## SHRI VENKATESH MAHAVIDYALAYA, ICHALKARANJI

## ISO 9001: 2015

## CRITERION 7

### 7.1.2. Environment Consciousness and Sustainability - Divyangjan friendly initiatives

| Sr.No. | Document Details |
| :---: | :---: |
| 1. | Alternate sources of energy and energy conservation |
|  | a) Policy Document on Environment Consciousness \& Sustainability |
|  | b) Energy Audit Certificate |

Link

Prin. Dr. Vijay A. Mane<br>M.Com., M. Phil., M.B.A., Ph.D.

Ref. No. VMI/ /20
Date :
7.1.2: Environment Consciousness and Sustainability and Divyangajan Friendly Initiatives.

The institution has facilities and initiatives for all of the following:

1. Alternate sources of energy and energy conservation
2. Management of the various types of gradable and non-gradable waste.
3. Water conservation.
4. Green campus initiatives.
5. Disabled friendly environment.

(Dr. V.A. Mane)
PR!:ICIPAL,
Shri Venkatesh Mahavidyalaya.
ICHALKARANJI-416 115.

## Shri. Narayanrao Babasaheb Education Society's

SHRI VENKATESH MAHAVIDYALAYA, ICHALKARANJI
ISO 9001: 2015

## CRITERION 7

### 7.1.2. Environment Consciousness and Sustainability - Divyangjan friendly initiatives

## Sr.No. <br> Document Details

1. Alternate sources of energy and energy conservation
a) Policy Document on Environment Consciousness \& Sustainability
b) Energy Audit Certificate
c) Purchase Receipts of LED bulbs/tubes
d) Geo tagged photos of LED bulbs/tubes

Link

Shri N. B. Education Sucieiy's<br>Shri Venkatcsh Mahavidyalaya, Ichalkaranjij<br>\section*{Document on Environmenta! Consciousness and Sustainability}

Introduction: Shri Venkatesh Mahavidyalaya is located at the heart of Ichalkaranji. The city is known for its textile industry. The sizing and dyeing are the major occupations in the city. Due to this industry based location there is a dire need of creating environmental consciousiess and need of sustaining it among the stakeholders. In this regard the institution has taken several initiatives to create environmental consciousness. It works to find alternative sources of energy to save the conventional energy means and proceeds to sustain environment by initiatives towards green campus. Awareness about the sources of water and their sustainability are some of the other concerns as part of environmental ecosystem and preserving and keeping them clean have been considered essential. Alike the steps are also taken to manage various types of wastes so as to save environment from hazardous clements. Following are some of the measures taken by the institution in this regard:
(A)Aiternate sources of energy:

- The Energy Audit has been conducted by the certified agency. The conventional tube lights are replaced by LED bulbs and tubes.
- Every day maintenance of electric gadgets: The lights, fans, projectors and other such electrical devices are switched off after use and students are made aware of using them appropriately.
- Maintenance of electric devices: The attendants and peons are shouldered floor wise responsibility of switching on and or off these electrical equipment after working hours.
- Call for Technician: Technician is invited for immediate repairing of such devices whenever necessary so as to make optimal utilization of the available resources and reduce excess consumption of the electricity.
(B) Waste Management of gradable and non- gradable waste:
- Solid Waste Management: The dustbins at every floor and in the premises are kept to maintain cleanliness. The day to-day wet and dry garbage is cleaned and collected into separate color dustbins and is handed over to the municipal corporation that runs a garbage collection vehicle.
- Liquid waste management: The drainage pipes of the waste water are connected to the Municipal Corporation sewage system. The regular maintenance is kept to avoid the harm to the stakeholders and environment.
- E-waste management: The e-waste that includes the dead stock of the various electronic gadgets and devices are handed over to the authorized vendor for its dismantling or recycling as per requirement. The hazardous e wastage is removed and regular mainienance of the e-goods and producis is done.
(C) Green Campus Initiatives:
- Green audit and Environment Audits have been conducted by the certified agency.
- Inauguration of all college programs by watering the plants as a metaphoric gesture of saving trecs
- Felicitation of guests by offering a book and Annual Report of College instead of flower/bouquet
- Ceiebration of Iniernational Environmeni Day
- Classroom activities based on environmental issues integrated in the curriculum
- Display of the Announcement of Ban on Use of Plastic
- Invited Guest Lectures to create consciousness about environmental issues
- Tree plantation Activity
- Landscaping with plants and trees
- Reuse of waste papers
- Initiatives to make less use of paper and encouragement for e-communication
- Regular management of e-wastage through vendor
- Observation of No Vehicle Day


## (D) Water Conservation Initiatives:

- Rain Water harvesting
- Bore well
- Maintenance of water bodies and distribution system in the campus
(E) Promotional Activities for Environment Awareness in the community:
- Students are encouraged to participate in the awareness programs related to environmental issues and cleanliness. They are actively involved in the awareness programs conducted in the locality. Students accompany the municipal corporation team as the volunteers at the time of Ganesh festival and encourage people to donate Ganesh idols instead of immersing them into river bodies or other water sources.
- The streams or lakes in the vicinity that are getting polluted and turning harmful for health of the citizens are cleaned by the students.
- Students create awareness against pouring of Nirmalya ( flowers offered to idols at the time of worship) into riverbeds
- Research initiatives are also taken to find impact of handloom/ auto loom industry on the health of citizens and results are published in the form of project work.


## Syarander

Dr. S. N. Jarandikar
(Coordinator, IQAC)


Dr. V. A. Mane
PBrincipatý Sori Venkates. , wiahavidyalaya, ICHALKARANJI - 416115.

ASHOKRAO MANE GROUP OF INSTITUTIONS

Director
Dr. H. T. Jadhav, ME, Pho

## President

 Hon. Shri. Vijaysinh A. Mane$$
\text { Date } 0410512022
$$

## CERTIFICATE

This is certified that Shri Venkatesh Mahavidyalaya Ichalkaranji, Dist.Kolhapur has undergone detailed Energy Audit of their campus and submitted necessary data and credentials for scrutiny academic year 2020-2021. The activities and measure carried out by the college have been verified based on the report submitted and was found to be satisfactory. This energy audit is also aimed to assess impact of green initiatives for maintenance of the campus eco-friendly.

Place- Ichalkaranji
Date:04-05-2022.


Dr. H. T. Jadhav Director, AMGOI, Vathar Certified Energy Auditor (BEE) Govt. Of india, Reg. No. - EA - 3023
तारीख $26 / 11 / 2020$
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Ichalkeranii, Maharashtre, Indie 131, Raiwada, IChaikaranji, Maharashtra 416175, Inclia
Lat $16.682953^{\circ}$
long $74.469762^{\circ}$
11/01/22 11:69 AM


Use of LED bulbs and tubes

## Shri. Narayanrao Babasaheb Education Society's

SHRI VENKATESH MAHAVIDYALAYA, ICHALKARANJI
ISO 9001: 2015

## CRITERION 7 Institutional Values and Best Practices

7.1.2. Environment Consciousness and Sustainability - Divyangjan friendly initiatives

## Sr.No. Document Details

2. Management of the various types of gradable and non-gradable waste
a) Geo tagged photos of dustbins-(Wet-dry garbage)
b) Corporation letter
c) Geo tagged photo of Garbage vehicle
d) Work distribution for cleanliness
e) E-waste vendors letter(Turbo)

## Link




DKTE Sc Google Enginee

Ichalkaranji, Maharashtra, India
Shri Venkatesh Mahavidyalaya, Ichalkaranji, Govindrao High School Campus, Rajwada, Ichalkaranji, Maharashtra 416115, India Lat $16.682785^{\circ}$
Long 74.46957
13/01/22 09:50 AM

Wet-dry garbage dust bins

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Web-www.ichalkaranjinp.co.in


जा.क्र. पापू- $\frac{9(2)}{15}$ नगरपरिषद कार्यालय इचलकरंजी -8३द११५
Email: ichwaterworks@gmathicom ichalkaranjinp@gmail.com


प्राचार्य, डॉ. विजय माने, श्री. व्यंकटेश महाविद्यालय, इचलकरंजी, यांचे दि. २६/०२/२०२० चे मागणी पत्रानुसार श्री. व्यंकटेश महाविद्यालय मिळ्ककत क्र. ४/३२८ या मिककतीचे संडास / बाथरूम चे सांडपाणी इचलकरंजी नगरपरिषदेच्या भुयारी गटर (ड्रेनेज) योजनेस जोडणेत आलेले आहे.

त्यांचे उक्त मागणी नुसार सदरचा दाखला त्यांच्या शैक्षणीक कामासाठी देणेत आला असे.



Shri Venkatesh Mahavidyalaya, ICHALKKRAMJI-416 115.

