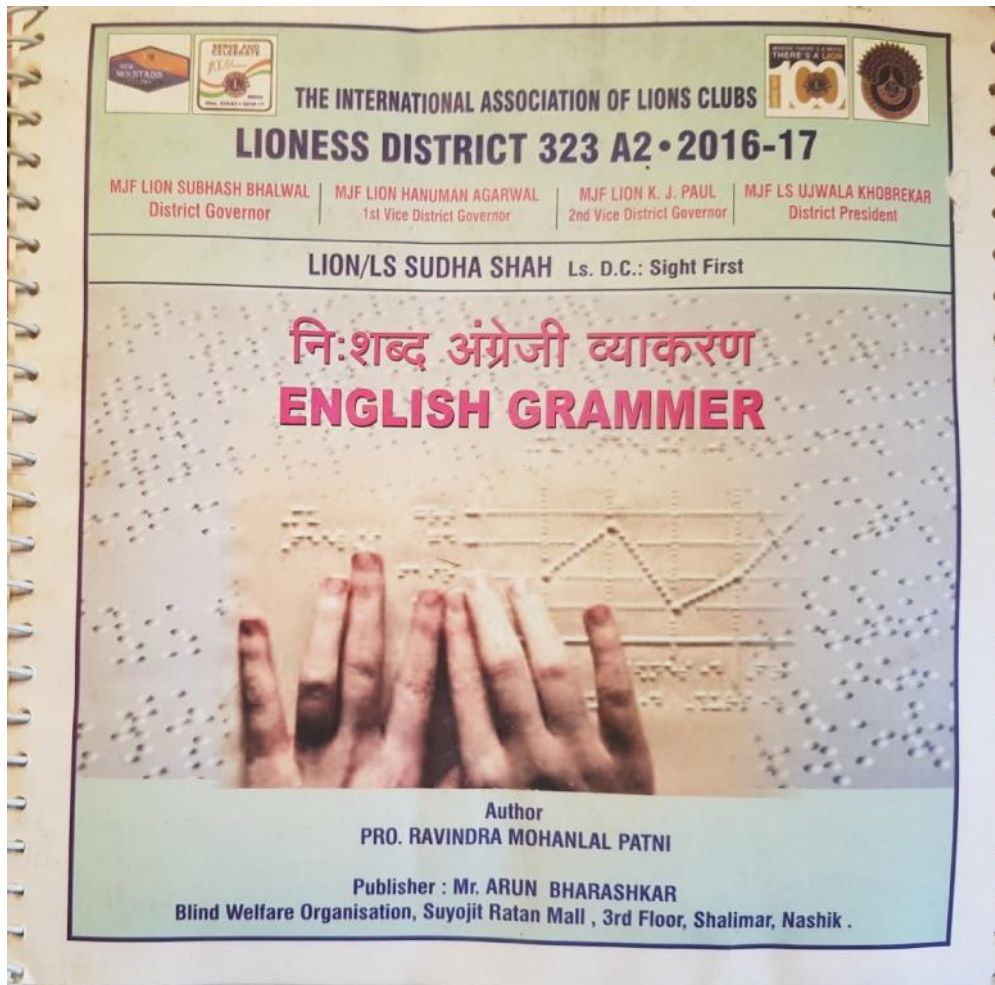
- **Reserved Seating in Library Reading Room for Divyang Students**

