



EST-1994

SWAMI VIVEKANAND GOVERNMENT COLLEGE GHUMARWIN

Affiliated to Himachal Pradesh University Shimla

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

Website: [www. https://gcghumarwin.org.in/](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

PANTANA D.B.V.

Annexure "II"

Medical Certificate for Physically Handicapped Persons

Certified that the State/District Medical Board at State/Zonal/District Hospital..... (H.P.), examined the candidate whose signature and particulars are given below :-

Name..... S/o, D/o, W/o Shri.....

Age..... Sex..... Address.....

R/o Village..... P.O..... Teh.....

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 :

Permanent/temporary
mild, moderate, severe, profound/total

Validity of certificate :

(specify the date in case of temporary disability)

Extent of Disability :

Other particulars clarifying the disability

including the percentage of disability :-

Aids/Appliances recommended, if any :-

100% (one Hundred Percent)
Applicant R.P. (2) R.P. E
Expenditure
Insulinopathy
B/L R/L



Eye Surgeon
D.H. Bilaspur

(1) Member concerned speciality

Signature.....

Stamp

Eye Surgeon
D.H. Bilaspur (H. P.)

(2) Any other members

Signature.....

Stamp

Medical Specialist
D.H. Bilaspur (H. P.)

(3) Chairman

Signature.....

Stamp

मुख्य निदेशिका अधिकारी

Date..... 15/9/04

NISHA

MEDICAL CERTIFICATE FOR PHYSICALLY HANDICAPPED

Certified that the State/District Medical Board at State/Zonal/District Hospital.....(H.P.) examined that candidate whose particular and signature are given below:-

Name..... Nisha Devi..... S/O, B/O, W/O or Parent Ram
Age..... 8..... Sex..... Female, Address..... Vill. P.T.
P/O..... Chandpur..... Tah..... Longa..... Distt. Shimla (H.P.)

Signature of Candidate..... (Nisha).....

Mark of Identification.....

Category of Disability:-

1. Blindness.
2. Hearing.
3. Low vision.
4. Locomotor.
5. Mental illness.
6. Mental Retardation.
7. Leprosy Cured.

VO (LH) 100%
B/L. Paralysis of subscapular
at level 2. Hypothenar

Nature of Disability:-

Permanent/Temporary
Mild/Moderate/Severe/Profound/Total.

Validity of certificate.....

(Specify the date of case..... of Temporary certificate)

Extent of Disability:-

Give particulars classifying the Disability including the percentage of Disability:- 100% One hundred per cent

Side/Appendages, if any:-



1. Member concerned Speciality

Signature..... [Signature].....

Dr. A. H. Singh

2. Member (any other)

11/05/82

Chairman

Dr. A. H. Singh

Signatures.....

Dr. A. H. Singh
Dr. A. H. Singh

POONAM

Sr. No. 12

Annexure "II"

Medical Certificate for Physically Handicapped Persons

certified that the State/District Medical Board at State/Zonal/District Hospital BILASPUR (H.P.) examined the candidate whose signature and particulars are given below:-

Name पूनाम देवी S/o, D/o, W/o Shri श्री. श्री
Age 19 yrs Sex Female Address
R/o Village गुजरावली P.O. गुजरावली
Tehsil गुजरावली Distt. बिलासपुर (H.P.)

Signature of Candidate:-

Identification Mark of Candidate:

CATEGORY OF DISABILITY:

- ☒ (i) Blindness
- ☐ (ii) Low vision
- ☐ (iii) Hearing impaired
- ☐ (iv) Locomotor impaired
- ☐ (v) Mental illness
- ☐ (vi) Mental Retardation
- ☐ (vii) Leprosy cured

Va { PL + myopia
PL + astigmatism
f. corneal opacity

NATURE OF DISABILITY:

☒ Permanent ☐ Temporary
☐ Mild ☐ Moderate ☐ Severe ☒ Profound/Total

VALIDITY OF CERTIFICATE:

(specify the date in case of temporary disability)

100% (Handicapped)

EXTENT OF DISABILITY:

Other particulars clarifying the disability including the percentage of disability
Any Appliances recommended, if any:



(1) Member concerned specially
Signature [Signature] CH. P. 1
Stamp

(2) Any other members
Signature [Signature]
Stamp

(3) Chairman
Signature [Signature]
Stamp

VEENA

MEDICAL CERTIFICATE FOR PHYSICALLY HANDICAPPED

Certified that the State/Distt. Medical Board at State/Zonal/Distt. Hospital.....(H.P.) examined that candidate whose particulars and signature are given below:-

Name.....Veena.....S/O, D/O, W/O Sh.....Shiv. Rao
Age...84 Sex...Male Female, Address. Vill.Leapti
P.O.Chargawa.....Teh....Ranbar.....Distt. Shimla(H.P.)