PRINCIPAL,





Garbage Vehicle

## श्री व्यंकटेश महाविद्यालय, इचलकरंजी. २०२२—२०२३

महाविद्यालयातील भौतीक सुविधांची देखभाल व दुरूस्ती कामांची विभागणी

| कर्मचा-याचे नांव | विभागीय कामांचा तपशिल |
| :---: | :---: |
| श्री.पी.एस.माने (ग्रंधालयात थांबणे) | रूम नं. ११, बी.बी.ए. स्टाफरूम स्चछता करणे. स्वच्छतेची काम करवून घेणे, ग्रंथालयातील कॉम्प्युटर स्वच्छता व देखभाल करणे, पार्कींग व्यवस्था पहाणे, तसेच वरिष्ठांनी सांगितलेली सर्व कामे करणे. |
| श्री.ए.ज..वळवी (ग्रंथालयात थांबणे) | ग्रंथालय, रूम नं. १२ स्वच्छता करणे, कॉम्प्युटर लॅब व समोरील पॅसेज व जीना स्वच्छ करणे, बॅकेतील कामे करणे, चेकवरती सहया आणणे. इलेक्ट्रीक कामे करवून घेणे. तसेच वरिष्ठांनी सांगितलेली सर्व कामे करणे. |
| श्री. एस .एम कवटगे (प्राचार्य केबीन समोर थांबणे) | प्राचार्य केबिन, कौन्सलिंग, लेडीज रूम स्वच्छता करणे, प्राचार्य केबीनमधील कॉम्प्युटर स्वच्छता व देखभाल करणे, प्राचार्य केबिन समोरील पॅसेज स्वच्छ करणे. वॉटर फिल्टर स्वच्छता व दुरूस्ती-देखभाल करणे, तसेच वरिष्ठांनी सांगितलेल्डी सर्व कामे करणे |
| श्री. सी.ए. यादव (कार्यालयात थांबणे) | ऑफिसची स्वच्छता, रूम नं. ७,८,९,९० स्वच्छता करणे, लाईट व प्लंबींगची कामे करून घेणे. कार्यालयातील बॅटरी संदर्भातील कामे करणे, आयक्यूएसी रूम स्वच्छता करणे, झेरॉक्स काढणे व झेरॉक्स मशिन देखभाल करणे, तसेच वरिष्ठांनी सांगितलेली सर्व कामे करणे. |
| श्री.यु.बी. कमलाकर (रोजंदारी कर्मचारी) (स्टाफरूमजवळ थांबणे) | रूम नं. $૪, ५, ६, ~ स ् ट ा फ र ू म ~ व ~ त ् य ा स म ो र ी ल ~ प ॅ स े ज ~ व ~ ज ी न ा ~ स ् व च ् छ त ा ~$ करणे, जिमखाना स्वच्छता, जनरेटर स्वच्छता व देखभाल करणे, गोविंदराव हायस्कूल कडील वर्ग (रूम नं. ५५) स्वच्छ करणे. तसेच वरिष्ठांनी सांगितलेल्डी सर्व कामे करणे. |
| श्री.आर.बी.कांबळे, ठोक मानधन शिपाई (ऑफिससमोर थांबणे) | रूम नं. २,३,२३, कॉमर्स लॅब, बीबीए लॅब स्वच्छता, सुतारकामे करणे, कार्यकमावेळी स्पिकरची व्यवस्था करणे, महाविद्यालयाच्या बाहेरील सर्व कामे करणे (टपाल, आवक जावक पत्रे देणे, स्टेशनरी आणणे, बातम्या देणे) फोनची दुरूस्ती करून घेणे. तसेच वरिष्ठांनी सांगितलेल्ली सर्व कामे करणे. |

## श्री व्यंकटेश महाविद्यालय, इचलकरंजी. <br> २०२१-२०२२

महाविद्यालयातील भौतीक सुविधांची देखभाल व दुरूस्ती कामांची विभागणी

| चे नांव | विभागीय कामांचा तपशिल |
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|  | ग्रंथालय, रूम नं. १२ स्वच्छता करणे, कॉम्प्युटर लॅंब व समोरील पॅसेज व जीना स्वच्छ करणे, बॅकेतील कामे करणे, चेकवरती सह्या आणणे. इलेक्ट्रीक कामे करवून घेणे. तसेच वरिष्ठांनी सांगितलेली सर्व कामे करणे. |
|  | प्राचार्य केबिन, कौन्सल्डिंग, लेडीज रूम स्वच्छता करणे, प्राचार्य केबीनमधील कॉम्प्युटर स्वच्छता व देखभाल करणे, प्राचार्य केबिन समोरील पॅसेज स्वच्छ करणे. वॉटर फिल्टर स्वच्छता व दुरूस्ती-देखभाल करणे, तसेच वरिष्ठांनी सांगितलेली सर्व कामे करणे. |
| श्री. सी.ए. यादव (कार्यालयात थांबणे) | ऑफिसची स्वच्छता, रूम नं. $७, ८, ९, ९ \circ$ स्वच्छता करणे, लाईट व प्लंबींगची कामे करून घेणे. कार्यल्ड्यातील बॅटरी संदर्भातील कामे करणे, आयक्यूएसी रूम स्वच्छता करणे, झेरॉक्स काढणे व झेरॉक्स मशिन देखभाल करणे, तसेच वरिष्ठांनी सांगितलेली सर्व कामे करणे |
| (रोजंदारी कर्मचारी) <br> (स्टाफरूमजवळ <br> थांबणे) |  करणे, जिमखाना स्वच्छता, जनरेटर स्वच्छता व देखभाल करणे, गोविंदराव हायस्कूल कडील वर्ग (रूम नं. ५५) स्वच्छ करणे. तसेच वरिष्ठांनी सांगितलेली सर्व कामे करणे. |
| श्री.आर.बी. कांबळे, ठोक मानधन शिपाई (ऑफिससमोर थांबणे) | रूम नं. २,३,२३, कॉमर्स लॅब, बीबीए लॅब स्वच्छता, सुतारकामे करणे, कार्यक्रमावेळ्ठी स्पिकरची व्यवस्था करणे, महाविद्यालयाच्या बाहेरील सर्व कामे करणे (टपाल, आवक जावक पत्रे देणे, स्टेशनरी आणणे, बातम्या देणे) फोनची दुरूस्ती करून घेणे. तसेच वरिष्ठांनी सांगितलेल्डी सर्व कामे करणे. |

(डॉ.विजय ए.माने)
प्राचार्य,
श्री व्यंकटेशा महाविद्यालय,
इचलकरंजी.

## Turbo Computers

Shikshak Path Sanstha, Gala No.4-5, Opp. Badbade Hospital, Sangli road, Ichalkaranji. PH.NO. - 2437145 / 3295105 Kiran Chougule 9370012682, 9623450627

प्रति,
मा. प्राचार्य,
श्री व्यंकटेश महाविद्यालय, इचलकरंजी.

विषय : इ-वेस्ट मटेरियल बाबतचे हमीपत्र....

महोदय,
आपणाकड्रून खाली नमूद केलेले इ-वेस्ट स्वरूपातील मटेरियल स्कूप करणेसाठी प्राप्त झाले आहे. त्याबाबत सदर पत्राने मी आपणास हमी देत आहे की सदरच्या इ—वेस्ट मटेरियलची विल्हेवाट लावताना मी भारत सरकारच्या इल्केट्रॉनिकस अड इन्फॉर्मेशन टेक्नोलॉजी मंत्रालयाने विहित केलेल्या प्रकियेचा अवलंब करेन व पर्यावरणास कोणतीही हानी पोहोचणार नाही याची खबरदारी घेईन.

कळावे,

सोबत- इ—वेस्ट मटेरियल यादीचा तपशील

(श्री. किरण बो. चौगुले)


PRIN Shri Venkates *, ICHALKARANJI-416115.

Date: 01 April 2022

## Member Details

Company Name

: Shri Narayanrao Babasaheb Education Society's
Shri Venkatesh Mahavidyalaya, Ichalkaranji
Address : Govindrao Highschool Campus, Rajwada Chow, Ichalkaranji.
Pin Code : 416115
Contact Nos.
TAN No. : KLPS05391B

## MPCB Consent No.: 0000093113

## Contact Person :Mr. Prashant V. Stale <br> Membership fees : Rs. 11,800/- <br> Requested Quantity for e-waste disposal:

$$
\text { : (0230) 2424534, } 2420380
$$

This is a Memorandum of mutual understanding between Mahalaxmi e Recyclers Pvt. Ltd. Kolhapur, hereafter termed as e-waste dismantler and Shri Narayanrao Babasaheb Education Society's Shri Venkatesh Mahavidyalaya, ichalkaranji hereafter termed as client, made with an intention of environment friendly disposal of e waste collected by the client and to be disposed by the dismantler with following terms:

1. The client will inform the dismantler through mail or phone about such collection of e waste at their office and the dismantler will collect it from the said location after properly testing the same.
2. Once disposed to the dismantler, the client will not have right on any of the material disposed.
3. The dismantler will issue FORM 6 of such disposal to the client for every delivery made by the client, in prescribed format and enter the same in the passbook issued by M.P.C.B.
4. This membership is valid for 5 year ( 1 April,2022 to 31 March, 2027)
5. All the legal issues wilt be dealt in the legal jurisdiction of Pune District.


