

COLLEGE GHUMARWIN

Affiliated to Himachal Pradesh University Shimla

(File No. 1-128/94-HPU (Acad.) Vol.-III

Website: www. https://gcghumarwin.org.in/e-mail: gcghumarwin-hp@nic.in

Phone No.01978255551

2.2.3.1 Percentage of Differently Abled Students (Divyangjan) on Roll

ANJANA DBY

Medical Certificate for Physically Handicapped Persons
Certified that the State/District Medical Board at State/Zonal/District Hospital
NameSo. D/o, W/o Shri
Name. So Dio, Wo Shri Bi Si Ale.
P.O. Constitution P.O. Constitution P.O. Constitution Constitution Constitution (H.P.)
Identification Mark of Candidate:
Category of Disability:
1. Blindness.
2. Low vision.
3. Hearing impaired.
4. Locomotor impaired.
S. Mental illness.
6. Mental Retardation.
7. Leprosy cured.
Nature of disability :
Permanent/temporary /
mild, moderate, severe, profound/total Yalldity of certificate:
THE PARTY OF THE P
of temporary disability) 100 / (are He-dre) (cut)
Extent of District
Extent of Disability: Atypical RI() NY E
Other particulars clarifying the disability
including the percentage of disability :-
Aids/Appliances recommanded, if any :- /5/L
Shirt was the second of the se
(1) Member concerned speciality
Signature
Stamp Surgeon
D. H. Bilaspur (H. P.)
(2) Any other members
Signature
Stamp Medical Specialist
D.H. Bilaspur (H. P.)
(3) Chairman
Date 1579/54 Stamp Stamp
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Annexure "II"

Sr. No. ___ ()

dical Certificate for Physically Handicapped Persons

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					September 1	-	The same			1	-	-	

Name GGT PI SHOT	S/o, D/o, W/o Shri 372	
The party Sex 60	Address	******
Ro Village Conider	PO \$3.711.की	
label santal	Dist. Agriculture (H.P.

Signature of Candidate -Identification Mark of Candidate:

CATEGORY OF DISABILITY:

- 1) Blindness
- ii) Low vision.
- iii) Hearing impaired
- iv) Locomotor impaired.
- v) Mental illness
- vi) Mental Retardation
- viii Leprosy cured.

NATURE OF DISABILITY:

Mild Moderate Severe Profound form

VALIDITY OF CERTIFICATE:

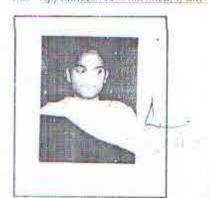
(specify the date in case of temporary disability)."

Not (Hendred)

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EXTENT OF DISABILITY:

Other particulars clarifying the disability building the pen entage of disability tals. Applaintes recommended, if any



(1) Member concerned specially
Signature 4 44 Stamp

(3) Chairman Signature Stamp

	VEENA
VEHICAL CERTIFICATE	FOR PHYSICALLY HANDIMAPPED
ertified that the Stat	5/Distt. Medical Soard at State/Zpnsl/Distr. P.)examined that condidate the
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category of Diephility:-	
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6.Mant al Reteroution	
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Extent of Disability	
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	2. Momber (any other)
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	Signature MEDICA: ATTEMPT
	* dornat f A
	O/o Ch.el mental officer Shimla District shimla

BABITA SHARMA
Annexure "II"
Medical Certificate for Physically Handicapped Persons

Certified that the State/District Medical Board at State/Zonal/District
Hospital
and particulars are given below ;-
Name Babite Sharma S/o, D/o, W/o Shri Baig Lad
R/o Village Harilstones P.O. Dogs r. Teh Gillamadolin Distt. Delso Reis (H.P.)
R/o Village Handleforger P.O. Dags n. Teh Gitt Mis Revin
Distt(H.P.)
Signature of Candidate:-
Identification Mark of Candidate :
Category of Disability:
1. Blindness.
2 Low vision.
3. Hearing impaired.
4 Locomotor impaired. 5. Mental illness.
6. Mental Retardation.
7. Leprosy cured.
Nature of disability:
Nature of disability: Permanent/temporary mild, moderate, severe, profound/total Defence Shorty
mild, moderate, severe, profound/total
validity of certificate :
(specify the date in case of temporary disability)
50 1/ 1741/
including the percentage of disability :-
Aids/Appliances recommanded, if any :-
(1) Member concerned speciality
Signature
Stamp Orthografic Surgeon DAL Busspur (H.P.)
D. H. Busspur (11.17)
(2) Any other members
Signature Ill. 19 12 1964.
Stamp (strong (for Re))
Luces (to go
(3) Chairman
Signature 2
Date 7.610 766 Stamp

S V GOVT. COLLEGE GHUMARWIN

Teh. Ghumarwin Distt. Bilaspur (HP) Ph./Fax01978255551 Email:gcghumarwin-hp@nic.in www.gcghumarwin.org.in

