



## Yashwantrao Chavan Maharashtra Open University, Nashik 422 222

### 2.2.3: Average percentage of PwD learners enrolled year wise over the last five years

Program Level	Program Code	Program Name	PH	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
UG	G01	Bachelor of Arts	Other	461	231	43	19	16
			Speech & hearing impairment	105	60	10	1	2
			Visual impairment	469	270	115	54	14
	G02	Bachelor of Commerce (English / Marathi Medium)	Other	189	49	3	5	4
			Speech & hearing impairment	36	21	7	1	
			Visual impairment	53	27	4	4	1
	G15	Bachelor of Arts in Mass Communication and Journalism	Other	4	2	2	1	1
			Speech & hearing impairment					
			Visual impairment	1	1	1		
	P04	Bachelor of Library and Information Science	Other	2		2	3	
			Speech & hearing impairment			1		
			Visual impairment		1	1		
	P131	Bachelor of Computer Applications	Other	8	5	1		
			Speech & hearing impairment	1	1			
	P21	Bachelor of Special Education	Other	3	7	9	6	1
			Speech & hearing impairment	156	157	4	1	1
			Visual impairment	95	103	22	15	14
	P80	Bachelor of Education	Other	4	16	21	14	10
			Speech & hearing impairment	1	6	11	7	1
			Visual impairment	4	8	16	11	5
	T97	Bachelor of Science (Media Graphics & Animation)	Other	1	1			
	V92	Bachelor of Science (Physics, Chemistry, Mathematics)	Other	2	6	5	5	6
			Speech & hearing impairment				1	
			Visual impairment	1	1		1	4
	M17	Master of Commerce	Other	1	10	13	7	5
			Speech & hearing impairment	1	1	1	2	2
			Visual impairment		2		1	3
	M31	Master of Arts ( Subject Communication )	Other	10	1	1		
			Speech & hearing impairment	1		2	2	



Program Level	Program Code	Program Name	PH	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
PG	M32	Master of Arts (Educational Communication)	Visual impairment	9	3	1	1	
			Other	2	2			
			Speech & hearing impairment	6				
			Visual impairment	1				
	M35	Master of Science (Subject Communication)	Speech & hearing impairment	1				
			Visual impairment	2				
	M41	Master of Art in Marathi	Other	56	38	35	13	4
			Speech & hearing impairment	7	4	6	5	
			Visual impairment	36	29	35	12	
	M42	Master of Art in Hindi	Other	3	3	4	3	
			Visual impairment	2	1	2	1	
	M62	Master of Arts (Education)	Other	2	4	2	3	9
			Speech & hearing impairment			3	4	5
			Visual impairment		4	6	3	4
	M72	Master of Arts (English)	Other	19	12	12	11	15
			Speech & hearing impairment	6			1	2
			Visual impairment	13	13	12	8	2
	P16	Master of Library & Information Science	Other		2	1	2	3
			Speech & hearing impairment					1
			Visual impairment			1		
	P79	Master of Business Administration	Other	6	18	20	16	21
			Speech & hearing impairment	3	3	1	2	6
			Visual impairment	3	3	8	11	13
	V57	Master of Science (Mathematics)	Other	4				
			Visual impairment					
	V58	Master of Science (Environmental Science)	Other			1	1	
			Visual impairment				1	2



  
**REGISTRAR**  
**YASHWANTRAO CHAVAN MAHARASHTRA**  
**OPEN UNIVERSITY, NASHIK-422 222**



## Government of Maharashtra

Form-IV

## Disability Certificate

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

बा.क. बाह्यरुग्ण विभाग/अपन प्रमाणपत्र/ 265  
अध्यक्ष यांचे कार्यालय  
स्वा. रा. ती बा. वें. म रुग्ण अंबाजोगई  
दिनांक. 26/4/15



NAME OF THE HOSPITAL:

**SRTR Medical College Hospital, Ambajogai**  
(Maharashtra, India)

Certificate Number: 157420

Date: 15/03/15

This is to certify that I have carefully examined.

