# FORM-III

**LIST OF BENEFICIARIES (Visual Impaired)**

1. **Name of the Scheme / Project**: Special School for Blind & Deaf, Boudh.
   (i) **Name of the Organization**: Association for Social Work & Social Research in Orissa
   (ii) **Name & Address of the Project**: Special School for Blind & Deaf, At-Seva Vihar, Po-Butupali, Dist-Boudh, Odisha
   (iii) **Year**: 2015-2016

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Name of the Beneficiary</th>
<th>Father’s/ Mother’s Name</th>
<th>Date of Birth Approx Age</th>
<th>Sex</th>
<th>Category (Gen.SC/ST)</th>
<th>Type % Severity of Disability</th>
<th>Address</th>
<th>Date of Entry in to The Institution</th>
<th>No. of Completed Years in the institution</th>
<th>Remarks About Outcome/ Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Champa Dehuri</td>
<td>Satiya Dehuri</td>
<td>2.1.2006 9 years</td>
<td>F</td>
<td>OBC</td>
<td>100% V.I.</td>
<td>At-Turi dehula, Po-Dapala Dist-Boudh</td>
<td>2.4.2010</td>
<td>5 years</td>
<td>progressing</td>
</tr>
<tr>
<td>2</td>
<td>Ananta Palia</td>
<td>S/o- Kartika Palia</td>
<td>28.7.2008 7 years</td>
<td>M</td>
<td>OBC</td>
<td>90% V.I.</td>
<td>At-Barapadar, Po-Tikarapada Dist-Boudh</td>
<td>21.4.2010</td>
<td>4 years</td>
<td>progressing</td>
</tr>
<tr>
<td>2</td>
<td>Sudhir Behera</td>
<td>Sumanta Behera</td>
<td>19.4.2008 7 years</td>
<td>M</td>
<td>SC</td>
<td>90% V.I.</td>
<td>At-Bhagabanpur, Po-Ranikati Dist-Angul</td>
<td>16.5.2011</td>
<td>4 years</td>
<td>progressing</td>
</tr>
<tr>
<td>Class-II</td>
<td>Name</td>
<td>DOB</td>
<td>Gender</td>
<td>Category</td>
<td>Percentage</td>
<td>Address</td>
<td>Date</td>
<td>Years</td>
<td>Progressing</td>
<td></td>
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<tr>
<td>1.</td>
<td>Sarmila Danga</td>
<td>16.9.2007</td>
<td>F</td>
<td>OBC</td>
<td>100% V.I.</td>
<td>At-Polam Po-Khuntbandha Dist-Boudh</td>
<td>02.4.2012</td>
<td>4</td>
<td>progressing</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Runu Majhi</td>
<td>25.7.2008</td>
<td>F</td>
<td>OBC</td>
<td>90% V.I.</td>
<td>At-Brahmanipali, Dist-Boudh</td>
<td>21.11.2014</td>
<td>3</td>
<td>progressing</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Pradip Penti</td>
<td>11.7.2008</td>
<td>M</td>
<td>SC</td>
<td>40% V.I.</td>
<td>At-Jamupali Po-Salunki, Dist-Boudh</td>
<td>20.11.2014</td>
<td>3</td>
<td>progressing</td>
<td></td>
</tr>
<tr>
<td>Class-I</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>PREP-II</td>
<td></td>
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<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>1.</td>
<td>Lipi Mohakud</td>
<td>12.7.2009</td>
<td>F</td>
<td>ST</td>
<td>100% V.I.</td>
<td>At- Nurpanga Dist-Boudh</td>
<td>15.6.2015</td>
<td>1</td>
<td>progressing</td>
<td></td>
</tr>
<tr>
<td>PREP-I</td>
<td>Mohakud</td>
<td>D/o- Sabitri Gaigoria</td>
<td>11.2.2011</td>
<td>F</td>
<td>OBC</td>
<td>100% V.I.</td>
<td>At/po-Bahira Dist- Boudh</td>
<td>30.6.2015</td>
<td>1 year</td>
<td>progressing</td>
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</tr>
<tr>
<td>1.</td>
<td>Sipa Gaigoria</td>
<td>5 years</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2.</td>
<td>Sudam Hota</td>
<td>S/o- Gangadhar Hota</td>
<td>12.4.2011</td>
<td>M</td>
<td>General</td>
<td>100% V.I.</td>
<td>At-Kasalpur Po- Bramanpali Dist- Boudh</td>
<td>28.6.2015</td>
<td>1 year</td>
<td>progressing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