(Dr. V. A. Mane) PRINCIPAL, Shri Venkatesh Mahavidyalaya, ICHALKARANJI - 416115.

Mahalaxmi $e$-Recyclers Pvt. Ltd.
Plot No. $77 \& 78$, Subplot No 3A, Ramtekadi Industrial Area, Hadapsar, Pune- 411013
Mobile: +91-72764 11826 Email : manoiā erecvelebin.com, mpmehta_2000@yahoo.com MPCB REGV. No. : MPCB REGN. NO.: MPCB/RO(HQ)/HSMD/20/EW-08/Date-11thNov. 2020, Valid till 31st Oct. 2025
GET NO. 27AAICM7585M1ZL
PAN No. AAICM7585M

Bank Details: Bank of Baroda, Shahupuri Branch, Kolhapur,
Current Account No. 04350200000869 ISFC, CODE: BARB0SHAHUP (It's zero not $O$ )

Shri. Narayanrao Babasaheb Education Society's
SHRI VENKATESH MAHAVIDYALAYA, ICHALKARANJI
ISO 9001 : 2015

## CRITERION 7

### 7.1.2. Environment Consciousness and Sustainability - Divyangjan friendly initiatives

## Sr.No. <br> Document Details

3. Water conservation
a) Geo tagged photos of borewell, rain water harvesting

Link


## Borewell



Rain Water Harvesting

## CRITERION 7

7.1.2. Environment Consciousness and Sustainability - Divyangjan friendly initiatives

## Sr.No.

## Document Details

4. Green campus initiatives
a) Green campus initiatives
b) Green Audit Certificate

Link


Trees at the vicinity of college campus


Mini Garden

Glimpses of Green Campus






## Shri Balasaheb Mane Shikshan Prasarak Mandal's

 ASHOKRAO MANE GROUP OF INSTITUTIONSAddress: Vathar Tart Vadgaon, Tal. Hatkanangale. Dist. Kolhapur - 416112 (Maharay/fish MAHA4 Phone : (0230) 2407740,2407760 Fax : (0230) 2407750 Email r directorgamgoi.edu in Whb

Approved by : AICTE, Now Delhi No. F-No. MS (Nowint) 2009 / 08 . Higher \& Technical Education Maharashtra, Directorate of Technical Education, Mumbai Affillatod to : Dr. Babasaheb Ambedkar To Lonere - Raigad (B Tech \& M Tech Programs), Shival, Unwersity, Kolhapur (MBA Pro

Founder President Late Shri. Ashokrao Mano

## Director

Dr. H. T. Jadhav, me Pho

President Hon. Shri. Vijaysinh A. Mane

Ret No: AMGOJ|EE| $2021-22 / 2299$

## CERTIFICATE

This is certified that Shri Venkatesh Mahavidyalaya Ichalkaranji, Dist.Kolhapur has undergone detailed Green Audit of their campus and submitted necessary data and credentials for scrutiny academic year 2020-2021. The activities and measure carried out by the college have been verified based on the report submitted and was found to be satisfactory. This green audit is also aimed to assess impact of green initiatives for maintenance of the campus eco-friendly.

Place- Ichalkaranji
Date:04-05-2022.


Dr. H. T. Jadhav Director, AMGOI, Vathar Certified Energy Auditor (BEE) Govt. Of Indla, Reg. No. - EA - 3023

SHRI VENKATESH MAHAVIDYALAYA, ICHALKARANJI
ISO 9001: 2015

## CRITERION 7 Institutional Values and Best Practices

7.1.2. Environment Consciousness and Sustainability - Divyangjan friendly initiatives

Sr.No. Document Details
5. Disabled friendly environment
a) Divyangjan policy
b) List of students admitted as Divyangjan
c) Exam letter of Divyangjan
d) Disabled Friendly Barrier Free Environment
e) Participation in Two Days National webinar on 'Disability, Accesiability and Inclusion in Higher Education'
f) Committee reports
g) Geo tagged photo of Ramp and Wheelchair

Link


## Shri Narayanrao Babasaheb Education Society's

SHRTVENKATESHNIAHAVIDYAYALAYA. RHALKARNU
(Afililiaied to Shivaji University, Kolhapur)

Govindrao High School Campus, Rajwada Chowk, Ichalkarnji, PIN: 416 115,

District: Kolhapur, State: Maharashtra

NAAC ACCREDITATION: 'B'

ISO CRTIFIED: 9001: 2015

Website: www.venkateshcollege.com

E-mail: mshrivenkatesh@yahoo.com

POLICY DOCUMENT FOR DIVYANGJAN

## POLICY DOCUMENT FOR DIVYANGJAN

## INTRODUCTION:

Shri Venkatesh Mahavidyalaya, Ichalkaranji has established the committee of teachers to work for students with Disabilities. The Persons with Disabilities Act 1995 indicates that differently-abled persons should have access to education at all levels. The UGC has issued a letter to all universities regarding full implementation of persons with Disabilities Act, 1995 in universities and colleges and approved $3 \%$ reservation for persons with disabilities in admission to all the courses of study offered by universities and colleges. In the higher education sector, the University Grants Commission (UGC) is supporting universities in the country to involve in special education activities to empower differently-abled persons. The UGC had started the scheme of assistance to universities to facilitate Special Education and Higher Education for Persons with Special Needs (Differently-abled Persons) during the Ninth Five-Year Plan, which continued in the Tenth Plan. Keeping in view the need to provide special education programs as well as infrastructure to differently-abled persons in higher education institutions, the scheme is extended to the Twelfth Plan.

Right of Persons with Disabilities Act, 2016 prohibits discrimination against individuals with physical and mental disabilities. Our college is aiways trying to provide a comprehensive and inclusive teaching and leaming environment in which disabled students, or any employees are not distraught or treated unfavorably. To offer the facilities to Persons with Disabilities under UGC Scheme Principal of our college has established the teachers' committee for disabled students. The principal is the head of this committee. The structure of committee is as below:

1. Prin.Dr. V.A.Mane (Head of committee)
2. Dr. S.H.Ambawade ( In-charge of committee)
3. Dr. N.M.Mujawar (Member)

In order to forward a helping hand towards the differently abed students the college comminute is working to fulfill the following objectives:

## OBJECTIVES OF THE POLICY:

To provide infrastructural facility for easy and comfortable stay in the campus

1. To provide the library facilities
2. To allot the students volunteer as helping hands to disabled students
3. To avail different scholarship schemes of Government to disabled students
4. To create supporting system at the time of examination
5. To arrange the meetings in each term to give the information about the facilities provided to disabled students.
6. To confirm the admission given to disabled students as per disabled reservation policy

## DEPLOYMENT OF THE POLICY:

1. The college has constructed the ramp at the college entrance.
2. The college has provided the free book set to disabled students for each year
3. The college has allotted the NSS volunteers for disabled students to make it easy to go into the classroom. As helping hand to disabled girls students two girls of NSS volunteers and four boys of NSS volunteers for disabled boys have been allotted.
4. Every year on $3^{\text {rd }}$ December the International Day of Persons with Disabilities is celebrated by the college by offering the gift and books to the disabled students.
5. The guidelines and regulations have been issued by the examination department for use of writer in exams. i. e the facility of writer and extra time allotied as per university guidelines.
6. Fiery year the college scholarship committee and counseling committee is providing all the information about the different government scholarships to the students.
-Sd/-
Dr. S. H. Ambawade
(In-charge, Disabled Students Committee)


Dr. V. A. Mane
PRINCIPAL,
Shri Venkatesh Mahavidyalaya. ICHALKARANJI-416 115

## PHYSICALLY DISABLED STUDENTS LIST

2018-19

| Sr.No. | Name of the Student | Class |
| :---: | :--- | :--- |
| 1. | Shri. Kapale Sachin Anna | B.Com. I |
| 2. | Shri. Ubare Shrinivas Shrikant | B.Com. I |
| 3. | Miss. Magadum Apurva Shrenik | B.Com. II |
| 4. | Miss. Hajare Sujata Bajarang | B.Com. II |
| 5. | Shri. Patil Abhaykumar Virendrakumar | B.Com. III |
| 6. | Shri. Mulani Soyal Mansur | B.Com. II |


(Dr. V.A. Mane)

ChATRAPATL PRAMLLARAJE HOSPITAL, KOLHAPU DISABILITY CERTIFICATE
$2881^{\circ}$

No.JCPRH/CSKI $\quad 200$ Dat 23 $316 \quad 12008$
C. No. 1403

Anna m identification mark (s) $\qquad$
yo. sex is suffering from permanent disability of following category:

A. Locomotor or cerebral palsy :
i) BL-Both legs affected but not arms

ii) BA-Both arms affected $\qquad$ (TRU OP P) burse
(a) Impaired reach.
(b) Weakness of grip.
iii) BLA-Both legs and Both arms affected $\qquad$
iv) OL-One leg affected (right or left) $\qquad$
(a) Impaired Reach,
(b) Weakness of grip
$\qquad$ (c) Ataxic
v) OA-One arra affected $\qquad$ (a) J, प्व EDAM?
$\qquad$
vi) BH-Stiff back and hips (Cannot sit or stood)
vii) MW-Muscular weakness and physical endurance.
B. Blindness or low vision :
(i)
(ii) $\qquad$
C. Hearing Impairment :
(i)
(ii) $\qquad$ PD-Partially Deaf
(Delete the category whichever is not applicable)
2. This condition is progressiye/non-progressive/likely to improve/not likely to improve. Re-assessment of this case is not recommended/ is recommended after a period of .
3. Percentage of disability in his/har case is. $\qquad$ months. COPY
4. Shri/sfint/Kum.