Person Identification Number: PI52300223983

Aadhar Number: N/A

Shri/Smt./Kum: **THOKE SUHAS SAMBHAJI**Father Name: Shri/Smt./Kum. **SAMBHAJI**

Date of Birth (dd/mm/yyyy): 01/01/1988

Age: 27 years

Gender: **Male**

Permanent Address:

House Address: **SIRSALA PO. SIRSALA**Village: **Sirsala**Taluka: **Parli**District: **Bid**Pincode: **431128**

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>Lt. L/L</b>	<b>CDH-left hip</b>	<b>55</b>

1. The Above condition is **Permanent, 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 Authorised Signatory of notified Medical Authority)

Dr. Namdev P. June

Assistant Professor Orthopedics  
**Member, Medical Board**  
**Concerned Specialist**  
Regn. No. : 2003/03/0804

Dr. D.R. Kekan

**Dr. D.R. Kekan**  
**Member Secretary**  
**Medical Board**  
Regn. No. : 2003/03/0804

Dr. S.V. Birajdar

**Dr. S.V. Birajdar**  
**Physician Class-I/Class-II**  
**President, Medical Board**  
**SRTR**  
Regn. No. : 57309  
Dist. Bid

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

Note: This is not valid for Medico Legal cases.

**Assistant Professor**  
**Shri Panditnaru Parli**  
**Mahavidyalaya Sirsala**  
**Tq. Parli, Dist. Bid (M.S.)**





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

## Disability Certificate

Issuing Medical Authority, Beed, Maharashtra



Certificate No.: MH2720619840003580

Date: 19/06/2014

This is to certify that I/We have carefully examined Shri **Youraj Abhimanyu Hirve** Son of Shri **Abhimanyu Sadhu Hirve** Date of Birth **05/03/1984** Age **32 Year(s)** Male, Registration No. **2727/00000/1701/0073803** resident of House No. **Gavthan Samaj Mandir Javal Kalamamba, At Po Kalamamba Tq Kaij Dist Beed - 431123** Sub District **Kaij** District **Beed** 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 **Post Polio Residual Paralysis (PPRP) LT UL**

(C) He has **40%**(in figure) **Forty** 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



Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



*Leoma*

Issuing Medical Authority, Beed, 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.

*Jm*  
*19.06.14*





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



## Disability Certificate

Issuing Medical Authority, Buldhana, Maharashtra

जाफ सारवु/अपघा नं. 683/२०-११-  
कायालय जिल्हा राज्य दिकित्सक, बुलडाणा  
दिनांक-

13 NOV 2019



Certificate No.: MH0420719790094846

Date: 07/11/2019

This is to certify that I/We have carefully examined Shri **Siddheshwar Kisan Mandalkar** Son of Shri **Kisan** Date of Birth **14/05/1979** Age **40** Year(s) **Male**, Registration No. **2704/00000/1911/0006535** resident of House No. **Siddheshwar Niwas, Chikhali Road, Vyankatesh Nagar - 443001** Sub District **Buldana** District **Buldana** State / **UTs Maharashtra**

Whose photograph is affixed above, and I/We satisfied that:

(A) He is a case of **Low Vision**

(B) The diagnosis in his case is **BE 6/36 WITH SPECTS DOV WITH AMBLYOPIA**

(C) He has **40%**(in figure) **Forty** 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**

