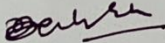


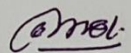
## YESHWANT MAHAVIDYALAYA, WARDHA

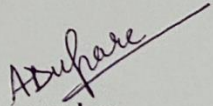
INTERNAL COMMITTEE FOR THE STUDENTS  
WITH DISABILITIES AND EQUAL OPPORTUNITY CELL

Session: 2020-2021

7.1.7 The Institution has disabled-friendly, barrier free environment	Yes / No	No. of Beneficiaries 04
1. Built environment with ramps/lifts for easy access to classrooms.	Yes	--/--
2. Disabled-friendly washrooms	Yes	--/--
3. Signage including tactile path, lights, display boards and signposts	Yes	--/--
4. Assistive technology and facilities for persons with disabilities (Divyangjan) accessible website, screen-reading software, mechanized equipment	No	--/--
5. Provision for enquiry and information : Human assistance, reader, scribe, soft copies of reading material, screen reading	Yes	--/--

  
**Principal**  
Yeshwant Mahavidyalaya  
Dr. V.A. Deshmukh  
**WARDHA**

  
**Coordinator**  
Prof. D.B. Mahajan

  
**Co-member**  
Dr. A.A. Dupare





Ramp towards Classroom



Ramp towards Admission Center





Ramp towards Library & Reading room



Ramp towards Washroom (Boys)





Ramp towards Washroom (Girls)

B.A.I(H)

2020-21



**Yeshwant Mahavidyalaya, Wardha.**  
(Accredited With B<sup>++</sup> Grade by NAAC)

2020-2021

Admission No.

**ADMISSION CUM IDENTITY CARD**

Shri / Ku. Naeem Alimuddin Sheikh

Class B.A. Sem. I Sec. H

Subjects Offered : 1. English 2. Marathi / Hindi

HLT, Soc, Pol. Sci

Student's Signature

Principal  
Yeshwant Mahavidyalaya  
WARDHA

FOR OFFICE USE			
1. Date of Birth	21/08/2000		
2. Annual Income Rs.	30000		
3. Caste	MUL		
4. Library Card No.			
5. Permanent Address	M. H. N. E. V. P. W. D. A. No. 15 W. D. A. Wardha - 461001		
6. Fees Paying	Enrolment No.		
7. Concessions	EBC/GOI/FF/PTC/STC/OM/Phy. Han./DC/SBC/SP		
8. Date of submission of concession form			
9. Date of submission of Enrolment form			
10. Date of submission of Examination form			
11. Particulars of Previous Examination	Name of Examination	Month & Yr. of Exam	Pass/ATKT
	XII	2020	Pass
Date	21/8/2021		
	Signature of the Lecturer-in-charge		





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

**Disability Certificate**  
Issuing Medical Authority, Wardha, Maharashtra

402



Certificate No.: MH0810620000030159

Date: 29/06/2018

This is to certify that I/We have carefully examined Shri **Nadim Alimuddin Sheikh** Son of Shri **Alimuddin** Date of Birth **01/09/2000** Age **18 Year(s)** Male, Registration No. **2708/00000/1904/1295568** resident of House No. **36 Mahadevpura Ward No 15, Near Ratnibai School, Wardha - 442001** Sub District **Wardha** District **Wardha** 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 **Cerebral Palsy with Spastic Diplegia**

(C) He has **65%**(in figure) **Sixty Five** percent(in words) Permanent in relation to his (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

*A. Sheikh*

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



*[Signature]*

Issuing Medical Authority, Wardha, 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.

25/10/19

M.A. History  
2020-21



Yeshwant Mahavidyalaya, Wardha.  
(Accredited With 'B' Grade by NAAC)

2019-2020

Admission No.

ADMISSION CUM IDENTITY CARD

Shri / Ku. Akshay B. Nagrale

Class M.A. Sem. 1st Sec. History

Subjects Offered : 1. English 2. Marathi / Hindi

A.B. NAGRALE  
Student's Signature

A. J. Poryllobay  
Principal  
Yeshwant Mahavidyalaya  
WARDHA

FOR OFFICE USE			
1. Date of Birth : <u>04/04/1992</u> 2. Annual Income Rs. <u>33,000/-</u>			
3. Caste : <u>Mahar</u> Category <u>SC</u> 4. Library Card No.			
5. Permanent Address <u>Art. Post. Pandharkhunde</u> <u>to Kelapur Dist. Yashwantrao</u>			
6. Fees Paying : Yes / No. <input checked="" type="checkbox"/> Enrolment No. <u>2015016601092441</u>			
7. Edu. Concessions : EBC/GOI/FF/PTC/STC/OM/Phy. Han./DC/SBC/SP			
8. Date of submission of concession form : <u>04/04/2019</u>			
9. Date of submission of Enrolment form :			
10. Date of submission of Examination form :			
11. Particulars of Previous Examination	Name of Examination	Month & Yr. of Exam	Pass/ATKT
	<u>B.A.</u>	<u>W/2018</u>	<u>Q</u>
Date <u>5/8/19</u>		Signature <u>[Signature]</u> Lecturer - in-charge	