Whets the following physical requirements for discharge of his/her duties:
F-can perform work by manipulating with fingers.
PP-can perform work by pulling and pushing.
iii) L-can perform work by lifting.
iv) KC-can perform work by kneeling and crouching.
v) B-can perform work by bending.
vi) S-can perform work by siting.
vii) ST-can perform work by standing.
viii) W-can perform work by walking.
ix) SB-can perform work by seeing.
x) H-can perform work by hearing/speaking.
xi) RW-can perform work by reading and writing.
 shabensher
UXes/No Shahemphaha S. Mutants Yes/No Chartered Accountant Yes/No Min da 181779
Yes/No Cyes/No. Yes No
$\begin{aligned} & \text { YesiNo } \\ & \text { Yesino } \\ & \text { Yes No }\end{aligned}$ Yes/No Yes/No Yes/No

Cl- 12
(Medical Board-)
Dr.
n
$\qquad$

 Re j. to. (र) मळ प्रमाणिष्र गहाळ करू नये किवा खाडाखोड करू नये.

## 38 कोर्ट कामाच्या वेळी उपंयोगाचे नाही ) <br> No. CPRH/CSK $9 \frac{5}{200^{4}}$ Date 1 - $81200^{\circ}$.

## C. No. 34058

This is certified that Shri/stht./Kum. ...S.hriniwas
 I. oh alk aramy.t.....is suffering from permanent disability of followin

## Locomotor or cerebral-palsy

(i) BL-Both legs affected but not arms...Thatraeol urratas.....sparn ky phot colsoosese
(ii) BA-Both arms affected .....P.<compat>...P.<compat>... (A Ri) il
(a) Impaired reach
(b) Weakness of grip
(iii) BLA-Both legs and Both arms affected
(iv) OL-One leg affected (right or left)
(a) Impaired reach
(b) Weakness of grip
(c) Ataxic
(v) OA-One arms affected
(a) Impaired reach
(b) Weakness of grip
(c) Ataxic
(vi) BH-Stiff back and hips (Cannot sit or stood)
(vii) MW-Muscular weakness and physical endurance
B. Blindness or low vision

2. This condition is progressive/non-progressive /likely to improve / not likely to improve. Re-assessment of case is not recommended/is recommended after a period of $\qquad$ years .......... $\qquad$ month.
3. Percentage of disability in his / her case is .......... $0 . \%$......... Percent ....fomal......formmal.
4. Shri/\$mt/Kums.hxiniusas..................b.a.p.........meets the following physical requirements for discharge of his / her duties :-
(i) F-can perform work by manipulating with finger
(ii) PP-can perform work by pulling \& pushing
(iii) L-can perform work by lifting
(iv) KC-can perform work by kneeling \& crouching
(v) B-can perform work by bending
(vi) S-can perform work by sitting
(vii) ST-can perform work by standing
(viii) W-can perform work by walking
(ix) SB-can perform work by seeing
(x) H-can perform work by hearing / speaking
(xi) RW-can perform work by reading and writing


Dr ....tension


Member
Medical Board sounnplet Medical Board

Yes/ No
Yes/ No Yes / No Yes/No Yes / No Yes/ No Yes/ No Yes/ No yes/ No YES/ No Yes/ No

Dr. $\qquad$
Chairperson Medical Board

टीप :- (१) प्रमाणपत्राची मूळप्रत जपून ठेवावी. जेक्दा पाहिजे तेथे या प्रमाणपत्राभी अंरांक्स किता सत्पप्रत जोडाबी:
(२) मूळ प्रमाणपत्र गहाळ करू नये किंबा खाडाखोड करू नये.

GOVERNMENT ()F MAHARAnis + $16, ~$


This is ty certify that we have carefully gamines shri/gm//Kum Years. MalelFemgle Registration No. 34. . 7 Pate of Bi


(Please strike out the disabilities which are not applicable)
2. The above condition is progressive/ non-pregressive/likely to i..... Jifecty to in : ave.
3. Reassessment of disability is:
(i) $10 \pi$ necessary.

Or
(ii) is recommended/after $\qquad$ years $\qquad$ Mon: FY). e.g.Lefv/Right/both arms/legs. g. Single eye/both eyes.

Sh $\rightarrow$ Left/Right/both ears.
4. a he applicant has submitted the following document as pure il' " force:


Signature/Thumb impression of the per. whose favour disability certificate is is:

Dr:

## 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:


CPR Hospital,Kolhapur
(Maharashtra, India)

Certificate Number: 397547
Date: 18/04/2017

This is to certify that I have carefully examined.
Person Identification Number: P153000544809
Aadhar Number: N/A
Shri/Smt/Kum: HAJARE SUJJATA BAJARANG REKHA
Father Name: Shri/Smt./Kum. BAJARANG
Date of Bitt (dd/mm/yyyy): 13/03/1999
Age: 18 years
Gender: Female

## Permanent Address:

House Address: 8/160,PATIL MALA.BIG BAZAR JAVAL,ICHALKARANJI
Village: Hatkanangale
Taluka: Hatkanangle
Pincode: 416115
District: Kolhapur
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 | Bit. $L / L$ | spastic CP b/L LL | 50 |

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.ANGARAJ SAWANT
orthopedic Surgeon Member
Regn No: : 2007/12/4088

DR.SHISHIR MIRGUNDE

 C.P Re"nsival: raviofar

Dr JAIPRAKASH RAMANAND
Member PHEFiacht
Member President
President
Regn. No. : 66756

Signature/Thumb impression of the person whose favour disability certificate is issued Note: This is not valid for Medico Legal cases.

 KOLHAPUR.

Date: $29 \mathrm{mII} / 2006$
№. 13601

HANDICAPPED CERTIFICATE
This is to certify that Shril Smet. Abhay V. Patil is examined by $D_{n}$ \#F. PCtill R.N. Bade. designationcorthpedic surgen $\qquad$ $d$ found that kel she is suffering with Cajerital hypopleric orr hand leyr bot

Disability is permanent $O R$ temporary ferman-e \&
Disability percentage $40 \%$. (in words Fourty percentlege
Remarks if any
अ० वि प्पटिहा
Signafure of Physical Ffandicapped.

Bbo

$$
f_{\text {civiver }} d_{4}
$$

Medical Officer
R. M. O. Kolhaputer

Civil Surgeon, Kolhapur



(3) मूळ प्रमाणपत्र गहाळ करू नये किंवा खाडाखोड कर नये.

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:


CPR Hospital,Kolhapur
(Maharashtra, India)

Date: 0\%/09/201s
Certificate Number: 565563

This is to certify that I have carefully examined.
Person Identification Number: PI53000775267
Aadhar Number: N/A
Shri/Smt./Kum: MULLANI SOYAL MANSUR BEBI
Father Name: Shri/Smt./Kum. MANSUR
Date of Birth (dd/mm/yyyy): 01/01/1997
Age: 21 years

## Gender: Male

## Permanent Address:

House Address: 3/779,MAGDUM DARGA,MUJAWAR GALLI,ICHALKARANJI
Village: ICHALKARANJI
Taluka: Hatkanangle
Pincode: 416115
District: Kolhapur
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 :-

Affected part of Body
Rt. L/L

Diagnosis
pprp right lower limb

Disability (in \%) 50

Disability
Physical Impairment

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)

Signature/lhumb impression of the person whose favour disability certificate is issued
Note: This is not valid for Medico Legal cases.

LIbrarian,

Ichalkarani ${ }^{i}$

| Sr.No. | Name of the Student | Class |
| :---: | :--- | :--- |
| 1. | Shri. Abhishek Aananda Sasane | B.Com. I |
| 2. | Miss. Sonatakke Divya Arjun | B.Com. I |
| 3. | Shri. Patil Akshay Sadashiv | B.Com. III |
| 4. | Miss. Hajare Sujata Bajarang | B.Com. III |


(Dr. V.A. Mane)
PRINCIPAL,

16.