*Shrinidhi*

Signature / Thumb impression of the Person With Disability

**Dr. Navin R. Jiwane**  
Ophthalmic Surgeon Class-II

**Dr. P.B. Pandit**  
M.S.D.O.  
Civil Surgeon Buldana  
Reg.No.52822

**Dr. Rajendra R. Goyke**  
Additional Civil Surgeon  
District Hospital Buldana  
Reg.No. 2005/03/1559



Issuing Medical Authority, Buldhana, Maharashtra

**Dr. P.B. Pandit**  
M.S.D.O.  
Civil Surgeon Buldana  
Reg.No.52822

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

*Shrinidhi*



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



## Disability Certificate

Issuing Medical Authority, Buldhana, Maharashtra

जिल्हा सध्यास्य वि. 1924  
कार्यालय जि. ब. अ. चिकित्सक, बुलढा

11 MAR 2019



Certificate No.: MH0420719830037023

Date: 04/03/2019

This is to certify that I/We have carefully examined Shri Chandan Harishchandra Chandore Son of Shri Harishchandra Shankar Chandore Date of Birth 25/02/1983 Age 35 Year(s) Male, Registration No. 2704/00000/1902/1140762 resident of House No. At. Post. Sawna - 443201 Sub District Chikhli District Buldhana State / UTs Maharashtra

Whose photograph is affixed above, and I/We satisfied that:

(A) He is a case of Low Vision

(B) The diagnosis in his case is RE FC3M-6/24 LE FC2M-6/36 MYOPIA

(C) He has 40%(in figure) Forty 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

Signature / Thumb impression of the Person With Disability



Dr. Navin R. Jiwane

Optician Class II

Signatory of notified Medical Authority Member

Dr. P. B. Pandit

M.S.D.O.

Civil Surgeon Buldhana

Reg. No. 52822

Dr. Rajendra R. Gayke

Additional Civil Surgeon

District Hospital Buldhana

Reg. No. 2005/03/1559

Issuing Medical Authority, Buldhana, Maharashtra

Dr. P. B. Pandit

M.S.D.O.

Civil Surgeon Buldhana

Reg. No. 52822

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

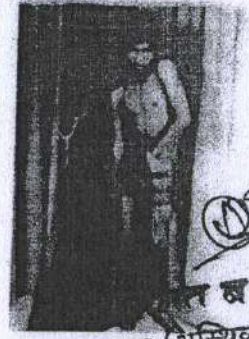


# SARVOPCHAR RUGNALAYA, AKOLA

## CERTIFICATE FOR THE PERSONS WITH DISABILITIES

Certificate No. 519

Date : 07/03/12



शा. वै. म. य. च. स. र. रु. अ. को. ला.  
रजि. नं. 2003/02/622

This is to certify that shri/smt/kum. Shri Shankar  
Son/wife/daughter of Shri Hargchand Chaudhan  
Age 25 old male/female Registration No. 15484 is  
Case of PPM @ LL He/She  
Is physically disabled/visual/di abled/speech & hearing disabled and has 80 %  
(SIXTY percent) Permanent (Physical impairment/visual impairment/  
Speech & hearing impairment) in relation to his/her shortly 2 inch

**Note:**

1. This condition is progressive/Non-progressive/Likely to improve/Not likely to improve.
2. Re assessment is not recommended/is recommended after a period of 1 year months/years.

\*Strike out which is not applicable.

Regd. No,	<u>519</u>
Date	<u>07/03/12</u>
Identify card No. (Ration card No.)	<u>WSM6</u> <u>0075048</u>
Impression of left thumb	

Member

Handicap Medical Board.

MEMBER

Handicap Medical Board  
Sarvopchar Rugnalaya Akola.

Chairman

Handicap Medical Board

CHAIRMAN

Handicap Medical Board  
Sarvopchar Rugnalaya Akola.

मुख्याध्यापक

मता विद्यालय, अकोल.  
पिन कोड- 444

(Doctor) Dr. Jee +

डा. अ. वि. म. य. च. स. र. रु. अ. को. ला.  
अधिव्याख्याता (अस्थिरांगोपचारशास्त्र)  
शा. वै. म. य. च. स. र. रु. अ. को. ला.  
रजि. नं. 2003/02/622





PI/ 207  
दिनांक 20/11/2020

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



## Disability Certificate

Issuing Medical Authority, Amravati, Maharashtra



Certificate No.: MH0720619850127646

Date: 22/03/2016

This is to certify that I/We have carefully examined Shri **Pyarelal Gangaram Jamunkar** Son of Shri **Gangaram** Date of Birth **28/10/1985** Age **34 Year(s)** Male, Registration No. **2707/00000/1912/1329690** resident of House No. **House No 151, At Boratyakheda, Post Raipur - 444807** Sub District **Chikhaldara** District **Amravati** 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 **PPRP LEFT LOWER LIMB**

(C) He has **45%**(in figure) **Forty 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

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



Issuing Medical Authority, Amravati, 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.