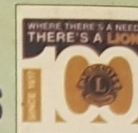


- **NVDA Software for Visually challenged Students**



- Some Braille language books for Visually challenged Students





THE INTERNATIONAL ASSOCIATION OF LIONS CLUBS

LIONESSE DISTRICT 323 A2 • 2016-17

MJF LION SUBHASH BHALWAL
District Governor

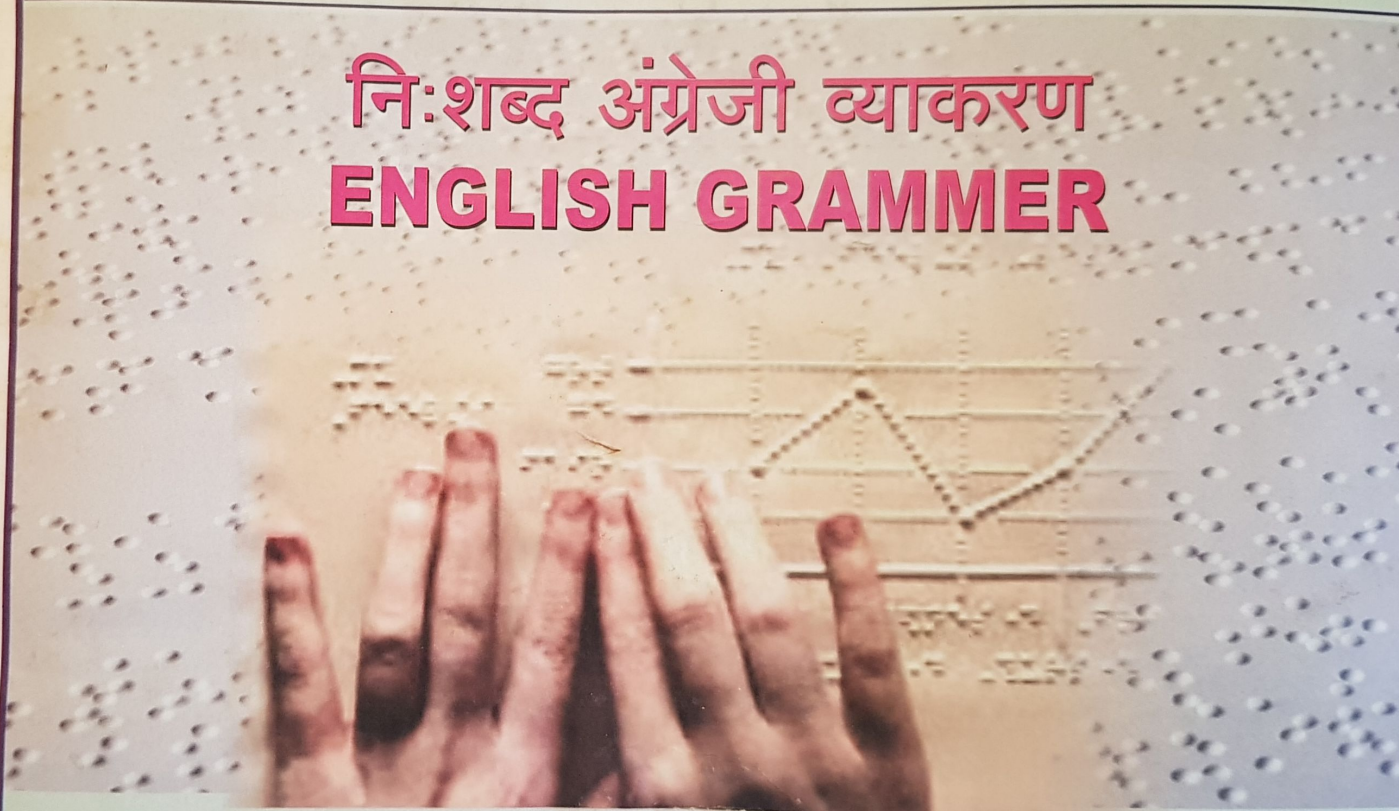
MJF LION HANUMAN AGARWAL
1st Vice District Governor

MJF LION K. J. PAUL
2nd Vice District Governor

MJF LS UJWALA KHOBREKAR
District President

LION/LS SUDHA SHAH Ls. D.C.: Sight First

निःशब्द अंग्रेजी व्याकरण ENGLISH GRAMMER



Author

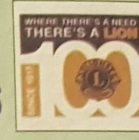
PRO. RAVINDRA MOHANLAL PATNI

Publisher : Mr. ARUN BHARASHKAR

Blind Welfare Organisation, Suyojit Ratan Mall , 3rd Floor, Shalimar, Nashik .



