Q_nM 4 marks

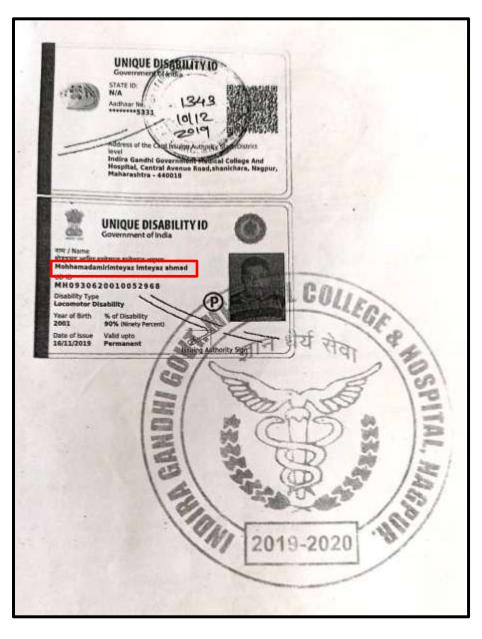
- 7.1.7. The Institution has disabled-friendly, barrier free environment
 - 1. Built environment with ramps/lifts for easy access to classrooms.
 - 2. Disabled-friendly washrooms
 - 3. Signage including tactile path, lights, display boards and signposts
 - 4. Assistive technology and facilities for persons 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	Mohhamadamirimteyaz Imteyaz Ahmad of B.Sc.IT 1yr. Disability certificate
2	Aadhar card of disabled student
3	Rest room for physically handicap and receipt of expenses on rest room rs

Proposal for the lift was put forward to the management in 2018-19 in CDC meeting. Work on the lift commence but discontinued due to Covid-19 restrictions.

1. Mohhamadamirimteyaz Imteyaz Ahmad of B.Sc.IT 1yr. <u>Disability certificate</u>

Since the exam was online so the student was able to attempt MCQ online exam. No scribe was required. Following are the disability certificates attached.





Concession Certificate for Persons with Disabilities (Divyangjan) Concession certificate form for orthopaedically handicapped/paraplegic person/patents/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) Mendidas 13/12 भारत विभाग पारतकोय विश्वसिय 2019 This is to define the KL/Shri/Smt. MOHAPHO HAMIR INTEVAL TO INTEVAL TO DETERM TO A STREET APPLICATIONS TO GETHER IN THE SAME PERSON WITH HEARING AND SPEECH IMPAIRMENT TOTALLY WHO HAVE A SAME PERSON WITH SAME PERSON WITH HEARING AND SPEECH IMPAIRMENT TOTALLY BOTH AFFLICTIONS TO GETHER IN THE SAME PERSON! C.M.C. 8H (a) Address: House No-1068 SAYEED NAGAR RANALA TALL KAMPTER DINK: NAGED (C) PATHER'S/HUMBORITO'S NAME: INTEXAZ AHMAD (d) Sex: MALE (e) Nature of Handicap To be written by doctor whether the disability is temporary or permanent): [25 manual qo] Signature or thumb impression of the person seeking concession (not necessary for those wish both hands missing or non-functional) gomani (Signature of Government Doctor*) Pince: NAGPUR. ्रस्याध्यक्तः माध्यएकः औषववधकशास्त्र विभाग Date: 30|08 | 20|9 Clear seal of Government Hospitals इदिरा गांधी शासकीय वैधकीय Seal continuity full name and Registration Number of the Doctors *Strike out where not applicable. #For PERSON WITH VISUAL IMPAIREMENT WITH TOTAL ABSENCE OF SIGHT, RMP/Head of

institution for the blind recognized can also issue certificate for visual impairment (with total abo 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 IMPAIREMENT TO THE ASSISTANCE OF AN ESCORT/PERSON WITH VISUAL IMPAIREMENT TO THE ASSISTANCE OF AN ESCORT/PERSON WITH VISUAL IMPAIREMENT. RETARDED PERSON WHO CANNOT TRAVEL WITHOUT AN ESCONT/FERSON WITH VISUAL IMPAIRMENT AND SPEECH IMPAIRMENT TOTALLY (BOTH APPLICTIONS TOGETHER). The photo must be signed and stamped in such a way shat doctor's signature and stamp appears purtly on the photo and partly on the certificate.

