

FACILITIES FOR DIVYANGJAN

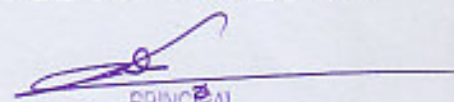


Wheel Chair for Divyangjan



Ramp at Administrative Building for Divyangjan

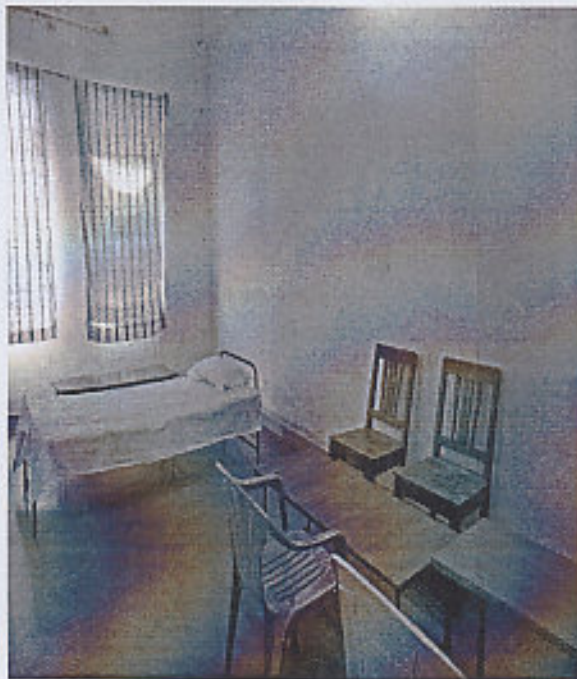
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PRINCIPAL
Kavikulguru Institute Of Tech. & Science
RAMTEK-441106, NAGPUR (Distt) Mah




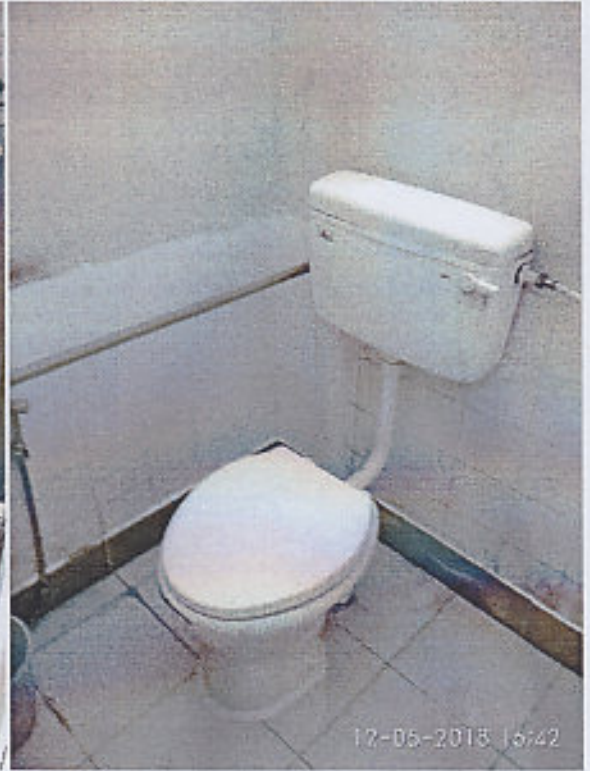
Ramp at Civil Engineering Department for Divyangjan



Rest Room for Divyangjan

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Toilets for Divyangjan (Gents)



Toilets for Divyangjan (Ladies)

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PRINCIPAL
Kavitkulguru Institute Of Tech. & Science
RAMTEK-441106, NAGPUR (Distt.) Mah

To
The Dean of Examination,
K.I.T.S. Ramtek.
Dt: 4th Oct 2016.

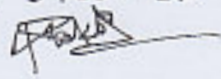
W-16

Sub: Application for issuing Urletter
for University Examination.

Respected Sir,

I Praymati Makde AR-14003 of
B. Arch Vth Sem writing this letter for
requesting you to please allow me to take
one urletter for my university Examination
of IV Sem. because I am not able to
write the Theory papers as my hand
is fractured in one accident.