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LIONESSE DISTRICT 323 A2 • 2016-17

MJF LION SUBHASH BHALWAL
District Governor

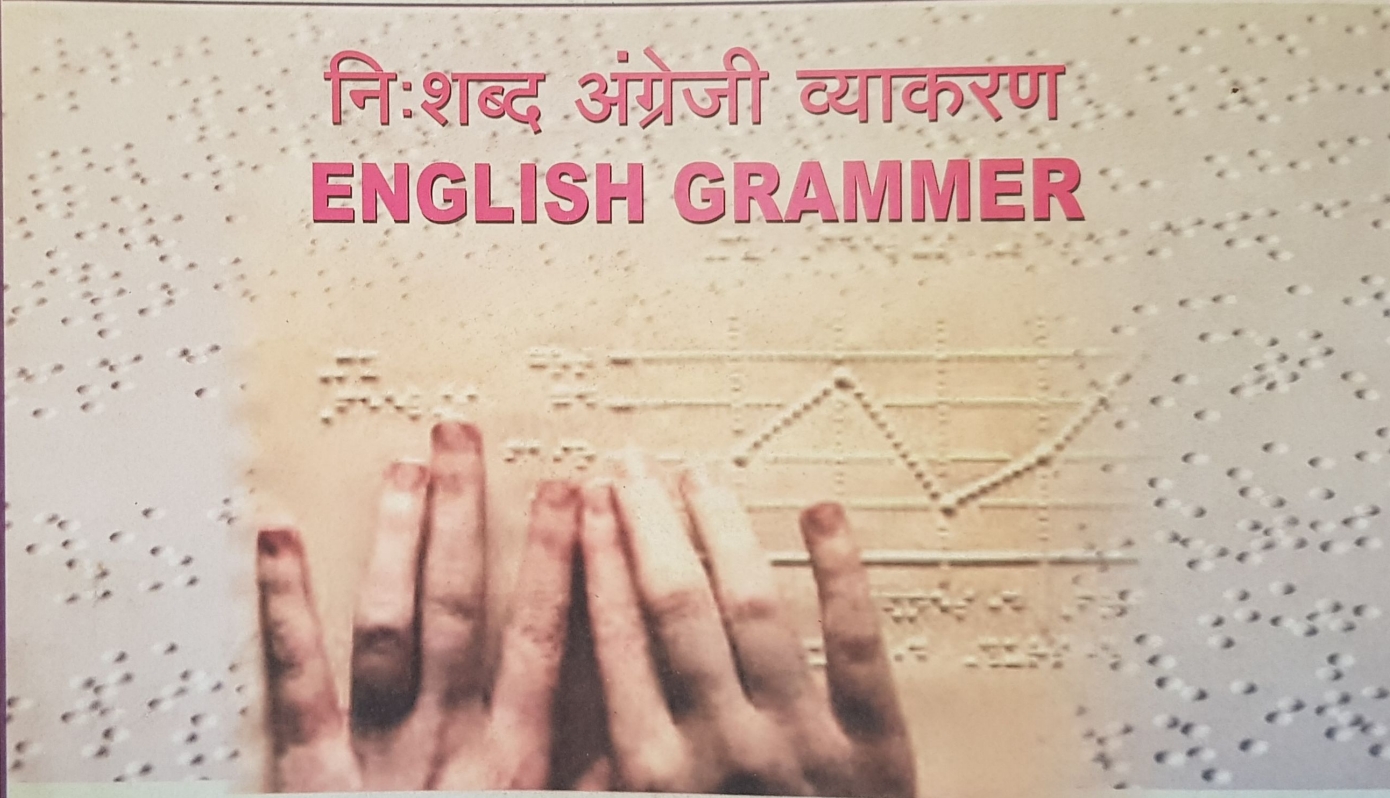
MJF LION HANUMAN AGARWAL
1st Vice District Governor

