



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

**ANNUAL QUALITY ASSURANCE REPORT
(AQAR) 2023-24**

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

METRIC NO: ~ 7.1.7.

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



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e-mail: - mgcollege.armori@gmail.com
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MANOHARBHAI 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

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IQAC Coordinator
Mob. 9595982057
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Certificate of Verification

The document herewith is a testimonial of the following specifics;

- AQAR 2023-24
- 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

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

महात्मा गांधी कला, विज्ञान व स्व. न. प. वाणिज्य महाविद्यालय
आरमोरी, जि. गडचिरोली

विद्यार्थी विकास विभाग

दिव्यांग विद्यार्थी

अहवाल

सत्र २०२३-२४

महात्मा गांधी कला, विज्ञान व स्व. न. प. वाणिज्य महाविद्यालय
आरमोरी, जि. गडचिरोली

विद्यार्थी विकास विभाग

दिव्यांग विद्यार्थी अहवाल

२०२३-२४

महाविद्यालयात सत्र २०२३-२४ मध्ये प्रवेशित दिव्यांग विद्यार्थी खालीलप्रमाणे आहेत.
सदर विद्यार्थ्यांना शासनाच्या आदेशानुसार खालीलप्रमाणे सोयीसुविधा महाविद्यालयाकडून दिले जाते.

१. विद्यार्थ्यांना मोफत व सरळ प्रवेश आहे.
२. महाविद्यालयाच्या इमारतींना रैम्प उपलब्ध आहे.
३. महाविद्यालयातील ग्रंथालयामध्ये दिव्यांगासाठी आरक्षित बसण्याची व्यवस्था आहे.
४. व्यवसाय मार्गदर्शन व स्पर्धा परीक्षेची पुस्तके विनामुल्य अभ्यासाकरिता उपलब्ध केली जातात.

प्रमुख

विद्यार्थी विकास विभाग

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

List of Handicapped Students

Session 2023-24

Sr. No.	Name of Students	Gender	Class	Category	Types of Disability	Disability percentage	Mobile No.
1	Amol Jaipal Gavture	Male	B. Com. Sem. IV	OBC	Physical Impairment LT.U/L	67%	8080823950
2	Mohit Bhashakar Povankar	Male	B. Com. Sem. VI	OBC	Locomotor Disability post traumatic arthritis LT elbow	40%	9767916588
3	Amit Ratiram Bhendare	Male	B. Com. Sem. VI	OBC	B/L Fore foot adduction	10%	9307255963
4	Sumit Revanath Dumbare	Male	B. A. Sem. VI	OBC	Locomotor Disability bilateral coxa valgum	55%	7066335467
5	Vidhi Sudhir Darve	Female	B. A. Sem. VI	OBC	Hearing Impairment	90%	9765049346
6	Vaishali Bandupanth Usendi	Female	B. A. Sem. VI	OBC	Congnital Amputation PIP JT LT Thumb with Amputation MCP JT 2 nd 3 rd 4 th 5 th fingers LT hand	40%	9420022795

Print

Log Out

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: 46370

Date: 09/01/14

This is to certify that I have carefully examined.

Person Identification Number: P150800070020

Aadhar Number: N/A

Shri/Smt./Kum: GAVTURE AMOL JAIPAL

Father Name: Shri/Smt./Kum. JAIPAL

Date of Birth (dd/mm/yyyy): 19/02/2004

Age: 9 years

Gender: Male

Permanent Address:

House Address: AT RAJGATAMAL POJAPHRA

Village: Gadchiroli

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	DYSGENESIS LT.U/L	67

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, Ration card, A certificate of residence issued by a Panchayat, municipality, cantonment board, 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
Orthopedic Surgeon
Member

Regn. No. : 61304

Dr. R.W. Kamble
RMO (Clinical)
Member Secretary

Regn. No. : 50542

DR. R.S. Farooqi
Civil Surgeon
President

Regn. No. : 49343

Signature/Thumb impression of the person whose favour 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.: 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

S. J. Shinde

M. S. Shinde

Signatory of notified Medical Authority Member



S. J. Shinde
Issuing Medical Authority, Gadchiroli, Maharashtra



Medical Officer,
General Hospital, Gadchiroli

HANDICAP CERTIFICATE

NoGHGad/Hand.Cert-/
Office of the Civil Surgen,
General Hospital, Gadchiroli.
Date :- 25/8/05

Certified that Shri/Smt/Kum. Amit Rahiram Bhedare

Age _____ has medically been examined by me of Regd. O.P.D. No. 17
Date 25/8/05 and found that he/she falls under the category of a physically handicapped persons in terms of the defination laid down by the Maharashtra Govt. under G.A.D resolution no. 1077/3576/1438/XVI-A, Dated 23rd May, 1978.

