

7.1.7 The institution has disabled friendly, barrier free environment.

- Build environment with ramps/lifts for easy access to classrooms Yes
- Disabled friendly washrooms Yes
- Signage including tactile path, lights, display boards and signposts. No
- Assistive technology and facilities for persons with disabilities. (Divyangjan)
Accessible website, screen-reading, software, mechanized equipment. No
- Provision for enquiry and information: Human assistance, reader, scribe, soft copies of reading material, screen reading. No



(Disabled friendly washroom)



(Disabled friendly Vehicle)

Concession certificate form for orthopaedically handicapped/paraplegic person/patients/mentally retarded person completely blind person/totally deaf & dumb person.

2



SHEORAN
MEMBER
DISTRICT MEDICAL AUTHORITY, BHIMANI

REGD. No. 28270

KANTA

T. _____ whose particulars are furnished below is a bonafied ORTHOPAEDICALLY HANDICAPPED/PARAPLEGIC PERSON/PATIENTS WHO CANNOT TRAVEL WITHOUT THE ASSISTANCE OF AN ESCORT/MENTALLY RETARDED PERSON WHO CANNOT WITHOUT AN ESCORT/COMPLETELY BLIEND PERSON/TOTALLY DEAF & DUMB PERSON*

Particulars:

- a) Address : BHERA
- b) Father's/Husband's Name : KEHAR SINGH
- c) Age : 18
- d) Sex : F
- e) Nature of Handicap: (To be written by doctor whether the disability is temporary or Permanent) : As per Certificate No. 116 dated 27-4-2016 Disability 20% (Severely Permanent)
- f) Signature or thumb impression Of the person seeking concession(not necessary for those with Both hands missing or non-Functional) : _____

Place : Bhawan
Date : 04/5/16



(Signature of Government Doctor #)
DR. MUNDOH SHEORAN
ORTHOPAEDIC SURGEON
DISTRICT MEDICAL AUTHORITY
REGD. No. 28270

Clear seal of Government Hospital #

Seal containing full name and Regn. No. of the Doctor #

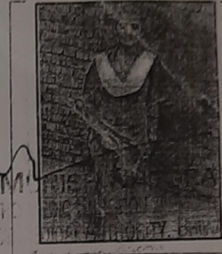
*Strike out where not applicable.
for blind persons RMP/head of institution for the blind recognized can also issue certificate for blind.
Note :
1) The certificate should be issued only to those ORTHOPAEDICALLY HANDICAPPED/PARAPLEGIC PERSON/PATIENTS WHO CANNOT TRAVEL WITHOUT AN ESCORT /MENTALLY RETARDED PERSON WHO CANNOT TRAVEL WITHOUT TRAVEL WITHOUT A ESCORT/COMPLETELY BLIEND PERSON/TOTALLY DEAF & DUMB PERSON. The photo must be signed and stamped in such a way the doctor's signature and stamp appears partly on the photo and partly on the certificate.
2) For mentally retarded persons/Completely blind persons/Deaf and dump persons(both afflictions together), the certificate will be valid for five years from the date of issue. For temporary disability in the case of orthopedically/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 the case of persons upto the age group of 26-35 years and (3) in case of person 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 persons 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 alteration in the form permitted.

Kanta

DISABILITY CERTIFICATE

(In case of Amputation or complete permanent paralysis of Limbs and in case of Blindness)

Office of Civil Surgeon, Bhiwani



Certificate No. 116

Date : 27-04-16

This is to certify that we have carefully examined Sh. KANTA
 son/wife/daughter of Sh. KEHAR SINGH Date of Birth 21-03-78
 Age 18 years. Male/Female FEMALE Registration No 97452
 Permanent resident of Ward/Village BHERA Post Office BHERA
 District Bhiwani State Haryana whose photograph is affixed above, and are, satisfied that

(A) He/She is a case of: (Please tick as applicable)

- Locomotor Disability
 - Blindness
- (Please Tick as applicable)

(B) The Diagnosis in his/her case is _____

(C) He/She has 70% (in figure) 70% percent (in words) permanent physical impairment/blindness in relation to his/her (to be specified).

*h. amputation of
 (2) lower limb at
 Pawaney level of 1/2
 70% -
 27/4/16*

2. The applicant has submitted the following document as proof of residence :-

Nature of Document	Date of Issue	Details of authority issuing certificate
<u>Aadhar Card</u>	<u>No. 587042324124</u>	<u>Govt of India.</u>

3. Signature and Seal of the Medical Authority

 DR. MANOJ SHEORAN DISTRICT SURGEON MEMBER MEDICAL AUTHORITY, BHIWANI REGD. NO. 38270 Name and Seal of Member concerned Specialist	 DR. MONIKA MITTAL EYE SURGEON MEMBER MEMBER MEDICAL AUTHORITY, BHIWANI REGD. NO. 3835 (DMC) Name and Seal of Member	 DR. KIRSHAN KUMAR Chairman Handicapped Board BHIWANI Name and Seal of the person
---	---	---

Kanta

(Disabled friendly Vehicle Certificate)

6/9/2017

Department of Higher Education : APPLICATION FOR ADMISSION

The portal is open for online admission to the college only if the seats are vacant in given course. In case seats are not available there will be no claim for admissions.

Print Date: June 9, 2017

Registration Date: June 9, 2017

Govt College for Women, Tosham,
Bhiwani

Session 2017-18

Form No. A17027354602177/Registration Number: R17156775224

APPLICATION FOR ADMISSION


Roll No.: 7245574
Admission No.: 1610120102

88 Nol-257
BCA

1253620168

For Office Use

Class	
Roll No.	162
Admission Form Fee Receipt	32688
Date	8/7
Signature	Y. G. S.



Course	: B.A.	Class/Semester	: B.A I
Applicant's Name	: Kanta	Date of Birth(YYYY/MM/DD)	: 1998-03-21
Gender	: Female	Father's Name	: KEHAR SINGH
Father's Occupation	: No Occupation	Blood Group	: B+
Mother's Name	: RAJBALA	Category	: Backward Class
Mother's Occupation	: House Maker	Religion	: Hindu
BPL Card No.	:	Mode of Transport	: None
Caste	: Kumhar	Marital Status	: Single
Are you Employed at Present	: N/A	Is Haryana Domicile	: YES
Nationality	: Indian	Gap Year (if any)	:
Annual Income of Family	: 36000	Guardian's Name	: KEHAR SINGH
Have ever been disqualified from any Exam	: N/A	Bank Account Number	: 1996104000011316
Whether Applying for Hostel	: NO	Bank Name	: IDBI Ltd
Aadhar Number	: 587042324124	IFSC Code	: IBKL0001996

ADDRESS DETAILS

Address	: WARD 14, NEAR BHARAT ICE FACTORY VPO TOSHAM		
State	: HARYANA	District	: Bhiwani
Pin Code	: 127040	Email Id	: CHHAPARIA123@GMAIL.COM
Land Line No.	: N/A	Mobile No.	: 8221932016

EDUCATION QUALIFICATION

<http://admission.highereduhry.com/web/index.php/preview/form/A17027354602177>

2/2

RAMP FOR DISABLED STUDENTS FOR THEIR EASLY ACCESS TO CLASS ROOM



(Ramp for easy access to classrooms)



(Ramp for easy access to classrooms)



(Ramp for easy access to classrooms)