MJF LION K. J. PAUL
2nd Vice District Governor

MJF LS UJWALA KHOBREKAR
District President

LION/LS SUDHA SHAH Ls. D.C.: Sight First

निःशब्द अंग्रेजी व्याकरण ENGLISH GRAMMER



Author

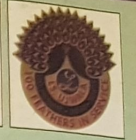
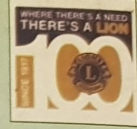
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THE INTERNATIONAL ASSOCIATION OF LIONS CLUBS



LIONESSE DISTRICT 323 A2 • 2016-17

MJF LION SUBHASH BHALWAL
District Governor

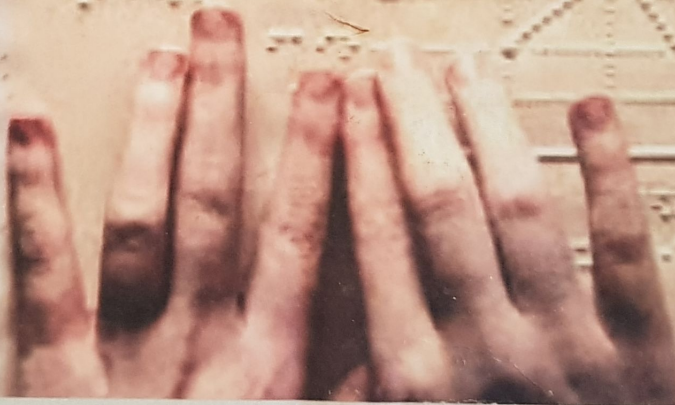
MJF LION HANUMAN AGARWAL
1st Vice District Governor

MJF LION K. J. PAUL
2nd Vice District Governor

MJF LS UJWALA KHOBREKAR
District President

LION/LS SUDHA SHAH Ls. D.C.: Sight First

निःशब्द अंग्रेजी व्याकरण ENGLISH GRAMMER



Author

PRO. RAVINDRA MOHANLAL PATNI

Publisher : Mr. ARUN BHARASHKAR

Blind Welfare Organisation, Suyojit Ratan Mall , 3rd Floor, Shalimar, Nashik .

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093

मराठी - गोष्टी

निवडक बोधकथा

- ब्रेल मुद्रक -

एन्.एफ्.बी.एम्. ब्रेल पब्लिशिंग सेंटर

द्वारा जागृती अंध मुलींची शाळा

मु. आळंदी देवाची, मरकळ मार्ग,

ता. खेड, जि. पुणे-४१२१०५.

दूरध्वनी : (०२१३५) २०२६७५. ई-मेल : nfbmbraille@gmail.com

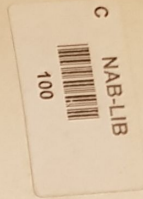


एन्.एफ्.बी.एम्. ब्रेल पब्लिशिंग सेंटर

द्वारा जागृती अंध मुलींची शाळा,

मु. पो. आळंदी देवाची, मरकळ मार्ग, ता. खेड, जि. पुणे-४१२१०५.

फोन : (०२१३५) २०२६७५. ई-मेल : nfbmbraille@gmail.com




100

श्री
श्री
श्री २

श्रींतीकारक वीरभोज शिंदे

भाग २



N.F.B.M. Braille Publishing Centre
 C/o. Jagriti School for Blind Girls
 At Alandi Devachi, Markal Road, Tal. Khed, Dist. Pune-412105.
 Tel.: (02135) 202675. e-mail: nfbmbraille@gmail.com

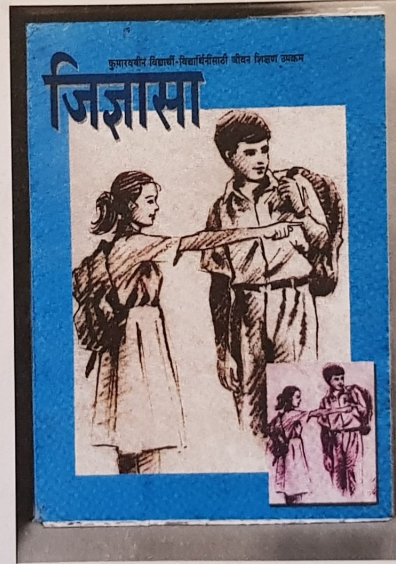
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भारती
सामान्य ज्ञान
भाग 4