Head Mistress  
Krishnabai Dandale Kanya Vidyalaya,  
& Jr. College, Teosa



Government of Maharashtra  
Form-IV

**Disability Certificate**

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



NAME OF THE HOSPITAL:

Govt. Medical College Hospital, Latur  
(Maharashtra, India)

Certificate Number: 103888

Date: 25/08/14

This is to certify that I have carefully examined.

Person Identification Number: P152400149845

Aadhar Number: N/A

Shri/Smt./Kum: *Bhong Dayanand Mahadev*

Wife Name: Shri/Smt./Kum. *Sow Girija Bhong*

Date of Birth (dd/mm/yyyy): 10/06/1982

Gender: *Male*

Permanent Address:

House Address: *Near Hanuman Mandir*

Village: *Jayphal*

District: *Latur*



Age: 32 years

Taluka: *Ausa*

Pincode: 413520


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 :-

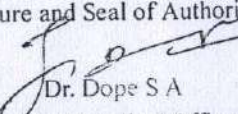
Disability	Affected part of Body	Diagnosis	Disability (in %)
<i>Physical Impairment</i>	<i>Li. L/L</i>	<i>PPRP LEFT LOWER LIMB</i>	<i>76</i>

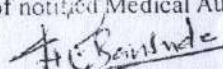
1. The Above condition is *Permanent, progressive, not likely to improve*
2. Reassessment of disability not necessary
3. The applicant has submitted following documents as proof of residence:

*Aadhar Card, Ration card*

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

  
Dr. Kukale Shashikant B.  
Assistant Professor Orthopedics  
Member  
Regn. No. : 2003/03/1429

  
Dr. Dope S A  
Resident Medical Officer  
Member Secretary  
Regn. No. : 2002/02/794

  
Dr. Bansude Mahadev  
Medical Superintendent  
President  
Regn. No. : 2003/03/0969

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

Note: This is not valid for Medico Legal cases.



Government of Maharashtra  
Form-IV

## Disability Certificate

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



NAME OF THE HOSPITAL

Medical College Hospital, Akola  
(Maharashtra, India)

Certificate Number: 558932

Date: 21/06/2018

This is to certify that I have carefully examined.

Person Identification Number: V150100764512

Aadhar Number: N/A

Shri/Smt./Kum: PATILKHEDE MAHENDRA DIGAMBAR MANGLABAI

Father Name: Shri/Smt./Kum. DIGAMBAR P PATILKHEDE

Date of Birth (dd/mm/yyyy): 23/10/1981

Age: 36 years

Gender: Male

Permanent Address:

House Address: near post office wadegaon

Village: Wadegaon

District: Akola

Taluka: Balapur

Pincode: 444502

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	Both eyes nystagmus with iris and retinal coloboma	40

1. The Above condition is **Permanent, 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. Sunny Wadhawan  
Asst. Professor  
Department of Ophthalmology  
Government Medical College, Akola

Dr. Dinesh M. Naitani  
Dy. Medical Superintendent  
Member Secretary  
Handicap Medical Board  
Reg. No. 174/2016

Dr. Shyam Kumar Shankarrao Sirsani  
Medical Superintendent  
President  
Handicap Medical Board  
Reg. No. 1801/16

Signature of the person whose favour disability certificate is issued  
for the purpose of Legal cases  
Reg. No. 2003/05/2205



Government of Maharashtra

Form-IV

Disability Certificate

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



NAME OF THE HOSPITAL:

Govt. Medical College Hospital, Akola  
(Maharashtra, India)

Certificate Number: 76392

Date: 15/05/14

This is to certify that I have carefully examined.

