



Manoharbai Shikshan Prasarak Mandal Armori's

**MAHATMA GANDHI ARTS, SCIENCE &
LATE NASARUDDINBHAI PANJWANI COMMERCE
COLLEGE ARMORI**

Dist. Gadchiroli (Maharashtra) 441 208

Affiliated to Gondwana University, Gadchiroli.

Re-accredited by NAAC 'A' with 3.24 CGPA

**ANNUAL QUALITY ASSURANCE REPORT
(AQAR) 2021-22**

**CRITERION – VII
INSTITUTIONAL VALUES &
BEST PRACTICES**

METRIC NO: ~ 7.1.7.

METRIC NAME: - *Institution has disabled-friendly, barrier free environment*



Web: - mgcollegearmori.ac.in
e-mail: - mgcollege.armori@gmail.com
Phone: - 07137-266558

Human Assistance Applications in University Examination

**Mahatma Gandhi Arts, Science & Late N. P. Commerce College
Armori, Dist. Gadchiroli**

Consolidated List of Students showing types of Disability

Year of Enrolment	Sr. No.	Name of Students Enrolled	Type of Disability of the students	Program Enrolled
2021-22	1	Sumit Revnath Dumbhare	Locomotor disability Bilateral Coxa Valgum	B.A.I
	2	Kumbhadeo Bhaurao Nannaware	Physical Impairment	B.A.I
	3	Vidhi Sudhir Darve	Hearing Impairment	B.A.I
	4	Mohit Bhashkar Pohankar	Locomotor disability Post Traumatic Arthritis LT Elbow	B.A.I
	5	Divya Nilkanth Neware	Mental illness MR+CP	B.A.II
	6	Komin Bhushan Dhamagra	Locomotor disability Post operative monoparesis LT L-L	B.Sc.I
	7	Vaishali Bandopant Usendi	Congenital Amputation PIP JT LT Thumb with Amputation MCP JT 2 nd 3 rd 4 th 5 th Fingers LT Hand	B.Sc.I
	8	Shubham Vilas Jaunjalkar	Sickle Cell Disease	B.Sc.II
	9	Amit Ratiram Bendare	B/L Fore Foot Adduction	B.Com.I

2021-22



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

Disability Certificate

Issuing Medical Authority, Gadchiroli, Maharashtra



Certificate No.: MH1210620030052167

Date: 22/02/2021

This is to certify that I/we have carefully examined Shri **Sumit Revanath Dumbare**, Son of Shri **Revanath Gajanan Dumbare**, Date of Birth **06/04/2003**, Age **17**, Male, Registration No. **2712/00000/2102/0713663**, resident of House No. **Tadulwar Nagar Armori, Back Of Shivmandir - 441208**, Sub District **Armori**, District **Gadchiroli**, State / UT **Maharashtra**, whose photograph is affixed above, and I am/we are satisfied that:

- (A) He is a case of **Locomotor Disability**
(B) The diagnosis in his case is **BILATERAL COXA VALGUM**.
(C) He has **42%**(in figure) **Forty Two** percent(in words) Temporary Disability in relation to his Left Leg Right Leg as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).
This certificate recommended for **1 year(s)**, and therefore this certificate shall be valid till **22/02/2022**

The applicant has submitted the following document(s) as proof of residence:

Nature of Document(s): Aadhaar card

S.A. Dumbare

Signature / Thumb Impression of the Person with Disability

Signature of Signatory

Signatory of notified Medical Authority Member(s)



Issuing Medical Authority, Gadchiroli, Maharashtra

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



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महाराष्ट्र शासन
 Government of Maharashtra
 Disability Certificate



No. 658267

Government of Maharashtra
 Form-IV

Disability Certificate

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

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 कार्यालय जिल्हा शल्यचिकित्सक
 सामान्य रुग्णालय, चंद्रपूर
 दिनांक



17 NOV 2017
 District Hospital, Chandrapur
 (Maharashtra, India)

NAME OF THE HOSPITAL:

Certificate Number: 465842

Date: 15/11/2017

This is to certify that I have carefully examined.

