



Manoharabhai 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**

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**ANNUAL QUALITY ASSURANCE REPORT  
(AQAR) 2022-23**

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

**METRIC NO: ~ 7.1.7.**

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



Web: - [mgcollegearmori.ac.in](http://mgcollegearmori.ac.in)  
e-mail: - [mgcollege.armori@gmail.com](mailto:mgcollege.armori@gmail.com)  
Phone: - 07137-266558



MANOHARIBHAI SHIKSHAN PRASARAK MANDAL ARMORI'S  
**MAHATMA GANDHI ARTS, SCIENCE &  
LATE NASARUDDINBHAI PANJWANI COMMERCE COLLEGE**



ARMORI Dist. Gadchiroli (M.S.) 441 208  
Affiliated to Gondwana University, Gadchiroli  
Re-accredited by NAAC 'A' with 3.24 CGPA(2022)  
Web: mgcollegearmori.ac.in

Dr. Lalsingh H. Khalsa  
Principal & IQAC Chairman  
Mob. No. 9422153197  
E-mail: lalsinghkhalsa@yahoo.com

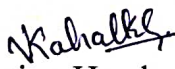
Dr. Satish. S. Kola  
IQAC Coordinator  
Mob. 9595982057  
E-mail: [satish.kolawar@gmail.com](mailto:satish.kolawar@gmail.com)

## Certificate of Verification

The document herewith is a testimonial of the following specifics;

- AQAR 2022-23
- Criterion - VII (Institutional Values & Best Practices)
- Metric no. – 7.1.7
- Metric Particular - Institution has disabled-friendly, barrier free environment.

It is affirmed that the attached document pertinent to the above cited specifics are duly verified and approved by the IQAC.

  
Criterion Head

  
IQAC Coordinator

**IQAC-Co-ordinator**

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



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

<b>METRIC NO.</b>	<i>7.1.7</i>
<b>METRIC NAME</b>	<i>Institution has disabled-friendly, barrier free environment</i>

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

**List of Handicapped Students**

Session : 2022-23

Sr. No.	Name of Student	Gender	Class	Category	Type of Disability	Disability Percentage	Mobile No.
1	Onkar Someshwar Bhurse	Male	B.A.I	OBC	Right Mixed Hearip Loss	40%	7798440280
2	Sumit Revnath Dumbhare	Male	B.A.II	OBC	Locomotor disability Bilateral Coxa Valgum	55%	7066335467
3	Kumbhadeo Bhaurao Nannaware	Male	B.A.II	ST	Physical Impairment	56%	9112818696
4	Vidhi Sudhir Darve	Female	B.A.II	OBC	Hearing Impairment	90%	9765049346
5	Divya Nilkanth Neware	Female	B.A.III	ST	Mental illness MR+CP	75%	8007086550
6	Amol Jaypal Gavture	Male	B.Com.I	OBC	Physical Impairment LT. U/L	67%	8080823950
7	Amit Ratiram Bhendare	Male	B.Com.II	OBC	B/L Fore Foot Adduction	10%	9307255963
8	Mohit Bhashkar Povankar	Male	B.Com.II	OBC	Locomotor disability Post Traumatic Arthritis LT Elbow	40%	9767916588
9	Vaishali Bandopant Userdi	Female	B.Sc.II	OBC	Congenital Amputation PIP JT LT Thumb with Amputation MCP JT 2 <sup>nd</sup> 3 <sup>rd</sup> 4 <sup>th</sup> 5 <sup>th</sup> Fingers LT Hand	40%	9420022795
10	Komin Bhushan Dhamagra	Female	B.Sc.III	OBC	Locomotor disability Post operative monoparesis LT L-L	41%	8275227211
11	Shubham Vilas Jaunjalkar	Male	B.Sc.III	OBC	Sickle Cell Disease	45%	9405987873
12	Akshay Lahudas Marbhate	Male	M.A.I Soc.	NT			9404664214



