



**PUNE DISTRICT EDUCATION ASSOCIATION's
SETH GOVIND RAGHUNATH SABLE COLLEGE OF PHARMACY
SASWAD, DIST-PUNE**

**DIFFERENTLY ABLED (DIVYANGJAN) FRIENDLINESS
FACILITIES**

1. Physical facilities (Spacious Corridors)



2. Wheel Chair & stretcher



3. Ramp / Rails



4. First Aid cum Sick Room



Application from disabled Student for getting extra time for writing during exam



PAGE NO.

Date :- 01/12/2017

To Principal,
Dr. R. Y. Pahl Sir,
Seth Govind Raghunath Sable College of pharmacy
Saswad, Tal - Purandar Dist - Pune

Applicant's Name :- Natu Chetan Mahan

At Post Saswad, Tal - Purandar Dist - Pune

Subject :- Application for granting permission for
extra time for University exam.

Respected Sir,

With due respect, I am, Natu Chetan Mahan of
class P. Y. B. Pharm of your college, was
respectfully request to you to let me granted
extra time for college and annual exam due
to my physical fitness issue.

I am attached a certificate for this
with this application

Thank You,

Your's Faithfully,
C. M. Natu

(Natu Chetan Mahan)

S.V.S.
T.M.A.
R.Y.P.
12/12/2017

Government of Maharashtra
 Software for Assessment of Disability, Maharashtra (SARAH)
 Social Justice and Special Assistance 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 Form II and III) (See rule 4)

NAME OF THE HOSPITAL: **SARASON GENERAL HOSPITAL**
 Sarason Hospital, Pune
 (Maharashtra, India)

Certificate Number: 75389 Date: 27-03-14

This is to certify that I have carefully examined:
 Person Identification Number: P132100100003
 Aadhar Number: N/A
 Sex: Male Name: Chetan Mohan
 Father Name: Suresh Kumar Mohan
 Date of Birth (dd/mm/yyyy): 22/04/2000 Age: 14 years
 Gender: Male
 Permanent Address: Resident Medical Officer
 House Address: A/P. Pimpri-Chinchwad Tal. Dahanu Sarason General Hospital
 Village: Pune Pune-1
 District: Pune Pincode: 412214

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 | Both L/L | CP DIPLEGIA | 40 |

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

(Signature and Seal of Authorized Signatory of notified Medical Authority)
 Dr. Amburish Mathesul Dr. Mayuresh M. Mane
AMBARISH A. MATHESUL Resident Medical Officer
 (Ortho), RNB, (Ortho), MNAMS, Sarason General Hospital
 Reg. No. 2008042234 Reg. No. Pune 41661
Dr. Mayuresh M. Mane Resident Medical Officer
 (Ortho), RNB, (Ortho), MNAMS, Sarason General Hospital
 Reg. No. Pune 41661 Reg. No. 48671

Signature of the person whose favour disability certificate is issued
 Note: This is a valid certificate for all purposes.

05/07/2014 06:2

Application from disabled Student for getting extra time for writing during exam

Date:-

To Principal,
 Dr. R.Y. Patil Sir,
 Seth Gorind Raghunath Sable College of
 Pharmacy, Saswad, Tal- Purgandhar, Dist- Pune.

Applicant's Name:- Saswade Ranjeet Anil.

Subject:- Application for granting permission
 for extra time for university
 exam.

Respected Sir,

With due respect, I am
 Saswade Ranjeet Anil of class F.Y.B. Pharm
 of your college, was respectfully request
 to you to let me granted extra time
 for college & annual exam due to
 my physical fitness issue.

I am attached a
 certificate for with this application.

Thank You,

Your's faithfully,
 B.D. Saswade.
 Saswade Ranjeet Anil

J.P.S.
 T.M.E.T.M.
 19/04/14



Disability Certificate from Government Hospital

Form No. _____

DISABILITY CERTIFICATE

(कुम्भापुर Camp)

No. GHO/ 85 /2011
Date: 4 MAR 2012



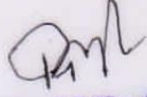
Ortho documentary Visual Hearing/Mental Retardation school admission, income tax, employment concession, prof. tax.

Certified that we examined Shri/Smt. राजेश अनिल सखदे
अग्रवाल Whose particulars are given below with his/her photograph.

His/Her age is approximately _____ Years. Sex - Male / Female. He / She has following disability Corneal opacity in

His/Her disability as above is of 50% (In word Fifty) Percentage.

Note :- Only for the use of Social Purpose)

| | | |
|--|---|--|
|  Member Resident Medical Officer General Hospital Osmanabad |  President Civil Surgeon General Hospital Osmanabad |  Medical Officer (oph) Member General Hospital Osmanabad |
|--|---|--|


PRINCIPAL

PUNE DISTRICT EDUCATION ASSOCIATION'S
SETH GOVIND RAGHUNATH SABLE
COLLEGE OF PHARMACY, SASWAD
TAL. PURANDHAR, DIST. PUNE-412 301