(Class wise students) P-I | P-II | P-III | CL-I | CL-II | CL-III | CL-IV | CL-V | TOTAL
( boys + girls) 1+1 | 0+1 | Nil | 3+0 | 1+2 | 2+0 | 0+1 | Nil | 7+5=12

Secretary
ASWASRO
DISTRICT MEDICAL BOARD OF - Bareilly

(Issued under Rule-4 (2) of the persons with disabilities (Equal Opportunities, protection of Rights and full participation) Rules. 1996 and as per the guidelines given by the Ministry of welfare Government of India, Gazetteer Notification N. 4-2/83. HW III Dated 6th August 1986.)

Sri/Ku./Smt. Ananta Pallia
S/o, D/o, W/e- Kanak Pallia
Resident of Banapoolan Dist. Bareilly

is a physically handicapped. He/she suffers from __________ (P.E.F)
his/her disability is temporary/permanent.
He/she comes under the category of _________ Handicapped
his/her percentage of disability is._____

Recommended for physical restoration

Member
Medical Board
with Seal & Date
Dr. B. Bisoi

Member of
Medical Board
with Seal & Date
Asst. Surgeon Dept. of ENT
VH & Medical College, Bareilly

Specialist in
Member Medical
Board
with Seal & Date
Dist. Head Qtrs. Hospital, Bareilly

Write visually/hearing/locomotor/mental etc
specify orthopaedic/ENT/EYE/psychiatry etc

No. 221/BWE/110
Dt. 24-2-10

Counter signed

Chief Dist. Medical Officer.
OFFICE OF THE CHIEF DISTRICT MEDICAL OFFICER, ANGUL

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt/Kum. Sudhir Behera
aged about _______ years, son/wife/daughter of Shri/Smt. Sumanta Behera
address Purope P.S. Kothamag of
of

is a case of

He/She is declared/Visually Disabled / Speech & Hearing Disabled and has _______ hundred percent Permanent (Physical impairment /Visual impairment /Speech & Hearing Impairment) in relation to his/her

Note:
1. This case is progressive / non progressive / likely to improve / not likely to improve.
2. Recommended __________ / is recommended after a period of __________ months.

* State 'a. m.' or 'p. m.' as applicable.

(Doctor) Seal

(Sign)

(Doctor) Seal

(Sign)

(Sign)

Countersigned by the
Medical Superintendent / CMO / Head of Hospital
(With Seal)
Resident of Polam Dist. Boudh is a physically handicapped, he/she suffers from Anarthralgia. His/her disability is temporary/permanent. He/she comes under the category of Visually Handicapped. His/her percentage of disability is 150% (Hundred percent). Recommended for physical restoration.

Written visually/hearing/locomotor/mental etc. specify orthopaedic/ENT/EYE/psychiatry etc.

No. 296/SWC/BD/08 Dt. 19/01/08

Counter signed

Chief Dist. Medical Officer.
Boudh
DISABILITY CERTIFICATE

DISTRICT MEDICAL BOARD OF 

(issued under Rule-4 (2) of the persons with disabilities (Equal Opportunities, protection of Rights and full participation) Rules, 1996 and as per the guidelines given by the Ministry of welfare Government of India, Gazettee Notification N. 4-2/83. HW III Dated 6th August 1986.)

Sri/Ku./Smt. ____________________________
Postre mark: ____________________________

Resident of Pindia Dist. Poddil

is a physically handicapped. He/she suffers from ________________
his/her disability is temporary/permanent.