GOVERNMENT OF MAHARASHTRA  
DISTRICT GENERAL HOSPITAL, GADCHIROLI

Tel. 07132-222320, 222644

No. : CS/GHG/ENT./Cert./...../2012  
Office of the Civil Surgeon, General Hospital,  
Gadchiroli Dated 04/16/2012

DISABILITY CERTIFICATE



ENT

This is to certify that Shri/Smt./Kum. Onkar  
Son/Wife/Daughter of Shri Someshwar Bhurase. Ho. Thanejan Age 10 Years

Sex : Male / Female, Identification Mark (s) .....  
is suffering from bilat mixed hearip loss ..... permanent disability

of following category :

(A) Hearing Impairment :

- (i) D-Deaf
- (ii) PD-Partially Deaf

1. This condition is progressive/non-progressive/likely to improve/not likely to improve Re-issessment of this case is not recommended / is recommended after a period of 01 Yrs. — months —

2. Percentage of disability in his/her is 40% Percent. forty Percent permanary

3. Audiometry Report :  
PTA done: No bilat mixed hearip loss  
He can perform work by hearing/speaking.

4. Shri/Smt./Kum ..... meets the following physical requirement  
for discharge of his/her duties :-

[Signature]  
Member  
Medical Board, G. H. Gadchiroli  
M. S. (ENT)  
ENT Surgeon  
General Hospital Gadchiroli  
Reg. No. 77177

[Signature]  
Vice-President  
Medical Board, G. H. Gadchiroli  
M. S. (Ortho.)  
Orthopaedic Surgeon (Class-1)  
General Hospital Gadchiroli  
Reg. No. 61304

[Signature]  
Chairperson  
Medical Board, G. H. Gadchiroli  
General Hospital,  
Gadchiroli

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.R. Dumbare

Signature / Thumb Impression of the Person with Disability

[Signature]

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 institution / Address Proof for any purpose.



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



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)

जा. क्र. 1917  
 कार्यालय जिल्हा शल्यचिकित्सक  
 सामान्य रुग्णालय चंद्रपूर  
 जिल्हा



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. MINNAWIRE KUMBHADEV BHAURAO SUNITA

Father Name: Shri/Smt./Kum. BHAURAO

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

Age: 15 years

Gender: Male

Permanent Address:

House Address: At.Post. Bormala

Village: Bormala

Taluka: Sawali

Pincode: 441215

District: Chandrapur

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

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

2. Reassessment of disability

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

4. 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 disability certificate is issued

Note: This is not valid for Medical Legal AND CIVIL SURGEON



Principal  
 Mahatma Gandhi Arts  
 Science & Late  
 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

- 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, 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  
 Civil Surgeon  
 Reg. No. 6130 (Class-1)  
 General Hospital Gadchiroli

Dr. R.W. Kamble  
 Member Secretary  
 Reg. No. 50642  
 Hospital Gadchiroli

DR. R.S. Farooqi  
 Civil Surgeon  
 Reg. No. 19313  
 General Hospital,  
 Gadchiroli



Note: This is not valid for Medico Legal purposes

W P Commerce College,  
Armori, 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.



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

CAMP:  
**GENERAL HOSPITAL, GADCHIROLI**

Certificate No. 1511/08

Date: 18.12.08

**DISABILITY CERTIFICATE**

This is certified that Shri/Smt/Kum Amit Radhikam Bhandarkar Son  
Wife/Daughter of Shri Radhikam Bhandarkar  
Age 64 Sex M identification mark(s) \_\_\_\_\_  
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) Impaired reach  
(b) Weakness of grip.  
(a) Impaired reach.  
(b) Weakness of grip  
(c) Ataxic  
(a) Impaired reach.  
(a) Weakness of grip  
(c) Ataxic

A = BL forefoot adduction

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

NA

(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

Yes only

Dr. \_\_\_\_\_  
Member  
Medical Board

Dr. \_\_\_\_\_  
Member  
Medical Board

Dr. \_\_\_\_\_  
Member  
Medical Board



Principal

Wahatma Gandhi Arts,  
Science & Late  
P. Commerce College,  
Arnor, 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.: 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**

*Mohit*

Signature / Thumb impression of the Person With Disability

*M. Bhashkar* *M. Bhashkar*

Signatory of notified Medical Authority Member



*M. Bhashkar*

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.