Person Identification Number: P150900639868

Aadhar Number: N/A

Shri/Smt./Kum: NANNAWARE KUMHARDEV BHAURAO SUNITA

Father Name: Shri/Smt./Kum. BHAURAO

Date of Birth (dd/mm/yyyy): 13/11/2002

Gender: Male

Age: 15 years.

Permanent Address:

House Address: At. Post. Bormala

Village: Bormala

District: Chandrapur

Taluka: Sawali

Pincode: 441215

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 %)
Physical Impairment	Bil. L/L	BIL TEV	56

- The Above condition is **Permanent, non-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)

Dr. Chetan Nagrecha
 MS Orthopedic Surgeon
 Member
 Regn. No. : 2014/04/1788

Dr. U. V. Mungate
 Additional Civil Surgeon
 Member Secretary
 Regn. No. : 49513

Dr. Umesh B. Navade
 Civil Surgeon
 President
 Regn. No. : 54403

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

Note: This is not valid for Medical Legal Purposes



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 Science & Late
 CIVIL SURGEON

N. P. Commerce College,
 Armori, Dist - Gadchiroli



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:

District Hospital, Gadchiroli

(Maharashtra, India)

Certificate Number: 8021

Date: 18/04/13

This is to certify that I have carefully examined.

Person Identification Number: PI50800013134

Aadhar Number: 577772957220

Shri/Smt./Kum: Darve Vidhi Sudhir

Father Name: Shri/Smt /Kum. SUDHIR

Date of Birth (dd/mm/yyyy): 11/02/2003

Age: 10 years

Gender: Female

Permanent Address:

House Address:

Village: Armori

Taluka: Armori

District: Gadchiroli

Pincode: 441208

whose photograph is affixed above, and am satisfied that he / she is a case of Hearing 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 %)
Hearing Impairment	All 4 Limbs	OSTEOGENESIS IMPERFECTA	90

1. The Above condition is Permanent, non-progressive, not likely to improve

2. Reassessment of disability not necessary

3. The applicant has submitted following documents as proof of residence:

Aadhar Card, In case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill, etc., a certificate of residence from the head of such institution

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

Dr. Satish Meshram

Dr. R. W. Kamble

DR. R.S. Farooqi

Civil Surgeon

Member Secretary (RMO)

President Civil Surgeon

Regn. No. 61304
General Hospital Gadchiroli

Regn. No. 50542
General Hospital Gadchiroli

Regn. No. 49343
General Hospital, Gadchiroli



N. P. Commerce College, Armori, Dist. Gadchiroli

Note: This is not valid for Medico Legal cases



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

Disability Certificate

Issuing Medical Authority, Gadchiroli, Maharashtra



Certificate No.: MH1210620030014420

Date: 25/04/2019

This is to certify that I/We have carefully examined Shri **Mohit Bhashkar Povankar** Son of Shri **Bhashkar** Date of Birth **30/07/2003** Age **15 Year(s)** Male, Registration No. **2712/00000/1903/1623661** resident of House No. **At Post Shivani Bk, Tah Armori, Dist Gadchiroli - 441208** Sub District **Armori** District **Gadchiroli** State / UTs **Maharashtra**

Whose photograph is affixed above, and I/We satisfied that:

- (A) He is a case of Locomotor Disability
(B) The diagnosis in his case is **POST TRAUMATIC ARTHRITIS LT ELBOW**

(C) He has **40%**(in figure) **Forty** percent(in words) Temporary in relation to his (part of body) as per guidelines (to be specified).