(2) For mentally retarded person / PERSON WITH VISUAL IMPAIREMENT 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. GPH-0-686 MSHINCARN-10-2018-5,000-(Long-)7A4







Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment, Government of India



Disability Certificate Issuing Medical Authority, Nagpur, Maharashtra



Certificate No.: MH0930620010052968

This is to certify that I/We have carefully examined Shri Mohhamadamirimteyaz Imteyaz Ahmad Son of Shri Imteyaz Ahmad Date of Birth 06/11/2001 at 9 17 Year(s) Fale, Registration No. 2709/00000/1908/2216607 resident of House No. House No. 1068, Sayeed Nagar, Ranala + 441001 Sub District Kamptee District Nagpur Whose photograph is affixed above, and (Weisabsfied that:

(A) He is a case of Locomotor Disability

(B) The diagnosis in his case is Quadriplegia with LMN lesion since child

(C) He has 90%(in figure Ninety percent(in equal be specified).

The applicant have been

Nature of Document(s);

Signatory of notified Medical Authority Member



issuing Medical Authority, Nagpur, Maharashtra

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any

2. Mohhamadamirimteyaz Imteyaz Ahmad of B.Sc.IT 1yr. Aadhar card



3. Receipt of expenses on rest room 12225/-

1	NAGPUR Tel: 9890412247	MANIAR COLLEGE OF CO Nagput, Maharashtr Destination: NAGPUR	JD & GAND NAGPUR 44000 IMPUTERS & I	SONS HE BAGH, AND HE BAGH, AND HE BAGH, AND HE BAGH, AND HE BAGH, Invoice No.: 4 Payment Mode DM No.	4/03/2019	Transporter L.R. No DC	Original Coppose No. 0712-076276 27AACFJ2267L12
Sr	. Item Code CNS-WHT-959NS	Description		HSN		Cases	
	UND-WHT-959NS	WALL HUNG- WC WITH SOFT		69109000	Qty.	Rate	Amount
9	W. C. BOLLTS	CLOSING SEAT CO W. C. BOLLTS		0.00.004.004		6110.00	6110.00
-3.	ALD-CHR-573	HAND SH (HITH FCT) 1M FLEY	ORI E TIBLE WAS	69109000		500.00	500.00
5	FLR-CHR-5041N FLV-CHR-1093	- YEST DIB COCK WITH WALL ELANCE		84818020 84818020	1.00	1240.00	1240.00 -
		METRO FAY CONC BODY CONT	ROL COCK 400M	84818020	1.00	1475.00	1475.00
	HSN Code	*	04010020	1.00	2900.00	2900.00	
	69109000	Appl 74	rat %	Central Am	f State %	State Amt	
	84818020	4758.49 9.00		504.15	9.00	504.15	
	Total :			428.26	9.00	428.26	
Co	20000	10360.29		932.42		932.42	
4500	ris a conditions of Sal	ers given above are true & correct er 1. Goods once sold will not be	I Total Ot	v. 5		Total	12225.00
accepted back. 2. Interest @ 24 % p. a. will be charged if payment not made in15 days.						Discount Amt.	: (-) 1864.80
						Freight	
						Taxable Value	
Diec	ount % : 15.254					CGST @ 9%	
Bath Fittings : Necr						SGST @ 9%	
RS. : Twelve Thousand Two Hundred Twenty Five rupees only.						IGST @ 0% Vmt. GST @ 18%	/
JAQUAR SERVICE TOLL FREE NO. 10.00 AM TO 6.00 PM						Round Off	1864.84
18001216808 SUNDAY CLOSED						Net Amount	V