*M. Bhashkar*  
Principal  
Mahatma Gandhi Arts,  
Science & Late  
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: 325423

Date: 08/09/2016

This is to certify that I have carefully examined  
Person Identification Number: P150800437327

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

Age: 16 years

Gender: Female

Permanent Address:

House Address: AT KANALGAON POST POTEGAON

Village: Kanhelgaon

Taluka: Gadchiroli

District: Gadchiroli

Pincode: 442605

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	Lt. U/L	CONGENITAL AMPUTATION PIP JT LT THUMB WITH AMPUTATION MCP JT 2ND 3 RD 4TH 5TH FINGERS LT HAND	40

1. The Above condition is **Permanent, non-progressive and likely to improve**
2. Reassessment of disability
3. 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**
4. The applicant has submitted following documents as proof of Identity: **Aadhar Card**

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

*[Signature]*

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

*[Signature]*  
Dr. A. J. Rudey  
Additional Surgeon  
General Hospital,  
Gadchiroli  
Reg. No. 601121

*[Signature]*  
DR. PRAMOD B. KHANDATE  
CIVIL SURGEON  
General Hospital,  
Gadchiroli  
Regn. No. : 072114

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

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.: 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* *Maharashtra*

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,  
Science & Late  
N. P. Commerce College,  
Amori, Dist - Gadchiroli



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

## Disability Certificate

Issuing Medical Authority, Chandrapur, Maharashtra

क्र. सं. 2188  
आचार्य विद्यापीठ, अहमदनगर  
आचार्य विद्यापीठ, अहमदनगर  
दिनांक 20 SEP 2019



Certificate No.: MH1310619970035505

Date: 07/09/2019

This is to certify that I/We have carefully examined Shri **Akshay Lahudas Marbhate** Son of Shri **Lahudas** Date of Birth **14/07/1997** Age **21** Year(s) **Male**, Registration No. **2713/00000/1907/0187931** resident of House No. **At. Post. Mendaki - 441206** Sub District **Brahmapuri** District **Chandrapur** 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 **CDH LEFT WITH SHORTENING LEFT LOWER LIMB**

(C) He has **52%** (in figure) **Fifty Two** percent (in words) Temporary in relation to his (part of body) as per guidelines (to be specified).

This certificate recommended for **3 year(s)**, and therefore this certificate shall be valid till **07/09/2022**

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

Nature of Document(s): **Aadhaar card**

*Akshay Marbhate*

Signature / Thumb impression of the Person With Disability

*Akshay Marbhate*

Signatory of notified Medical Authority Member



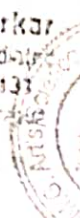
*[Signature]*  
Issuing Medical Authority, Chandrapur, Maharashtra

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]*  
**Dr. Prafulla Ambekar**  
M.B.B.S, D.Ortho, M.S., D.Ch.  
Regn. No. 78006  
General Hospital, Chandrapur

**Principal**  
Mahatma Gandhi Arts,  
Science & Late  
N. P. Commerce College,  
Amnoli Dist - Gadchiroli

*[Signature]*  
**Dr. Bhaskar Sonarkar**  
M.B.B.S, D.Ch., M.D. Pediatrics  
Regn. No. 20037045131  
General Hospital, Chandrapur



*[Signature]*  
**Dr. N. B. Rathod**  
Civil Surgeon  
Regn. No. 7-716  
General Hospital, Chandrapur