No. CPRH/ 4027
OFFICE OF THE KOLHAPUR.

Date: 29.1 .2008 CHALGAH:
ambhil A. Patil
 ropedic Surgeon C.P.R. H. Kolhapur.


No. 15968

HANDICAPPED CERTIFICATE
This is to certify that Shri/ $\delta_{m t}$. Abhis Lek A. Sasane. is examined by Dr.S.pabil designation ortlopedic surgeen \&found that hel she is suffering with Congciithat ampatation

Disability ispermanent OR tamporary permanet
Dieabifily parabiage $50 \%$ (in monds Fifty Poocein $)$
 Signature of Physical Handicapped.


Rajarshee Chhatrapati Shah Maharaja
medical College And C. P. R. General Hosp
DISABILITY CERTIFICATE
ค. CPRH/ /20 Date :- , 200 OCT 2015
This is to certify that I have carcully examined Shi/Smukum Dive q....onorsake


 State $\qquad$ Whose photograph is affixed above and am satisfied that
(A) héshe is a case of :- Locomotor disability-
:- Blindness- $(R E)$ Macular scour

$$
\begin{aligned}
& \text { 2E) Macwlar scot peripheral ehoriore int } \\
& \text { (HE, par. }
\end{aligned}
$$

- (Please tick as applicable)
(A) He/She has

St.
$\pi$ (in figure) $\qquad$ fort -1 ............... percent (in (A) Her
$\qquad$
$\qquad$ (in figure) ……...... Eye
$\qquad$ (part of words) permanent physical impziment/blindness in relation to hither body) as per guidelines (to be specified)
2. The applicant has submitted that following document as proof of residence :-



## Disdanomant K. Mandilk

 Name \& Seal of WritusGohth.) Reg. No. 2010-06-2320 Name \& Se y of Member



# . 

 ,

Name \& Seal of Chairperson


C.PR.fosplal Kohantir

ORR Gentyonpital, Kolficiblity certificate is issued

Note: Not for medico legal purpose or compensation

## Certificate No.

## 919

This is to certify that have çaquaily examined spri/Spit/Kum Al<shaya $S$ exr in iv Son/ wife/daughter of Shri 2 3/S $97 \quad$ Age 15 Years Male/Efmale Registration No. 187.92 Derma-
 next resident of House No.
 of Loo con fy Disability. His/her extent of permanent physical impairment/disabiity has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below.

(Please strike out the dishabille which are not applicable)
2. The above condition is progressivelnom-progressivelikely to improveinot likely to improve.
3. Regasessment of disability is.

till(DD/MM/YY) ........................
Q- e.g. Left/rightboth arms/legs
\# e.g. Single eye/both eyes
£.e. g. LefUright/both ears
4. The applicant has submitted the following document as proof of residence:--


## 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:

CPR Hospital,Kolhapur
(Maharashtra, India)
Certificate Number: 397547
Date: 18/04/2017
This is to certify that I have carefully examined.
Person Identification Number: PI53000544809
Aadhar Number: N/A
Shri/Smt./Kum: HAJARE SUJATA BAJARANG REKHA
Father Name: Shri/Smt./Kum. BAJARANG
Date of Birth (dd/mm/yyyy): 13/03/1999
Age: 18 years

## Gender: Female

## Permanent Address:

House Address: $8 / 160$, PATIL MALA.BIG BAZAR JAVAL,ICHALKARANJI
Village: Hatkanangale
District: Kolhapur

Taluka: Hatkanangle
Pincode: 416115
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
Physical Impairment

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) ROAR

DR SHISHIR \IRGLNDE NECICAMS HREFPQRTEXDENT Ft Hembersocredpeotiege 8
$\therefore$ Pe大a Nitel R8MPGour

Diagnosis
spastic CP b/l LL

Disability (in \%)
50

## PHYSICALLY DISABLED STUDENTS LIST

| Name of the Student |  | Class |
| :---: | :--- | :--- |
| Sr.No. |  | B.Com. I |
| 1. | Shri.Nalawade Abhishek Nitin | B.Com. II |
| 2. | Shri.Sasane Abhishek Anand | B.Com. III |
| 3. | Shri.Kone Shubham Sanjay |  |


(Dr. V.A. Mane)
PRINCIPAL,


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

Disability Certificate<br>Issuing Medical Authority, Kolhapur, Maharashtra



Date: 25/05/2006

## Certificate No.: MH3420320010205287

This is to certify that I/we have carefully examined Shri Abhishek Nitin Nalawade, Son of Shri Nitin, Date of Birth 19/07/201. Ale, Registration No. 2734/00000/2003/0609320, resident of House No. 9/550, Laxm Process Javal, Ichalkaranji - 416115, Sub District Hatkanangle, District Kolhapur, State / UT Maharashtra, whose photograph is affixed above, and I am/we are satisfied that:
(A) He is a case of Cerebral Palsy
(B) The diagnosis in his case is CP WITH QUADRIPARESIS
(C) He has $\mathbf{7 0 \%}$ (in figure) Seventy percent(in words) Permanent Disability in relation to his Left Leg, Right Leg as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

The applicant has submitted the following document(s) as proof of residence:
Nature of Document(s): Aadhaar card

$$
A \cdot N \cdot N-
$$

Signature / Thumb Impression of the Person with Disability
Signatory of notified Medical Authority Member(s)


Issuing Medical Authority, Kolhapur, Maharashtra


OHFICE OP THE CIV) KOLHAPTR.

Date 2.9.1.2.008

No 15968

HANDICAPPED CERTIFICATE
This in ho cerlily lhal Shirit smi Mhish, \& A. Selane is eramieed by Dr si catil




Remarts of ony

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आा. सासण

Signature of Phyyival Handricapped.


Medieal Officer
R. M. O. Kolliapur
ज2नr

Civil Surgeon, Kolhapur -GwiSwigeon, Kolhapme



today at $2: 10 \mathrm{pm}$


## UNIQUE DISABILTYYID <br> Government of India



## UNIQUE DISABILITYID

Government of India


| Sr.No. |  | Name of the Student |
| :---: | :--- | :--- |
| Class |  |  |
| 1. | Shri.Admuthe Vrushabh Vardhman | B.Com. I |
| 2. | Shri.Lad Shravan Manoj | B.Com. II |
| 3. | Miss.Sonatakke Divya Arjun | B.Com. III |
| 4. | Shri.Aanchaliya Rohit Sureshchand | B.Com. III |
| 5. | Shri.Mulani Soyal Mansur | M.Com I |
| 6. | Miss.Mane Vijayalaxmi Ravaso | M.Com I |
| 7. | Shri.Wakariya Suyash manoj | B.B.A. I |


(Dr. V.A. Mane)
government of mamasiutra Br/aptan
shee Chhatrapati Shahu MahayaicReo DISABILITY CERTIFICATG.C.S.M. GMG кollapat: in

No. CPRH/
-Tify tar we hwe crevefuys exmmand shismikum. V/ ushabh Vordhaman --tomithe Sont iredaughere or Shri é
*targhaman Asohmette Dite of Bith (DDMMYY) 23/3/200.3 Were villaged
 Tchalkorthrext onice 4. .ancioc fluated as per guidelincs (to be specified) ar! is shown against the relevant disability in the bable below:--

(Plense strilie out the disabilities which are not applicable)


* awourcont of diablility is:
: Mnce-rat.
© $)^{2}$
$\qquad$ years. $\qquad$ Months. and therefore this certificate shall be valid till (DD:MM:

习习

eg.Sinctheyeth theyos
\#'etu Night lo thems.
4. The applicant has submitted the following document as proof of residence :

$\qquad$ Signature/Thumb imprestion of the persum whece favour diability centiffote is iswed


Dr. ..


Dratimity
Momber

Note : Not for medico legal purpose or coniperisation
 Dr.
 - per estidport Medical Colleg:



```
Fonn-IV
```




WAME OF THE HOSPITAL:


CPR RIosp:tal,Kolhapur (Maharashtra, India)

Cortificure Numbers 293605
Date: 04/06/2016

This is to catify that I Lave cerefully examined.
arson Identification Number: FI53600410133
Aadivar Number: N/A
ShriSme_Kum: LAD SHRAVAN MANOU STIA
Father Name: Sbri/Smi/Kum. DEANOJ
Die of Bi nh (da/mu/yyyy): 11/08/2001
Age: 14 years
reader: Male
Permanent Address:
House Address: ICHAE KARANJI
Village: Batkmangate
Distich: Eallapur

## Taluka: FIatkanangle Pincode: 416115

Whose photograph is affixed above, and am satisfied that he / she is a case of Physical Impairntent disability. His i hies extent of percentage physical impairment / disability has been evaluated as per guidelines wit is sion. t against the relevant disability in the table below :-
Disability
Patestal Yupathent
Affected part of Body Diagnosis
BUT VIL
MULTIPLE JOINT DEFORMITY

The Above condition is Permanent, non-progresslve, not likely to improve
2. Pergetssmeni of disability
2. The applicant has submitted following documents as proof of residence: Aodhar Card
A. The applicant has submitted following documents as proof of identity: Aadhar Card


DRNMTN BHOKARE
Orthopedic Surgeons
Necraber


* Shravan. M. Lad
(Signature and Seal of Authorised Signatory of notified Medical Authority)
ser
DR. SHISHIR MIR GUNDE
Member Secretary
Member Secretary
Regn. No. : 78706

Dr JAIPRAKASH RAMANAND
Member President President
Regn. No. : 66756

Signore Thumb impression of the person whose favour: disability certificate is issued
Than This is nat wald for Medico Legal cases.

