
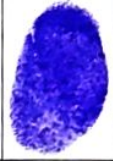

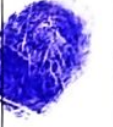

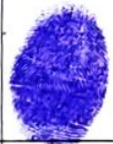



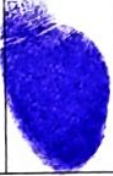




ANNEXURE - III

Sl. NO	Name of the Beneficiary	Address	M/F	Age	Income	Type of Aid (given)	Date on which Given	Cost of Aid	Fabri-ration/ Fitment Charges	Total Cost of Aid	Subsidy Provided	Travel cost paid to out station Beneficiary	Board and Lodging expense Paid	Whether Any Surgical Correction Undertaken	Total 12+13 +14+15	No. of Days for which stayed	Signature of Beneficiary Thumb Impression	Whether Accompanied By Escort	Caste	When did you Last received Aids
1	2	3	4	5	6	7	8	9	10	11	12			15	16	17	18	19	20	21
1	Mujwal Goud S/o Santhosh Goud	3-2-52, Snehapuri Nacharam, Hyd	M	7yrs	1,10,000	kit-3	21-3-2022	9249	-	9249	-			-	-	-		Forward	Gen	-
2	M. Shiven reddy S/o Kondal reddy	flat G4, 1-5-55/1, Saidashan habsiguda, Hyd	m	8yrs	1,20,000	kit-3	21-3-2022	9249	-	9249	-			-	-	-		Forward	Gen	-
3	Macha Goutham S/o Suresh	2-169, BabuPet, Yadagirigutta, Bhongu dest	M	8yrs	1,15,000	kit-3	21-3-2022	9249	-	9249	-			-	-	-		Forward	Gen	-
4	Penta Shivani D/o Ganesh	H.no 19-58/d/2 teachers Colony, Kalyan Puri Uppal 500039	F	20 yrs	1,10,000	kit-4	21-3-22	9497	-	9497	-			-	-	-		Forward	Gen	-
5	S. naga surya vamshi S/o S. Nagaraju	H.no 1-22/1, Chenaga Cherap. Malkajgiri dest	m	25 yrs	1,30,000	kit-4	21-3-22	9494	-	9497	-			-	-	-		Forward	Gen	-



ANNEXURE - III

Sl. NO	Name of the Beneficiary	Address	M/F	Age	Income	Type of Aid (given)	Date on which Given	Cost of Aid	Fabrication/ Fitment Charges	Total Cost of Aid	Subsidy Provided	Travel cost paid to out station Beneficiary	Board and Lodging expense Paid	Whether Any Surgical Correction Undertaken	Total 12+13 +14+15	No. of Days for which stayed	Signature of Beneficiary Thumb Impression	Whether Accompanied By Escort	Caste	When did you Last received Aids
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
6	P. Pavan S/o Balakrishna	C, 6 ICT, Habsiguda, Hyd	M	12yrs	1,10,000	Kit - 4	21-3-2022	9497	-	9497	-			-	-	-		P. Pavan	Gen	-
7	Shrishi D/o Pradeep Kumar Singhal	Plot no - A-7/5, Road no - 6 IDA Hyd 76	F	26 yrs	1,10,000	Kit - 4	21-3-2022	9497	-	9497	-			-	-	-		P. Pavan	Gen	-
8	B. Saikrishna S/o Late B. Uddaraju Venkata	Plot no - 1392 Plot no 202, Venkata Sai Estate medchal Malkajgiri dist	M	21 yrs	1,10,000	Kit - 4	21-3-2022	9497	-	9497	-			-	-	-		P. Pavan	Bc	-
9	V. Gopika Sai Kiran D/o Vasahab Guremur Hydrabad	Plot no A-7/5, Road no-6, IDA Madhav Hyd.	F	32 yrs	1,10,000	Kit - 4	21-3-2022	9497	-	9497	-			-	-	-		P. Pavan	OC	-
10	S. Manihar S/o Siddam Rajmouli	2-2-185/24/26 Amberpet Hyd.	M	17 yrs	1,12,000	Kit - 4	21-3-2022	9497	-	9497	-			-	-	-		P. Pavan	OC	-


FORMAT OF TEST - CHECK REPORT Under ADIP Scheme
Test Check (Minimum of 10/15 percent%) of beneficiaries assisted during the year 2021-22
Name of the Implementing Agency : NIEPID, Secunderabad

Part - 1

Sl. No.	S.No. of List of the covered beneficiaries	Name of Beneficiaries	Gender	Age	Father/ Husband name	Complete Address	Contact Numbers	Place of camp	Type of Aid Given	Date of Camp	Whether any surgical correction undertaken	Date of test check	Findings of test check (eg. distributed confirmed and working well/distribution confirmed but quality not satisfactory/distribution not confirmed, etc.)
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1		mujwal goud	M	7 y	santhosh goud	snheapuri, nacharm, hyd	8464999933	Nacharam Hyd	3	21.3.2022	Nil	21.3.2022	Confirm and Working
2		p pavan	M	12 y	balakrishna	IICI, habsiguda, hyd	9293009567	Nacharam Hyd	4	21.3.2022	Nil	21.3.2022	Confirm and Working

* 15% in case of grants-in-aid up to Rs.10.00 lakh and 10% in case of grant- in aid exceeding Rs.10.00 lakh

(Signature)
 Doctor of primary Health Centre/Block/Tehsil or Tehsildar of Nayab Tehsildar
 or SDO or BDO/SDO level officer or Social Welfare Officer/District Disability Officer
 Women and Child Development Officer holding charge of Social Welfare
 or any other officer authorised by District Collector
 Authorised officer from any other NIs

P.M.S. 
 (P. MADHUSUDAN REDDY)

Secretary
 Sadhana Society For
 The Mentally Handicapped



ABSTRACT OF TEST CHECK

Total No. of beneficiaries Test checked	No. of beneficiaries found with aid/appliances		No. of beneficiaries not found to have been given aid/appliances
	Working satisfactory	Not working satisfactory	
1	2	3	4
2	2	0	0

Certified that the above report is based on test check personally carried out by me and the finding have been accurately reported above.

(Signature)

Doctor of primary Health Centre/Block/Tehsil or Tehsildar of Nayab Tehsildar
or SDO or BDO/SDO level officer or Social Welfare Officer/District Disability Officer
Women and Child Development Officer holding charge of Social Welfare
or any other officer authorised by District Collector
Authorised officer from any other NIs

P.M.S. 
(P. MADHUSUDAN RENU)

Secretary
Sadhana Society For
The Mentally Handicapped