जिज्ञासा भाग 4

कुमारवयीन विद्यार्थी- विद्यार्थिनीसाठी
जीवन शिक्षण उपक्रम
(ब्रेल संस्करण)



समदृष्टी, क्षमता विकास एवम् अनुसंधान मंडल, नागपूर
एवम्
दि ब्लॉईड रिलीफ एसोसिएशन, नागपूर
के संयुक्त उपक्रम द्वारा निर्मित
ब्रेल मुद्रण - श्री संत गुलाबराव महाराज संगणक केन्द्र, अंध विद्यालय, नागपूर

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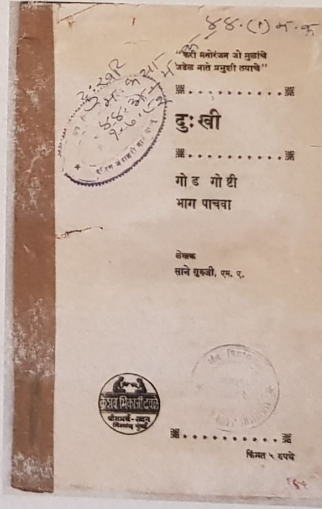
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मराठी
गोष्टी

साने गुरुजींच्या गोड गोड गोष्टी भाग - 5

दुःखी

(ब्रेल संस्करण)



समदृष्टी, क्षमता विकास एवम् अनुसंधान मंडल, नागपूर
एवम्

दि ब्लाइंड रिलीफ एसोसिएशन, नागपूर
के संयुक्त उपक्रम द्वारा निर्मित

ब्रेल मुद्रण - श्री संत गुलाबराव महाराज संगणक केन्द्र, अंध विद्यालय, नागपूर

59

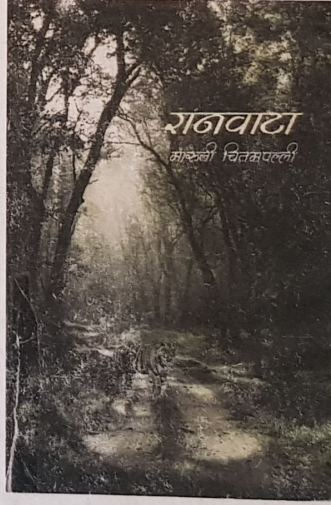
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रानवाटा भाग 2

मारूती चितमपल्ली
ब्रेल संस्करण



समदृष्टी, क्षमता विकास एवम् अनुसंधान मंडल, नागपूर
एवम्

दि ब्लाइंड रिलीफ एसोसिएशन, नागपूर
के संयुक्त उपक्रम द्वारा निर्मित

ब्रेल मुद्रण - श्री संत गुलाबराव महाराज संगणक केन्द्र, अंध विद्यालय, नागपूर

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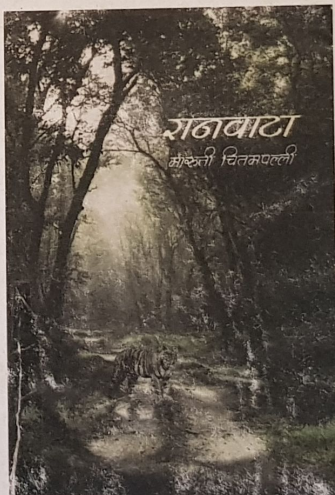
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रानवाटा भाग 1

मारूती चितमपल्ली
ब्रेल संस्करण



समदृष्टी, क्षमता विकास एवम् अनुसंधान मंडल, नागपूर
एवम्

दि ब्लाइंड रिलीफ एसोसिएशन, नागपूर
के संयुक्त उपक्रम द्वारा निर्मित

ब्रेल मुद्रण - श्री संत गुलाबराव महाराज संगणक केन्द्र, अंध विद्यालय, नागपूर