This certificate recommended for **2 year(s)**, and therefore this certificate shall be valid till **25/04/2021**

The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): Aadhaar card

Movankar

Signature / Thumb impression of the Person With Disability

Shreshtham *Mhurekda*

Signatory of notified Medical Authority Member



Mhurekda
Issuing Medical Authority, Gadchiroli, Maharashtra

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



Mhurekda
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Armori, Dist - Gadchiroli



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

Disability Certificate

Issuing Medical Authority, Gadchiroli, Maharashtra



Certificate No.: MH1210820020003692

Date: 06/05/2017

This is to certify that I/We have carefully examined Kum. **Divya Nilkanth Neware** Daughter of Shri **Nilkanth Namdev Neware** Date of Birth **21/04/2002** Age **15 Year(s)** Female, Registration No. **2712/00000/1801/0385863** resident of House No. **Shiwaji Chauk Ward 1 Armori, Armori, Ta Armori Dist Gadchiroli - 441208** Sub District **Armori** District **Gadchiroli** State / UTs **Maharashtra** Whose photograph is affixed above, and I/We satisfied that:

- (A) She is a case of Mental Illness
(B) The diagnosis in her case is **MR+CP**

(C) She has **75%**(in figure) **Seventy Five** percent(in words) Permanent in relation to her (part of body) as per guidelines (to be specified).

The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): Aadhaar card

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



Issuing Medical Authority, Gadchiroli, Maharashtra

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



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

Disability Certificate

Issuing Medical Authority, Gadchiroli, Maharashtra



Certificate No.: MH1210620030045165

Date: 20/08/2020

This is to certify that I/We have carefully examined Kum. **Komin Bhushan Damgara** Daughter of Shri **Bhushan** Date of Birth **23/02/2003** Age **17 Year(s)** Female, Registration No. **2712/00000/2008/1790007** resident of House No. **At Ghugawa, Po Botekasa, Ta Korchi - 441209** Sub District **Korchi** District **Gadchiroli** State / UTs **Maharashtra** Whose photograph is affixed above, and I/We satisfied that:

(A) She is a case of Locomotor Disability

(B) The diagnosis in her case is **POST OPERATIVE MONOPARESIS LT L-L.**

(C) She has **41%**(in figure) **Forty One** percent(in words) Permanent in relation to her (Right Leg) as per guidelines (to be specified).

The applicant have been submitted the following document(s) as proof of residence

Nature of Document(s): Aadhaar card

K. Damgara

Signature / Thumb impression of the Person With Disability

Bhushan *M. Damgara*

Signatory of notified Medical Authority Member



Issuing Medical Authority, Gadchiroli, Maharashtra

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



[Signature]
Principal
Mahatma Gandhi Arts,
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Amori, Dist. Gadchiroli

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:

District Hospital, Gadchiroli
(Maharashtra, India)

Date: 08/09/2016

Certificate Number: 325423

This is to certify that I have carefully examined.

Person Identification Number: PI50800437327

Aadhar Number: N/A

Shri/Smt./Kum: USENDI VAISHALI BANDUPANTA REKHA

Father Name: Shri/Smt./Kum. BANDUPANTA

Date of Birth (dd/mm/yyyy): 15/10/1999

Gender: Female

Permanent Address:

House Address: AT KANALCAON POST POTEGAON

Village: Kankelgaon

District: Gadchiroli

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 :-

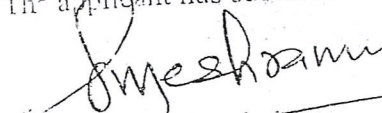
Age: 16 years


Taluka: Gadchiroli
Pincode: 442605

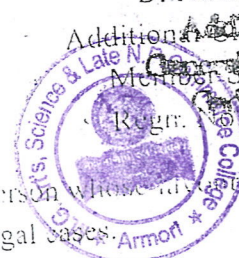
Disability	Affected part of Body	Diagnosis	Disability (in %)
Physical Impairment	Lt. U/L	CONGENITAL AMPUTATION PIP JT LT THUMB WITH AMPUTATION MCP JT 2ND 3 RD 4TH 5TH FINGERS LT HAND	40