This certificate is issued to enable him to register his/her name as a physically Handicapped person in the Employment Exchange for Employment Asstt.

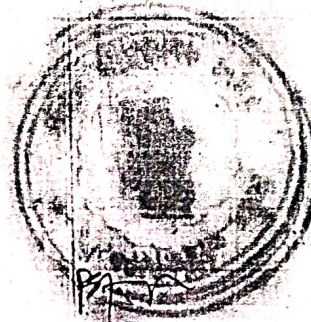
The natur of his/her disability is equino-valgus: both foot
his/ her permanant disability of above deformity 40% (fairly poor in words.)
tenopony (correctable by surgery)

Identification marks :-

- 1.
- 2.

Signature of Examiner

[Signature]
Medical Officer,
General Hospital, Gadchiroli
EYE/ORTHO/PHYSICIAN/ENT
Medical Officer,
General Hospital, Gadchiroli:



R. M. O,
Resident (Medical) Officer (C1)
General Hospital, Gadchiroli.
Gadchiroli

[Signature]
Civil Surgeon
General Hospital,
Gadchiroli.



3591 2022
 22 SEP 2022



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.: MH1210620030110441

Date: 21/09/2022

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 **19**, 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 **C P WITH SPASTIC PARAPLEGIA**.

(C) He has **55%**(in figure) **Fifty Five** percent(in words) Permanent 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).

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

Nature of Document(s): Aadhaar card

S.R. Dumbhare

Signature / Thumb Impression of the Person with Disability

[Handwritten Signature]



Signatory of notified Medical Authority Member(s)



Issuing Medical Authority, Gadchiroli, Maharashtra

[Handwritten Signature]
ORTHOPAEDIC SURGEON
GENERAL HOSPITAL
GADCHIROLI

[Handwritten Signature]
ADDL. C.S.
General Hospital,
Gadchiroli

[Handwritten Signature]
DR. ANIL J. RIDEY
CIVIL SURGEON
DISTRICT HOSPITAL GADCHIROLI
REGN. NO. - 61121

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

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 :-

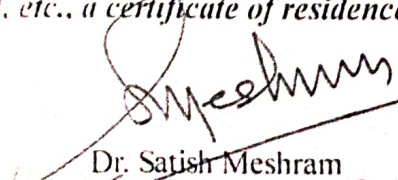
Disability	Affected part of Body	Diagnosis	Disability (in %)
<i>Hearing Impairment</i>	<i>All 4 Limbs</i>	<i>OSTEOGENESIS IMPERFECTA</i>	<i>90</i>

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




Dr. Satish Meshram

Civil Surgeon

Regn. No. : 61304

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



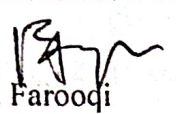
Dr. R.W. Kamble

Member Secretary/RMO

Regn. No. : 50542

General Hospital Gadchiroli

Reg. No. 50542



DR. R.S. Farooqi

President/Civil Surgeon

Regn. No. : 49343

General Hospital,
Gadchiroli

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

This is not valid for Medical Legal cases

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: *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*

Age: *16 years*

Permanent Address:

House Address: *AT KANALGAON POST POTEGAON*
 Village: *Kanhelgaon*
 District: *Gadchiroli*

Taluka: *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 %)
<i>Physical Impairment</i>	<i>Lt. U/L</i>	<i>CONGENITAL AMPUTATION PIP JT LT THUMB WITH AMPUTATION MCP JT 2ND 3 RD 4TH 5TH FINGERS LT HAND</i>	<i>40</i>

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, 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)

Dr. Satish Meshram
 Dr. Satish N. Meshram
 Orthopaedic Surgeon
 M. S. (Ortho.)
 Member
 Orthopaedic Surgeon (Class-1)
 General Hospital, Gadchiroli
 Reg. No. 61804

Dr. A.J. Rudey
 Dr. A.J. Rudey
 Addl. C.S.
 Member Secretary
 General Hospital,
 Gadchiroli
 Regn. No. 61121

DR. PRAMOD B. KHANDATE
 DR. PRAMOD B. KHANDATE
 CIVIL SURGEON
 General Hospital,
 Gadchiroli
 Regn. No. : 072114

Signature/Thumb impression of the person whose favour disability certificate is issued
 Note: This is not valid for Medico Legal cases.