Government Medical College nod C. F. K. General Hosp DISAPM111 CERTIFICATE


## * CRU/ 20 D. te :-

## Certificate No. <br> 1765

 Con/wife/daughter of Sheri <compat>...........c, Un


 $\qquad$ Post Officeltarron ,

Distich: State $\qquad$ Whose photograph is affixed above and am satisfied that
(A) hé/she is a case of :- Locomotor disability-

(Please tick as applicable)
(A) He/She has 40 $\%$ (in figure) $\qquad$ tart Eye. percent (in
$\qquad$ . (part of words) permanent physical impairment/blindness in relation to bis/her
$\qquad$ body) as per guidelines (to be specified)
2. The applicant has submitted that following document as proof of residence :-


## 

 Name \& Seal of MBCIb(ephta.)ausistanfoctesaur
$\mathrm{Sd} /-$
Name \& Sea of Member

Name \& Seal of Chairperson
TEDDER
College
2gacestentaf0p


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

# Disability Certificate <br> Issuing Medical Authority, Kolhapur, Maharashtra 

## Certificate No.: MH3421720010042060

Date: 24/10/2019
This is to certify that I/We have carefully examined Shri Rohit Sureshchand Anchaliya Son of Shri Sureshchand Date of Birth 10/04/2001 Age 18 Years) Male, Registration-No. 2734/00000/1910/0522151-resident of House No. 11/70, Kumbhar Galli, Ichalkaranji - 416115 Sub District Hatkanangle District Kolhapur State / UTs Maharashtra
Whose photograph is affixed above, and I/We satisfied that:
(A) He is a case of Hemophilia
(B) The diagnosis in his case is Hemophilia-B Severe
(C) He has 55\%(in figure) Fifty 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 documents) as proof of residence
Nature of Documents): Aadhaar card


Signature / Thumb impression of the Person With Disability



Signatory of notified Medical Authority Member



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

## Disability Certificate

Issuing Medical Authority, Kolhapur, Maharashtra

Certificate No.: MH3420619970096535
Date: 07/09/2018
This is to certify that I/we have carefully examined Shri Soyal Mansur Mullani, Son of Shri Masnur, Date of Birth 01/01/1997, Age 24, Male, Registration No. 2734/00000/1712/1537390, resident of House No. 3/779, Magdum Darga, Mujawar Galli Ichalkaranji - 416115, Suh District Hatkanangle, District Kolhapur, State / UT Maharashtra, whose -photograph is affixed above, and $I$ am/we are satisfied-that:
(A) He is a case of Locomotor Disability
(B) The diagnosis in his case is PPRP Right Lower Limb
(C) He has $\mathbf{5 0 \%}$ (in figure) Fifty percent(in words) Permanent Disability in relation to his Right Leg as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

The applicant has 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(s)


[^0]
## Government of Maharashtra

## Form-IV <br> Disability Certificate

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

NAME OF THE HOSPITAL:


CPR Hospital,Kolhapur
(Maharashtra, India)

Certificate Number: 400664
Date: 27/04/2017
This is to certify that I have carefully examined.
(F. ;on Identification Number: PI53000546239

Aadhar Number: N/A
Shri/Smt./Kum: MANE VIJAYALAXMI RAVASO UJVALA
Father Name: Shri/Smt./Kum. RAVASO
Date of Birth (dd/mm/yyyy): 06/04/2000
Age: 17 years
Gender: Female
Permanent Address:
House Address: DATTAWAD
Village: Dattawad
District: Kolhapur

Taluka: Shirol
Pincode: $\mathbf{4 1 6 1 0 7}$
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
Physical Impairment

Affected part of Body
Spine
Diagnosis
KYPHOSCOLIOSIS

Disability (in \%) 41

1. . he 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: Aadiar Card
(Signature and Seal of Authorised Signatory of notified Medical Authority)


Orthoperfie Suirgeon Natho
ASSSFMember

Regn No. 200410210825

Dr JAIPRAKASH RAMANAND
MEriAffrresidentge:
R.C.S. Member Secretary winge \&.p.C.S.M Goupresident

Regn. No. : 66756
Signature Fitumbinpestorn of the pelson whose favour disability certificate is issued
Note: This is not valid for Medico Legal cases.

# CRATRAPAL PRAMILARAJE HOSPITAL, K.OL <br> DISABILITY CERTIFICATE 



## C. Vo. <br> $\$ 871$

(लोर्ट कामाध्या केढीी उपयोगतचे नाही)



A. Locomoter or verebral paisy :
4) BL. Both le za affected but noterms
(a) Inpaired reach
i) BA-Bnth ar 115 atfectos]
(b) Wcakness of grip.
(ii) BLA-Both Egs and Both arms affecier
(a) Impaired reach.
iv) Ot. One leg affected (right of leit)
(b) Weakness of grip

ic) Ataxic
(a) Impaired reach.

(b) Weakness of grip
(c) Auxic


B. Bitadness er lo w tision :
(i)

P. Blind PB-Partially Blind

D-Deaf PD-Partially Deaf
C. Heariag Imyai went:
(i)
(ii)
(Folete the category whichever is not appticsbiel
natar.
2. This condtion is prigressivelion progressivallikely to improvelnot hes years recommended is rec mmended after a pericd of e.e. 8 .



i) P-canpsform $v$ cok ty manipulation with finges.
ii) PP-can perferm w ork by pulling send pershing.
ii) L-can perform work by lifing
mprove. Re-assessment of months.
iv) KC-can perform w-rs by kuecting and erotching.
v) B-can perform w.rk by bending.
vi) S-cat perform veth bj siine
(in) ST-can porform w $k$ by sta iding
iii: W-can perform a ork hy watsing
(ix) SB-can perform wurk by enc,tig.


Member Medical tonrd




प्रति,
मा. प्राचार्यसो/सिनिअर सुपरवायझर, श्री व्यंकटेश महाविद्यालय, इचलकरंजी.

अर्जदार : श्री सोएल मन्सूर मुल्लाणी, बी.कॉम. ३ रोल नंबर ३४७ (मो.नं.८८५५९४९८३०)
विषय : मार्च/एप्रिल २०१९ बी.कॉम.परीक्षेसाठी जादा वेळ मिळणेबाबत..
महोदय,
मी आपल्या महाविद्यालयात बी.कॉम.भाग ३ या वर्गात शिकत आहे. मी मार्च/एप्रिल २०१९ मध्ये होणा—या बी.कॉम.विद्यापीठ परीक्षेसाठी परीक्षा फॉर्म भरला आहे. मी अपंग असून यासोबत सिन्हील सर्जन यांनी दिलेले मेडीकल सर्टिफिकेट जोडले आहे. तरी मल्रा सदर परीक्षेसाठी विदयापीठ नियमानुसार जादा वेळ मिळणेस परवानगी मिळावी ही नंम्र विनंती.

कळावे,

आपला विश्वासू,


# Form-IV <br> Disability Certificate 

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

## NAME OF THE HOSPITAL

Certificate Number: 565563


CPR Hospital,Kolhapur
(Maharashtra, India)

Date: 07/09/2018

This is to certify that I have carefully examined.
Person Identification Number: PI53000775267

- thar Number: N/A

Shri/Smt./Kum: MULLANI SOYAL MANSUR BEBI
Father Name: Shri/Smt./Kum. MANSUR
Date of Birth (dd/mm/yyyy): 01/01/1997
Age: 21 years
Gender: Male
Permanent Address:
House Address: 3/779,MAGDUM DARGA,MUJAWAR GALLI,ICH.AL_KARANJI
Village: ICHALKARANJI
District: Kolhapur

Taluk: Hatkanangle
Pincode: 416115
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
Rt. $L / L$
Diagnosis
pprp right lower limb

Physical Impairment

1. The Above condition is Permanent, non-progressive, not likely to improve

## 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)
unferge kos: R0525 .n. Sous
Member Secretary


Dr. SudNir Nanandkar
Menfert Resident?ege.
R.C.S Mequnto Mesial College 8

Regn. No. : 53343
indical College,Kothapur. Signature Thumb impression of the person whose favour disability certificate is issued Note: This is not valid for Medico Legal cases. $\qquad$

SHRI VENKATESH MAHAVIDYALAYA (COMMERCE)
ICHALKARANJI-416 115. Dist. - Kolhapur
(Affiliated to Shivaji University, Kolhapur)

| Prin. Dr. Vijay A. Mane <br> M.Com., M. Phil, M.B.A., Ph.D. | Ref. No. VMI/ | 120 | -20 |
| :--- | :--- | :--- | :--- |
|  | Date : |  |  |

## Special Cell Committee 2021-2022

| Special Cell <br>  | Dr.N.M.Mujawar | Chairman |
| :--- | :--- | :--- |
|  | Dr.B.N.Kamble | Member |
|  | Mr.Ms.S.H.Ambawade | Member |


(Dr. Vijay A. Mane)
PRINCIPAL,
Shri Venkatesh Mahavidyalaya, ICHALKARANJI-416 115.