Person Identification Number: PI50100111831

Aadhar Number: N/A

Shri/Smt./Kum: Shaikh Zubair Shaikh Amir

Father Name: Shri/Smt./Kum. Shaikh Amir Shaikh Munir

Date of Birth (dd/mm/yyyy): 26/04/1986

Age: 28 years

Gender: Male

Permanent Address:

House Address: 460 A Sadiq Nagar Barshitakli

Village: Barshitakli

District: Akola

Taluka: Barshitakli

Pincode: 444401

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	Bil. L/L	P.P.R.P. B/L L.L.	74

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:

Voter Identity Card

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

Dr. G.R. Raghuvanshi

Dr. Arvind K. Ade

Dr. G. G. Rathod

Orthopedic Surgeon Class-I/Class-II

Additional Civil Surgeon

Civil Surgeon

डॉ. गजेंद्र न. राघुवंशी

Handicap Medical Board

CHAIRMAN

अधिव्याख्याता (आर्युर्विद्य) (अ.स.स.स.)

Sarvopchar Rughnaya Akola.

Sarvopchar Rughnaya Akola.

डॉ. व. म. व. सर्वोपचार रुग्णालय, अकोला

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

Note: This is not valid for Medico Legal cases.



Government of Maharashtra

Form-IV

Disability Certificate

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



NAME OF THE HOSPITAL

C.S.M.Hospital, Solapur  
(Maharashtra, India)

Dr. Saurabh R. Agrawal  
(M. S. ORTHO)

Assistant Professor

Reg. No. MCI/13-14797

Date: 20/12/2013

Dr. V. M. Govt. Medical College  
Solapur

Certificate Number: 357188

This is to certify that I have carefully examined

Person Identification Number: PI52600494617

Aadhar Number: N/A

Shri/Smt./Kum: JADHAV SAVITA TUKARAM GANGABAI

Father Name: Shri/Smt./Kum. TUKARAM

Date of Birth (dd/mm/yyyy): 03/06/1979

Gender: Female

Age: 37 years

Permanent Address:

House Address: 62 NEHARU NAGAR VIJAPUR ROAD

Village: Solapur

District: Solapur

Taluka: Solapur

Pincode: 413004

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	Rt. U/L, Lt. L/L	C/O Right upper limb PPRP with flail shoulder and left lower limb PPRP	52

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 Saurabh Ramesh Agrawal

Assistant Professor

Member

Regn. No. : MCI/13-14797

Dr. Jati G.M.

deputy medical superintendent

Member Secretary

Regn. No. : 2003/03/1255

Dr. Maske A.N.

Medical Superintendent

President

Regn. No. : 83722

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

Note: This is not valid for Medico Legal cases.

Dr. Saurabh R. Agrawal  
(M. S. ORTHO)

Assistant Professor

Reg. No. MCI/13-14797

Dept. of Orthopaedics

Dr. V. M. Govt. Medical College  
Solapur

वैद्यकीय उप-अधिक्षक  
श्री छत्र.शिवाजी महाराज सर्वोपचार रुग्णालय  
सोलापूर.

वैद्यकीय अधिक्षक  
श्री छत्र.शिवाजी महाराज सर्वोपचार रुग्णालय  
सोलापूर.

Dr. Jati G.M.



## Disability Certificate

Issuing Medical Authority, Washim, Maharashtra



Date: 22/06/2017

Certificate No.: MH0610619800037614

This is to certify that I/We have carefully examined Shri **Ramdas Balaji Gawande** Son of Shri **Balaji Sakharam Gawande** Date of Birth **22/09/1980** Age **39 Year(s)** Male, Registration No. **2706/00000/1911/0245176** resident of House No. **At.saykheda Po.tondgaon, Tq.washim Dist.washim - 444505** Sub District **Washim** District **Washim** 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 **PPRP Lt L/L**

(C) He has **62%**(in figure) **Sixty Two** 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

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



Issuing Medical Authority, Washim, 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.

SA.