He/she comes under the category of Viscally Handicapped
his/her percentage of disability is ________________

Recommended for physical restoration ____________________________

Member Medical Board
Dr. Ch. Medical R., Addl. COMO/Orthopaedic Specialist

with Seal & Date
Dist. Hops. Hospital, Dist. Bissi

Specialist in Ophthalmology

with Seal & Date
Dist. Head Qtr. Hospital, Dist. Bissi

Write visually/hearing/locomotor/mental etc
specify orthopaedic/ENT/EYE/psychiatry etc

No. 239/Chm/10
Dt. 23/1/10

Counter signed 

Chief Dist. Medical Officer.
DISTRICT MEDICAL BOARD, BOUDH

DISABILITY CERTIFICATE

(Issued Under Rule-4(2) of the person with Disabilities (Equal opportunities, Protection of rights and full participation) Rules, 1996 as per the guidelines given by the Ministry of Welfare, Government of India, Gazette Notification No. 4/2/83. HW III dated 6th August 1986.)

Sri/Km./Smt.

Pradip Pradhan

S/G.D/O, W/O

Panchali Pradhan

Resident of

Jatappali, PO: Suliakha PS: Balipada

Dist: Boudh State: Odisha is a Physically Handicapped.

Date of Birth: 1st Jan Nationality: Indian

He/She suffers from Developmental Cataract (EC Nystagmus

Blepharitis (EC Nystagmus

His/Her Disabilities is Temporary/Permanent Permanent

He/She comes under the category of Visually Handicapped

His/her Percentage of Disabilities is 40\% (Forty per cent)

Recommended for Physical Restoration

I declare that, I have not appeared before any Medical Board & obtained Disabilities Certificate.

Signature/ L.T.I. of Candidate.

__________________________

Specialist Member

Medical Board
With Seal & Date

__________________________

Member

Medical Board
With Seal & Date

__________________________

Member

Medical Board
With Seal & Date

* With Visually/Hearing/Locomotor/Mental etc.

** Specify Orthopaedic/ENT/Eye/Psychiatry etc.
DISTRICT MEDICAL BOARD, CHIEF DISTRICT MEDICAL OFFICER, BOUDH

DISABILITY CERTIFICATE

(Issued under Rule-4 (2) of the persons with disABILITY) (Equal Opportunities, protection of right and full participation) Rule, 1996 and as per the guideline given by the Ministry of Welfare, Govt. of India, Gazette notification No.4-2/83 HW-III dt.6th August 1986).

Sri / Smt. / Kum. ___________ Manabendra Naik
Son/Daughter/Wife of ___________ Pritha Naik
Residence of ___________ Bhankhol P.O. Targapada
P.S. ___________ Bagapani District Boudh
is a physical handicapped. He / She suffers from ________
His / Her disability is temporary / permanent ________
He / She comes under the category of ________ handicap.
His / Her percentage of disability is ________
Recommendation for physical restoration ________

Member Medical Board with Seal & Date

Member Medical Board with Seal & Date

Specialist Member Medical Board Seal & Date

ENT Specialist Dist. Hrs. Hospital, Boudh

*Write Visually / Hearing / Locomotor / Mental etc.
**Specialist Orthopaedic / ENT /Eye / Psychiatry etc.

No. ___________ Dl. 25-9-13

Countersigned

Chief District Medical Officer
Boudh

[Photo of a child]
DISTRICT MEDICAL BOARD OF Boudh

(issued under Rule-4 (2) of the persons with disabilities (Equal Opportunities, protection of Rights and full participation) Rules, 1996 and as per the guidelines given by the Ministry of welfare Government of India, Gazettee Notification N. 4-2/83. HW III Dated 6th August 1986.)

Sri/Ka/Smt Dilu Karna
S/o, D/l, W/l Sanjaya Karna
Resident of Mundhipadar Dist Boudh
is a physically handicapped. He/she suffers from anophthalamoses.
his/her disability is temporary/permanent.
He/she comes under the category of Visually Handicapped.
his/her percentage of disability is 100% (Hundred percent)
Recommended for physical restoration

Member of Medical Board with Seal & Date
Member of Medical Board with Seal & Date
Specialist in Ophthalmology Dist. Hars. Hospital, Boudh

Write visually/hearing/locomotor/mental etc
specify orthopaedic/ENT/EYE/psychiatry etc

No. Dt.

Counter siged

Chief Dist. Medical Officer.
DISABILITY CERTIFICATE

DISTRICT MEDICAL BOARD OF

(issued under Rule-4 (2) of the persons with disabilities (Equal Opportunities, protection of Rights and full participation) Rules, 1996 and as per the guidelines given by the Ministry of welfare Government of India, Gazettee Notification N. 4-2/83, HW III Dated 6th August 1986.)