दिनांक : २८.०३.२०१९
प्रति,
मा. प्राचार्यसो/सिनिअर सुपरवायझ़र,
श्री व्यंकटेश महविद्यालय,

## इचल्कररंजी.

अर्जदार : कु. अपूर्वा श्रेणीक मगदूम बी.कॉम. २ रोल नंबर द३ (मो.नं. ९१३०३३०३७९)
विषय : मार्च/एप्रिल २०१९ बी.कॉम.परक्षेसाठी जादा वेळ मिळणेबाबत..
महोदयय,
मी आपल्या महाविद्यालुयात बी.कॉम.भाग २ या वर्गात शिकत आहे. मी मार्च/एप्रिल २०१९ मध्ये होणा-या बी. कॉम.विद्यापीठ परीक्षेसाठी परीक्षा फॉर्म भरला आहे. मी अपंग असून यासोबत सिद्हील सर्जन यांनी दिलेले मेडीकल सर्टिफिकेट जोडले आहे. तरी मला सदर परीक्षेसाठी विदयापीठ नियमानुसार जादा वेळ मिळणेस परवानगी मिळावी ही नंम्र विनंती.

कळावे,
आपला विश्वासू,
(अपूर्वा श्रेणीक मगदूम)


GOVERNMENT OF MAHARASHTRA
Rajarshee Chhatrapati Shah Mahaze. Anil P, ratio,
 DISABILITY CERTIFICATE R.C.S.M,G.N..............
No. CPRH $/ 1186^{20}$ Reg. No. 830681914
c. No. 1031

$\qquad$
$\qquad$

 above and am satisfied that b/ /he is a Case of. Docun-pisability. H. her extent of permanent physical impaighent/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below :-

(Please strike out the disabilities which are not applicable)
2. The above condition is progressive/ non-pregtessive/likely to improve/ nos likely to improve.
3. Reassessment of disability is :
(i) ant necessary.

Or
(ii) is recommended/after $\qquad$ years $\qquad$ Months. and therefore this certificate shall be valid till (DD/MM/ KY).. $\qquad$ @- e.g.Left/Right/both arms/legs.
\#- egg. Single eye/both eyes.
£-e.g.Left/Right/both ears.
4. The applicant has submitted the following document as proof of residence :

| Nature of Document |  | Date of issue |
| :--- | :--- | :--- |
| Ratan ad $2 \rightarrow x$ |  | Details of authority issuing certificate |
| Adhara ad $2 \boldsymbol{p}$ |  |  |



Signature/Thumb impression of the person whose favour disability certificate is issued
8) Anil R. Patil

Dr Asst Mr (OB MRtGeS.M,G.M.C.íolhapur
Dr.

 ह प्रवती टरिलग़से गर्दोजयार रुग्णालन कौन्द्यदूर.

प्रति,
मा. प्राचार्यसो,
श्री व्यंकटेश महाविद्यालंय,
इचलकरंजी.
अर्जदार : श्री अक्षय सदाशिव पाटील, बी.कॉम. $P$ रोल नंबर 18


विषय : मार्च/एप्रिल २०९९ बी.कॉम.परीक्षेसाठी जादा वेळ व रायटर मिळणेबाबत..
महोदय,
मी आपल्या महाविद्यालयात बी.कॉम.भाग २ या वर्गात शिकत आहे. मी मार्च/एप्रिल २०१९ मध्ये होणा-या बी.कॉम.विद्यापीठ परीक्षेसाठी परीक्षा फॉर्म भरला आहे. मी अपंग असून यासोबत सिन्हील सर्जन यांनी दिलेले मेडीकल सर्टिफिकेट जोडले आहे. मी सदर परीक्षेसाठी रायटर म्हणून माझी बहिण कु. कल्याणी सदाशिव पाटील हिला घेणार असून ती इयत्ता दहावी मध्ये शिकत आहे. तरी मला सदर परीक्षेसाठी जादा वेळ मिळणेस तसेच रायटर घेणेस परवानगी मिळ्यवी ही नंम्र विनंती.

कळावे,
आपल्रा विश्वासू,
As Patil
(अक्षय सदाशिव पाटील)

| Medium | : MARATHI |
| :--- | :--- |
| Birth Date | $: 26.12 .2003$ |
|  | $:$ PATIL |


| Subject <br> Code | Subject Name | Language of <br> answer |
| :---: | :--- | :--- |
| 01 | MARATHI (1ST LANG) | MARATHI |
| 27 | SANSKRIT (2/3 LANG) | MARATHI |
| 17 | ENGLISH (2/3 LANG) | MARATHI |
| 71 | MATHEMATICS | ENGLISH |
| 72 | SCIENCE \& TECHNOLOGY | ENGLISH |
| 73 | SOCIAL SCIENCES | MARATHI |
|  |  |  |
|  |  |  |
|  |  |  |

 Stiguiqidteadatsqgeatrastaipls High School/Jr. College, High School/Jr. Colle Candidate must preserve and produce this card at each sessashtra.gov.in for time table \& further details.