Government of Maharashtra

Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III) (Sec rule 4)



NAME OF THE HOSPITAL:

Govt. Medical College Hospital, Yavatmal

(Maharashtra, India)

Certificate Number: 245658

Date: 14/01/2016

This is to certify that I have carefully examined.

Person Identification Number: P151000326357

Aadhar Number: N/A

Shri/Smt./Kum: NAGRALE AKSHAY BHAGWAN SHILA

Father Name: Shri/Smt./Kum. BHAGWAN

Date of Birth (dd/mm/yyyy):

Age: 21 years

Gender: Male

Permanent Address:

House Address: SHASTRI WARD PANDARKAWADA

Village: Kewapur

Taluka: Kelapur

District: Yavatmal

Pincode: N/A

whose photograph is affixed above, and am satisfied that he / she is a case of **Physical Impairment** disability. The extent of permanent physical impairment / disability has been evaluated as per guidelines and is entered against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
Physical Impairment	Bil. L/L	CP With Paraparesis	50

1. The 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)

Assist. Professor Orthopedics

DR. ANKUR BUCHHE

Assistant Professor ENT

Dr. B. N. Bangde

Professor Ophthalmology

Member

Member Secretary

President

Regn. No. : 1550

Regn. No. : 2010/05/1627

Regn. No. : 2008/04/1734

Signature of the person whose favour disability certificate is issued

Not valid for Medical purposes.



B.A. 2020-21



<sup>Provisional</sup>  
**Yeshwant Mahavidyalaya, Wardha.**  
(Accredited With B<sup>++</sup> Grade by NAAC)

2020-2021 1488336

Admission No.

24/09/2020

**ADMISSION CUM IDENTITY CARD**

Shri / Ku. Anand S. Dhange

Class B.A. Sem. 5<sup>th</sup> Sec. 'A'

Subjects Offered : 1. English 2. Marathi / Hindi

MLT, soc pol

Student's Signature

Anand S. Dhange

[Signature]  
Principal

Yeshwant Mahavidyalaya  
WARDHA

FOR OFFICE USE			
1. Date of Birth : <u>26.06.2002</u>	2. Annual Income Rs. <u>40,000/-</u>		
3. Caste : <u>Kunbi</u>	Category <u>OBC</u>	4. Library Card No. <u>.....</u>	
5. Permanent Address : <u>At - Post - J. P. ... Dist - Wardha</u>		Enrolment No. <u>20192080318321</u>	
6. Fees Paying : Yes / No. <u>✓</u>			
7. Edu. Concessions : EBC/GOI/FF/PTC/STC/OM/Phy. Han./DC/SBC/SP			
8. Date of submission of concession form : <u>.....</u>			
9. Date of submission of Enrolment form : <u>.....</u>			
10. Date of submission of Examination form : <u>.....</u>			
11. Particulars of Previous Examination	Name of Examination	Month & Yr. of Exam	Pass/ATKT
	<u>B.A. IV<sup>th</sup> Sem</u>	<u>5/2020</u>	<u>Appeared</u>
Date <u>24/09/2020</u>			
Signature of the Lecturer - in-charge <u>[Signature]</u>			



# महाराष्ट्र शासन Government of Maharashtra Disability Certificate



No. 618671

Government of Maharashtra	English
Software for Assessment of Disability, Maharashtra (SADM)	
Social Justice and Special Employment Department, Public Health Department, Directorate of Medical Education and Research	
Print	Log Out

Government of Maharashtra  
Form-IV

## Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)

2524  
24/10/2017



NAME OF THE HOSPITAL:-

District Hospital, Wardha  
(Maharashtra, India)

Certificate Number: 462226

Date: 06/11/2017

This is to certify that I have carefully examined.

Person Identification Number: VT50400634400

Aadhar Number: N/A

Shri/Smt./Kum: DEANDE ANAND SUDHIRRAO HARSHA

Father Name: Shri/Smt./Kum. SUDHIRRAO

Date of Birth (dd/mm/yyyy): 26/06/2000

Gender: Male

Permanent Address:

House Address: At-Dighi (Bargam) Post-Sebura, Tq-Deoli, Dist-Wardha.