Sri/Km/Smt: Baruna Kanhar
S/o, D/o, W/o: Hara Kanhar.
Resident of: Laxmoniprasad Dist: Boudh.
is a physically handicapped. He/she suffers from: Anterior Stapyloma LE.
his/her disability is temporary/permanent.
He/she comes under the category of: Visually Handicapped
his/her percentage of disability is: 100% (Hundred percent).
Recommended for physical restoration:

Member: Medical Board
with Seal & Date: 25/11/04

Member of: Medical Board
with Seal & Date: 25/11/04

Specialist in: Ophthalmology
with Seal & Date: 25/11/04

Write visually/hearing/locomotor/mental etc
specify orthopaedic/ENT/Eye/Psychiatry etc

No. D.t.

Counter singed

Chief Dist. Medical Officer.
DISABILITY CERTIFICATE

DISTRICT MEDICAL BOARD OF

(issued under Rule-4 (2) of the persons with disabilities (Equal Opportunities, protection of Rights and full participation) Rules. 1996 and as per the guidelines given by the Ministry of welfare Government of India, Gazettee Notification N. 4-2/83. HW III Dated 6th August 1986.)

Sr/Ku./Smt. [Name] 
Sr, D/o, W/o [Name]
Resident of [Address]
is a physically handicapped. He/she suffers from [Disability]
his/her disability is temporary/permanent.
He/she comes under the category of [Category]
his/her percentage of disability is [Percentage]

Recommended for physical restoration

[Signature]
Member
[Name]
Member Medical Board
with Seal & Date
[Date]

[Signature]
Member of
[Name]
with Seal & Date
[Date]

[Signature]
Specialist in
[Name]
Member Medical Board
with Seal & Date
[Date]

Write visually/hearing/locomotor/mental etc specify orthopaedic/ENT/EYE/psychiatry etc

No. 13/SW/10 Dt. 23-2-10

Counter signed

[Signature]
Chief Dist. Medical Officer.
DISABILITY CERTIFICATE

Issued under Rule-4 (2) of the persons with disability) (Equal Opportunity of right and full participation) Rule, 1996 and as per the guideline given by the Ministry of Welfare, Govt. of India, Gazette notification No.4-2/83 HW-III dt. 6th August 1983.

Sri / Smt. / Kum. Sipa Gaigawa

Son / Daughter / Wife of Sabitri Gaigawa

Residence of Patuna Bahire P.O. Bahire

P.S. Bahumi District Boudha

is a physical handicapped. He / She suffers from Amyotrophic Lateral Sclerosis

His / Her disability is temporary / permanent Permanent

He / She comes under the category of Visually Handicapped

His / Her percentage of disability is 100% (Hundred percent)

Recommendation for physical restoration

Member

Medical Board

Member

Medical Board

Specialist

Member

Medical Board

D.H.M. BOUDHA

* Write Visually / Hearing / Locomotor / Mental etc.
** Specialist Orthopaedic / ENT / Eye / Psychiatry etc.

No. 5 of 2012 D. 09-07-2012

Countersigned

Chief District Medical Officer

Boudha
CERTIFICATE FOR THE PERSONS WITH DISABILITIES.

This is to certify that Shri / Smt. Kumar, Sudama Hota

Son / Wife / Daughter of Sri Birendra Hota of Village, Kasarpur

P.O. Bandhupur, Block, Boudh, Dist. Boudh

Age __3__ old male / female, Registration No. ________________ in a case of

He / She is physically disabled / Visual disabled / Speech & Hearing disabled and has ___ % (____________ Hundred Percent) Permanent (Physical Impairment) in relation to his / her ________________.

Note: -
1. The Condition is progressive / non-progressive / likely to improve / not likely to improve.
2. Re-assessment is not recommended / is recommended after a period of ____________ Months ____________ Years

Strike out which is not applicable.

Medical Board

Specialist in Orthopedic/ENT/Ophthalmology

Member, District Medical Board, Boudh

With Seal & Date

Countersigned

(I have not received such type of disability certificate earlier. Prior to issue of this Certificate)

Signature & Thumb Impression