Signature of Candidate.....Shiv. Rao.....
Mark of Identification.....Shiv. Rao.....

Category of Disability:-

1. Blindness.
2. Hearing.
3. Low vision.
4. Locomotor.
5. Mental illness.
6. Mental Retardation.
7. Leprosy Cured.

VCC. PLT
HMC.R.

Name of Disability:-

Permanent/Temporary
Mild/Moderate/Severe/Profound/Total.

Validity of Certificate.....

(Specify the date of issue.....of Temporary certificate)

Extent of Disability:-

Other particulars clarifying the Disability including the percentage of Disability:-

100% (Handicapped)

Wife, spouse, if any:-



1. Member concerned (Signature).....
Signature.....

Shiv
Med. Officer
B.D. 10/10/04
Shimla

2. Member (any other)

Chairman MEDICAL SUPERINTENDENT
Signature.....
O/o Chief Medical 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..... (H.P.), examined the candidate whose signature and particulars are given below :-

Name..... Babita Sharma..... S/o, D/o, W/o Shri..... Raj Lal.....
Age..... 8 yrs..... Sex..... female..... Address.....
R/o Village..... Hazilganga..... P.O. Degera..... Tch..... Chitradurga.....
Distt..... Belgaum..... (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 :

Permanent/temporary
mild, moderate, severe, profound/total

Validity of certificate :

(specify the date in case
of temporary disability)

Extent of Disability :

Other particulars clarifying the disability
including the percentage of disability :-

Aids/Appliances recommended, if any :-

Post-op. m. Non Union
@ femur & Shank

50% (Ftlyt)



(1) Member concerned speciality

Signature.....
Stamp..... Orthopaedic Surgeon
D.H. Belgaum (H.P.)

(2) Any other members

Signature.....
Stamp.....

(3) Chairman

Signature.....
Stamp.....

Date..... 26/05/06

S V GOVT. COLLEGE GHUMARWIN

Teh. Ghumarwin Distt. Bilaspur (HP)
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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
B F	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	10.00
Spo	120.00
C& IF	20.00
Red Cross Fund	40.00

Sub Total 1,209.00

PTA Fund 200.00
Grand Total 1,409.00

Mode : By Cash

Auth. Sign.

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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
B F	60.00
Cont. Fee	10.00
Youth Welfare Fund	15.00
Holiday 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

Sub Total 669.00

PTA Fund 200.00
Grand Total 869.00

Mode : By Cash

Auth. Sign.

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FEE RECEIPT

Month : Jun-19
Receipt No. : 3338 Dated : 30/06/19
Student Name : VEENA DEVI
Father's Name : SHIV RAM
Class : BA 2
Roll No. : 18HN026
Uni.Roll No. :

Fee Head	Amount
Admission Fee	25.00
A.F	150.00
B F	60.00
Cont. Fee	10.00
Youth Welfare Fund	15.00
Hollyday 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

Sub Total 669.00

PTA Fund 200.00

Grand Total 869.00

Mode : By Cash

Auth. Sign.

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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
B F	60.00
Cont. Fee	10.00
Youth Welfare Fund	15.00
Hollyday 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

Sub Total 759.00

PTA Fund 200.00

Grand Total 959.00

Mode : By Cash

Auth. Sign.

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Teh. Ghumarwin Distt. Bilaspur (HP)

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Email: gcghumarwin-hp@nic.in

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FEE RECEIPT

Month : Jun-19
Receipt No. : 27104 Dated : 30/06/19
Student Name : NISHA KUMARI
Father's Name : KEWAL RAM THAKUR
Class : BA Sem 5
Section : Unit 1
Roll No. : 1701HS063
Uni. Roll No. :

Fee Head	Amount
Admission Fee	25.00
A.F	150.00
B F	60.00
Cont. Fee	10.00
Youth Welfare Fund	15.00
Hollyday 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
Sub Total	759.00
PTA Fund	200.00
Grand Total	959.00
Mode : By Cash	
Auth. Sign.	