Village: Dighi

District: Wardha

Age: 17 years

Taluka: Deoli

Pincode: 442101

whose photograph is affixed above, and am satisfied that he / she is a case of **Visual 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 %)
Visual Impairment	Both Eyes	OPERATED (BE) PSEUDOPHAKIA WITH HIGH MYOPIA WITH HORIZONTAL NYSTAGMUS WITH EXOROPIA WITH AMBLYOPIA	40

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. M. B. Sate  
Ophthalmic Surgeon  
Member

Regn. No. : 071367

Dr. Nivrati B. Rathod  
Additional Civil Surgeon  
Member Secretary

Regn. No. : 74718

Dr. Parushottam D. Mudavi  
Civil Surgeon  
President

Regn. No. : 081518

Signature of Surgeon (Dr. B.)

Signature of Authorised Signatory of notified Medical Authority

Note: This is not valid unless the Medical Legal Officer's signature is present.

Civil Surgeon

Civil Surgeon



2020-2021

PWD

B1  
15-32

A.T. Dhawale  
Student's Signature

Yeshwant Mahavidyalaya, Wardha.  
(Accredited With B<sup>++</sup> Grade by NAAC)  
2020-2021 2620761

Admission No.

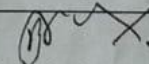
04/09/2020

## ADMISSION CUM IDENTITY CARD

Shri / Ku. Akanshu T. DhawaleClass B.A. Sem. I Sec. A

Subjects Offered : 1. English 2. Marathi / Hindi

Hom. Eco, Sociology,  
Pol. Sci.

  
Principal

## FOR OFFICE USE

1. Date of Birth : <u>25/10/2001</u>				2. Annual Income Rs. <u>40,000/-</u>			
3. Caste : <u>Dhangar</u> Category <u>NTC</u>				4. Library Card No.			
5. Permanent Address : <u>AT. Bargaon (Gadgaon)</u> <u>PO - Wagholi, Dist. Waghodi</u>							
6. Fees Paying : Yes / No.				Enrolment No.			
7. Edu. Concessions : EBC/GOI/FF/PTC/STC/OM/Phy. Han./DC/SBC/SP							
8. Date of submission of concession form :							
9. Date of submission of Enrolment form :							
10. Date of submission of Examination form :							
11. Particulars of Previous Examination		Name of Examination		Month & Yr. of Exam		Pass/ATKT	
		<u>H.S.C.</u>		<u>Feb-2020</u>		<u>PASS</u>	
Date <u>11/9/2020</u>				Signature of the Teacher - in-charge			



# महाराष्ट्र शासन

## Government of Maharashtra Disability Certificate



No. 601491

Government of Maharashtra

Form-TV

### Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)

679

NAME OF THE HOSPITAL:

District Hospital, Wardha  
(Maharashtra, India)

Certificate Number: 557217

Date: 10/08/2018

This is to certify that I have carefully examined.

Person Identification Number: PIS0400764144

Aadhar Number: N/A

Shri/Smt./Kum: **DHAVAL AKANSHA TULASHIDAS KAVITA**

Father Name: Shri/Smt./Kum. **TULASHIDAS DHAVAL**

Date of Birth (dd/mm/yyyy): **25/10/2001**

Age: 16 years

Gender: **Female**

Permanent Address:

House Address: **RA. BORGAO(DATAR), WAGHOLI, HINGANGHAT, WARDHA**

Village: **Borgaon**

District: **Wardha**

Taluka: **Hinganghat**

Pincode: **442301**

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 %)
<b>Physical Impairment</b>	<b>Rt. U/L, Rt. L/L</b>	<b>Right Hemiparesis (infantile)</b>	<b>42</b>

1. The Above condition is **Permanent, non-progressive, 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**

Dr. Hotchand Bacharam Khubnani

(Dr. H. B. Khubnani)

Member & Physician

Regn. No. 56203

General Hospital, WARDHA

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

Note: This is not valid for Medico Legal cases.

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

Dr. Anupama Pawar  
Additional Civil Surgeon

Dr. Anupama Pawar  
Member Secretary  
Additional Civil Surgeon  
Reg. No. 62121  
Civil Hospital, WARDHA

Dr. Purushottam D. Madavi  
Civil Surgeon  
President

Regn. No. : 081518

Dr. P. D. Madavi  
Civil Surgeon

General Hospital, WARDHA  
Regd. No. 081518