FEE RECEIPT

Month : Jun-19

Receipt No. : 3162 Dated : 28/06/19

Student Name: BABITA SHARMA
Father's Name: BRIJ LAL SHARMA

Class : BCom 1
Roll No. : 19CM098

Uni.Roll No. :

Fee Head		Amount
Admission Fee		25.00
A.F		150.00
BF	please of the	60.00
Lib		100.00
HPU Regn. Fee		481.00
HEF		40.00
Med		6.00
CDF		10.00
BRF		25.00
FRF		10.00
ICF		10.00
Mag		50.00
SAF		2.00
CAF		20.00
R&R		30.00
NCC	Charles and the same of	10.00
Spo		120.00
C& IF		20.00
Red Cross Fund		40.00
Sı	ıb Total	1,209.00
	PTA Fund	200.00
Gran	nd Total	1,409.00
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FEE RECEIPT

Month : Jun-19

Receipt No. : 3244 Dated : 29/06/19

Student Name: POONAM DEVI Father's Name: PREM LAL

Class : **BA 2**Roll No. : **18HN041**

Uni.Roll No. :

Fee Head		Amount
Admission Fee		25.00
A.F		150.00
3 F		60.00
Cont. Fee		10.00
Youth Welfare Fund		15.00
Hoilyday Home Fund		1.00
Uni. Sports Fee		15.00
HEF		40.00
Med		6.00
CDF		10.00
BRF	Total Control	25.00
FRF		10.00
CF		10.00
Mag		50.00
SAF	WEST OF THE WAY	2.00
CAF		20.00
R&R		30.00
NCC		10.00
Spo		120.00
C& IF		20.00
Red Cross Fund		40.00
	Sub Total PTA Fund	669.00
	Grand Total	869.00

Mode: By Cash

Auth. Sign.

Auth. Sign.

S V GOVT. COLLEGE GHUMARWIN

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FEE RECEIPT

Month : Jun-19

Receipt No. : 3338 Dated : 30/06/19

: 18HN026

Student Name : VEENA DEVI Father's Name : SHIV RAM Class : BA 2

Uni.Roll No. :

Mode: By Cash

Roll No.

Fee Head	Amount
Admission Fee	25.00
A.F	150.00
BF	60.00
Cont. Fee	10.00
Youth Welfare Fund	15.00
Hoilyday Home Fund	1.00
Uni. Sports Fee	15.00
HEF	40.00
Med	6.00
CDF	10.00
BRF	25.00
FRF	10.00
ICF	10.00
Mag	50.00
SAF	2.00
CAF	20.00
R&R	30.00
NCC	10.00
Spo	120.00
C& IF	20.00
Red Cross Fund	40.00
S	ub Total 669.00
	PTA Fund 200.00
C	nd Total 869.00
Gra	nd rotal 869.00

S V GOVT. COLLEGE GHUMARWIN

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FEE RECEIPT

Month : Jun-19

Receipt No. : 27105 Dated : 30/06/19

Student Name: ANJANA KUMARI Father's Name: ARJUN SINGH BHATIA

Class : BA Sem 5
Section : Unit 1
Roll No. : 1701HS064

Uni Roll No

Fee Head		Amount
Admission Fee		25.00
A.F		150.00
BF		60.00
Cont. Fee		10.00
Youth Welfare Fund		15.00
Hoilyday Home Fund		1.00
Uni. Sports Fee		15.00
HEF		40.00
Med		6.00
CDF		10.00
BRF		25.00
FRF		10.00
ICF		10.00
Mag		50.00
SAF		2.00
CAF		20.00
Mus		90.00
R&R		30.00
NCC		10.00
Spo		120.00
C& IF		20.00
Red Cross Fund		40.00
1100 01000 1 1110		
	Sub Total	759.00
	PTA Fund	200.00
	Grand Total	959.00

Mode: By Cash

Auth. Sign.

Auth. Sign.

S V GOVT. COLLEGE GHUMARWIN

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FEE RECEIPT

Month Receipt No. : 27104 Dated : 30/06/19

: Jun-19

Student Name: NISHA KUMARI

Father's Name: KEWAL RAM THAKUR

Class

: BA Sem 5

Section Roll No. : Unit 1

: 1701HS063

Uni.Roll No.

Fee Head	Amount
Admission Fee	25.00
A.F	150.00
BF	60.00
Cont. Fee	10.00
Youth Welfare Fund	15.00
Hoilyday Home Fund	1.00
Uni. Sports Fee	15.00
HEF	40.00
Med	6.00
CDF	10.00
BRF	25.00
FRF	10.00
ICF	10.00
Mag	50.00
SAF	2.00
CAF	20.00
Mus	90.00
R&R	30.00
NCC	10.00
Spo	120.00
C& IF	20.00
Red Cross Fund	40.00
	10.00

Mode: By Cash

Auth. Sign.

759.00

200.00

959.00

Sub Total

PTA Fund

Grand Total