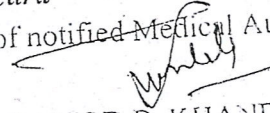
- The Above condition is **Permanent, non-progressive, not likely to improve**
- Reassessment of disability
- The applicant has submitted following documents as proof of residence: **Aadhar Card, Ration card, A certificate of residence issued by a Panchayat, municipality, cantonment board**
- The applicant has submitted following documents as proof of Identity: **Aadhar Card**

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


 Dr. Satish Meshram
 Orthopaedic Surgeon
 M. S. (Ortho.)
 Orthopaedic Surgeon (Class-II)
 General Hospital, Gadchiroli
 Reg. No. 61804




 Dr. A.J. Rudey
 Addl. CS Surgeon
 Member Secretary
 Reg. No. 61121




 DR. PRAMOD B. KHANDATE
 CIVIL SURGEON
 Civil Surgeon
 District Hospital,
 Gadchiroli
 Regn. No. : 072114
 M.G. Arts, Science &
 Late N.P. Compuess College
 ARMORI, Dist. Gadchiroli

Note: This is not valid for Medico Legal cases.

UNIQUE DISABILITY ID
Government of India


नाम / Name
शुभम विलास जांजालकर
Shubham Vilas Jaunjalkar

UD ID
MH1211820010032432

Disability Type
Sickle Cell Disease

Year of Birth Percentage of Disability
2001 45% (Forty Five Percent)

Date of Issue Valid upto
13/02/2020 Permanent




Issuing Authority Sign
B29/ Y/ 0163664

UNIQUE DISABILITY ID
Government of India

State ID: NA

Aadhaar No: *****8683



Address of Card issuing Authority
Civil Surgeon General Hospital, Complex,
Chandrapur Road, -

B29/ Y/ 0163664




PRINCIPAL
 M.G. Arts, Science &
 Late N.P. Commerce College
 ARMORI, Dist. Gadchiroli

CAMP:

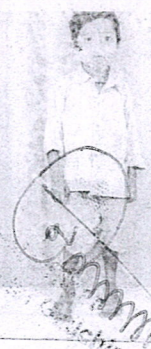
B. Com

GENERAL HOSPITAL, GADCHIROLI

Certificate No. 15111-108

Date: 18.10.08

DISABILITY CERTIFICATE



This is certified that Shri/Smt/Kum Amit Achalewar Bhendare Son/Wife/Daughter of Shri Achalewar Bhendare is suffering from permanent disability of following category.

- A. Locomotor or cerebral palsy: i) BL- Both legs affected but not arms ii) BA-Both arms affected iii) BLA-Both legs and Both arms affected iv) OL-One leg affected (right or left) v) OA - One affected vi) BH - stiff back and hips (Cannot sit or stood) vii) MW-Muscular Weakness and physical endurance.

A: BL Forefoot adduction

- B. Blindness or low vision. (i) B-Blind (ii) PB-Partially Blind C. Hearing Impairment (i) D-Deaf (ii) PD-Partially Deaf

MA

(Delete the category whichever is not applicable)

2. This condition is progressive /non-progressive /likely to improve /not likely improve. Re-assessment of this case is not recommended /is recommended after a period of ONE year months.

3. Percentage of disability in his/her case is 10% percent.

4. Shri/Smt./Kum. meet the following physical

- Requirement for discharge of his/her duties (i) F-can perform work by manipulating with fingers Yes / No (ii) PP-can perform work by pulling & pushing Yes / No (iii) L-can perform work by lifting Yes / No (iv) KC-can perform work by kneeling & 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) SB-can perform work by seeing Yes / No (x) H-can perform work by hearing/speaking Yes / No (xi) RW-can perform work by reading & writing Yes / No

Ten only

Dr. Member Medical Board

Dr. Member Medical Board

Dr. Member Medical Board Civil Surgeon General Hospital Gadchiroli



Principal

Mahatma Gandhi Arts, Science & Late N.P. Commerce College, Armori, Dist - Gadchiroli