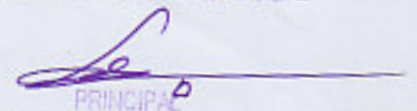
So I request you please
allow me for the same.
Thank You.

Yours Faithfully,
Praymati Makde
AR-14003
B. Arch V Sem.


upto 9/10/16 only



TRUE COPY ATTESTED



PRINCIPAL
Kavitaguru Institute Of Tech. & Science
RAMTEK-441106, NAGPUR (Dist.) Maharashtra

SHANTARAM ORTHO & SURGICAL HOSPITAL

Shantinath Road, Gandhi Chowk, Ramtek - 441106. Ph. (07114) 255347

MEDICAL CERTIFICATE

No. 0835

Date: 10.9.16

Patient Ku Brajwal, Makde

Age 20 Yrs. Diagnosis Displaced # radial styloid (RT) is under

- My treatment as an out-patient and / or in-patient, at this hospital.
- Was treated as an O.P.D. Patient from 9.9.16 to 10.9.16
- Was admitted as an indoor patient on 1/1 and discharge on 1/1
- He/She was operated for _____ on 1/1
- He/She has been advised 30 days rest from 9/9/16
- However, He/She is further advised to continue rest from 1/1 for another 1 days.
- He/She is fit to resume normal duties/light work from 1/1
- Identification Mark _____

Patient's Signature & / Or

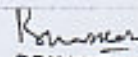
Thumb impression

Date: 10.9.16



Dr's Sign.

Dr. Nilay N. Hande
M.S. (ortho)
CONSULTANT ORTHOPAEDIC SURGEON
Regd. No. 83287

Student Sign.


PRINCIPAL

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PRINCIPAL
Kankulgun Institute Of Tech. & Science
RAMTEK-441106, NAGPUR (Dist) M.P.

To, ^{SAS}
Controller of Examinations,
KITS Ramtek, 441106.

U. Roll. NO

167611

Subject: To permit extra time for Examinations

Respected Sir,

I Saurabh Dubey bearing Roll No. ME11148
of final year (8th semester) mechanical
Engineering student. My examination
will be starting on 9/5/15 to 25/5/15 of
8th semester mechanical engineering.

I physically handicapped candidate.

I required 30 min extra time for solve
the papers in an examination. give
me permission for that.

Thank you,
Yours faithfully,

Saurabh Dubey:

pl.



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PRINCIPAL

Kavikulganu Institute Of Tech. & Science
RAMTEK-441106, NAGPUR (Distt.) Mah



Government of Maharashtra

Form-IV

Disability Certificate

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



NAME OF THE HOSPITAL:

IGMC Hospital, Nagpur

(Maharashtra, India)

Certificate Number: 80016

Date: 13/01/14

I certify that I have carefully examined.

Person Identification Number: V150500070743

Aadhar Number: N/A

Shri/Smt./Kum: Dubey Saurabh Mahesh

Father Name: Shri/Smt./Kum. Mahesh

Date of Birth (dd/mm/yyyy): 01/06/1994

Age: 19 years

Gender: Male

Permanent Address:

House Address: Ramtek

Village: Ramtek

District: Nagpur

Taluka: Ramtek

Pincode: N/A

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 %)
Visual Impairment	Both Eyes	AMBLYOPIA RIGHT EYE	40

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

Aadhar Card, Ration card

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PRINCIPAL Kavikulguru Institute Of Tech. & Science RAMTEK-441106, NAGPUR (Distt) Mah

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

Dr. Sudhir Pendke, M.S (Ophthalmology) Associate Professor

Dr. Ravi Chandra Chauhan M.B.B.S, M.S. (Ophthalmology) Member, Nagpur Medical College & Hospital, Nagpur.

Dr. Mohan Khambhaonkar M.B.B.S, M.D. Medical Superintendent, Ramtek Village & Hospital, Nagpur

Dr. Ravi Chandra Chauhan M.B.B.S, M.S. (Ophthalmology) Member, Nagpur Medical College & Hospital, Nagpur.

Signature of the person whose disability certificate is issued

Note: This is not valid for Medical Legal cases.