## परीक्षेसाठी पालन कराबयाच्या सूचना INSTRUCTIONS TO BE FOLLOWED FOR THE EXAMINATION

8. परीक्षार्थांची शाळ/कनिष्ठ महाविद्यालयाच्या कामकाजाच्या दिवसातील प्रत्येक सत्रातील उपस्थिती स्वतंत्रपणे $75 \%$ किंवा त्यापेक्षा जास्त असावी. परीक्षार्थी सदर अट पूर्ण करत नसल्यास त्याचे/तिचे परीक्षेसाठीचे आवेदनपत्र रद्ध करण्यात येईल व त्याला/तिला परीक्षेला प्रविष्ट होता येणार नाही. Attendance of a candidates should be $75 \%$ or more of the working days of the school / Jr. college in each term, separately, If a candidate fails to fulfill this condition his/her application form for the examination shall be treated as cancelled and he'she will not be allowed to appear for the examination.
२. परीक्षा सुरू होण्यापूर्वी एक दिवस अगोदर परीक्षार्थ्याने, परीक्षा केंद्र, उपकेंद्र ज्या ठिकाणी आपला बैठक क्रमांक आला असोल तिथे जाऊन त्याची खात्री करावी. The candidates should visit and conlirm, one day prior to the commencing of the examination, about the Examination Centre, and the sub-centre where his/her Seat Number is alloted.
9. परीक्षा सुरु होण्यापूर्वी परीक्षार्थ्याने परीक्षा कक्षात अर्घा तास अगोदर उपरिथित असणे आवश्यक आहे. उदा. सकाबच्या सत्रात सकामी 10.30 वाजता आणि दुपारच्या सत्रासाठी दुपारी 2.30 वाजता. A Candidate mast be present in the Examination Hall half an hour before the commencement of the actual Examination. For example, for the morning session at $10.30 \mathrm{a} . \mathrm{m}$. and for the afternoon session at $2.30 \mathrm{p} . \mathrm{m}$.
y. परीक्षा सुरू होण्यापूर्वी 10 मिनिटे इशान्याची घंटा होईल तसेच प्रत्येक सत्र संपण्यापूर्वीं 10 मिनिटे अगोदर इशान्याची घंटा होईल, परीक्षार्थ्यांनी अंतिम घंटेनंतर लिहिणे थांबवावे. पर्यवेक्षकांनी सर्व उत्तरपत्रिका गोळा करेपयंत परीक्षाथ्यानी आपले आसन सोडू नये. There will be a warning bell 10 minutes before the commencement of the examination and 10 minutes before the end of each session. The candidate must stop writing after the final bell. The Candidate must not leave his/her seat until all the Answer Books are collected by the invigilator.
प..ातार्थी खालीलपैकी कोणत्याही कारणाने कारवाईस पात्र राहिल. (अ) - पुस्तक,वही, कच्चे काम केलेला कागद किंवा त्यासाठीचा कागद,मोबाईल,डिजीटलघडयाळ,केलवयुलेटर किंवा इतर इलेक्ट्रॉनिक उपकरण, इत्यादी जवळ बाळगल्यास (ब) - परीक्षेदरम्यान इतर परीक्षार्थ्याशी बोलल्यास अधवा संपर्क केल्यास (क) - उत्तरपत्रिका व पुरवणी स्वतनबरोबर घेऊन जाण्याथा प्रयत्न केल्यास (ड) - केंद्रसंचालक/ पर्यवेक्षक यांनी केलेल्या सूचनांचे पालन न خेक्यास Candidates can be panished if (a) they bring any books, note books, a piece of paper with scribbling or a piece of paper for the purpose, Mobile, Digital Watch, Calculator or any other electronic device, ete (b) they speak or communicate with any other candidate/s during the period of the examinatlon (c) they try to carry Answer. Book or a' Supplement along with them (d) they disobey any instruction issued by the conductor / the invigilator
10. परीक्षार्थीस परीक्षा काळात परीक्षाकक्ष सोड्रन बाहेर जाता येणार नाही. अपवादात्मक परिस्थितीत परीक्षागृहातून बाहेर जाण्याची संमती दिल्यास उत्तरपत्रिका आणि प्रश्नपत्रिका पर्यवेक्षकाकडे जमा करावी लागेल. Candidate will not be allowed to leave the examination hall during the examination. However, in exceptional cases if a candidate is allowed to leave the examination hall he/she will have to submit the Answer Book \& Question Paper to the invigilator.
11. पीीभार्थ्यांने त्यांना टेण्यात आलेल्या प्रत्येक उत्तरपत्रिकेवर व पुरवणीवर आपला बैठक क्रमांक (अंकी आणि अक्षरी) आणि इतर तपशील विहित जागेत लिहावा. उत्तरपत्रिका किंवा पुरवणीवर इतरत्र आपला बैठक क्रमांक अंकी किंवा अक्षरी रुपात लिहिल्यास किंवा आपली ओळख इतर कोणत्याही रुपात केल्यास त्या परीक्षार्थ्याची संपादणूक रद समजण्यात येईल. Write your seat Number (in Figures and in Words) on every Answer Book/Supplement issued to you and other details in the space provided for the purpose. Candidates are forbidden to write their Seat Number either in figures or words, hisher name or reveal their identity in any other way on any other part of the Answer Book or Supplement. Otherwise the performance of the candidate will be treated as cancelled.
C. परीक्षार्थ्यने उत्तरपत्रिकेवरील आतील बाजूस दिलेल्या सूचना वाचून त्यांचे काटेकोरपणे पालन करावे. The candidate must read the instructions given inside the Answer Book and follow them carefully.

GOVERNMENT OF MAHARASHTRA
Rajarshee Chhatrapati Shah Maharaycturer: [
Reg. orgornan Hospital, Kolhapur

## DISABILITY CERTIFICATE

 District $\uparrow<6$ of LOC Co. Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below.
(Please strike out the dishabille which are not applicable)
2. The above condition is progressive/non-progressivealikely to improve/not likely to improve.
3. Reassessment of disability is.
(i) Not necessary,
(ii).Is recommended/after ......................... years ............. Months, and there fore this certificate shall be valid
(ill (DD/MM/YY) .......................
\# e.g. Single eye/both eyes
$£$ e. g. Left/right/both ears


Signature/Thumb impressionof the person whose favour
disability certificate is issued

प्रति,
मा. प्राचार्यसो/सिनिअंरं सुपरवायझार, श्री व्यंकटेश महाविद्यालय,
इचलकरंजी.
अर्जदार : श्री उबारे श्रीनिवास श्रीकांत, बी.कॉम. १ रोल नंबर ३५६
विषय : मार्च/एप्रिल २०९९ बी:कॉम.परीक्षेसाठी जादा वेळ मिळणेबाबत..
महोदय,
मी आपल्या महाविद्यालयात बी.कॉम.भाग १ या वर्गात शिकत आहे. मी मार्च/एप्रिल २०९९ मध्ये होणा-या बी.कॉम.विद्यापीठ परीक्षेसाठी परीक्षा फॉर्म .भरला आहे. मी अपंग असून यासोबत सिव्हील सर्जन यांनी दिलेले मेडीकल सर्टिफिकेट जोडले आहे. तरी मल्रा सदर परीक्षेसाठी विदयापीठ नियमानुसार जादा वेळ मिळणेस परवानगी मिळावी ही नंम्र विनंती.

कळावे,


आपला विश्वासू,

$\frac{\text { S. S. Uha pe }}{\text { (उबारे श्रीनिवास श्रीकांत) }}$

Seat $\times 10.364 \%$.

# Govt. of Maharashtra <br> CHATRAPATI PRAMILARAJE HOSPITAL, DHEABTITTV BETETHE 

## (कोर्ट कामाच्या वेळी उांयोगाचे नाही ) <br> 385 कोर्ट कामाच्या वेळी उपयोगाच नही

No, CPRH/CSK ${ }^{8}$ 方00 ${ }^{4}$ Date 1 - $8 / 200^{9}$.
C. No. 34058

This is certificed that Shdi/Sht//Kum. ...Shrinisway
Son/Wif/Daudhter of Shri.. Shrikant Ubape ......... 10 Sex M 4 halk arany. is suffering from permanent disability of followin

## Locomotor or cerebral-palsy

(i) BL-Both legs affected but not arms Tharacol urrbas Sparna ky phot colvoroad
(ii) BA-Both arms affected ....P.QPA…(R.D).
(a) Impaired reach
(iii) BLA-Both legs and Both arms affected
(iv) OL-One leg affected (right or left)
(a) Impaired reach
(b) Weakness of grip
(c) Ataxic
(v) OA-Onc atmis afferted
(a) Impaired reach
(b) Weakness of grip
(c) Ataxic
(vi) BH-Stiff back and hips (Cannot sit or stood)
(vii) MW-Muscular weakness and physical endurance
B. Blindness or low vision

2. This condition is progressive / non-progressive / likely to improve / not likely to improve. Re-assessment of case is not recommended/is recommended after a period of $\qquad$ ..... …......... years .......... month.
3. Percentage of disability in his / her case is
s.a. Percent … مिmel. (...mml.
 discharge of his / her duties :-
(i) F-can perform work by manipulating with finger
(ii) PP-can perform work by pulling \& pushing
(iii) L-can perform work by lifting
(iv) KC -can perform work by kneeling \& crouching
(v) B-can perform work by bending
(vi) S-can perform work by sitting
(vii) ST-can perform work by standing
(viii) W-can perform work by walking
(ix) SB-can perform work by seeing
(x) H -can perform work by hearing / speaking
(xi) RW-can perform work by reading and writi'ig

Dr. ..........in Merner , Medical Board


Member
Medical Foard

Yes/ No
Yes / No
Yés / No
Yes/No
Yes / No
Yes / No
Yes / No
Yes/No
Yes / No
YES / No

Dr.



ICHALKARANJI-416 115. Dist. - Kolhapur (Affiliated to Shivaji University, Kolhapur)

Website : www.venkateshcollege.com

Prin. Dr. Vijay A. Mane
Date :

M.Com., M. Phil., M.B.A., Ph.D.

### 7.1.2. Disabled Friendly Barrier Free Environment

In order to provide barrier free and friendly environment to the disabled students the following facilities are provided by the institution:

- The ramp at the college entrance
- The free book set to disabled students for each year
- Allotment of the NSS volunteers for disabled students to make it easy to go into the classroom.
- Celebration of International Day of Persons with Disabilities on $3^{\text {rd }}$ December
- Offering the gift and books to the disabled students.
- Adherence to the guidelines and regulations issued by the university examination department
- Financial Assistance availed through government scholarships to the students
- Counseling by mentor wherever necessary

(Dr. V.A. Mane)
PRINCIPAL, Shri Venkatesi: Manavidyalaya.


# Shivaji University, Kolhapur 

## Two Days National Webinar

# On <br> <br> Disability, Accessibility and Inclusion in Higher Education 

 <br> <br> Disability, Accessibility and Inclusion in Higher Education}
$27^{\text {th }}$ and $28^{\text {th }}$, October, 2020
Time: $\mathbf{1 1 . 0 0}$ a.m to $\mathbf{0 2 . 3 0}$ p.m

Organized Under

## UGC-Scheme for Persons with Disabilities

Register by Click Link- https://forms.gle/VtY4tyHL9MWjCBi39

## Platform of Webinar: Cisco Webex

For any query Kindly Contact

Dr. Pratibha B. Desai

Convener of the Webinar and
Coordinator, UGC-Scheme for Persons with Disabilities
Shivaji University, Kolhapur- 416004.
Contact No: $\mathbf{9 8 2 2 7 6 5 2 4 8 , 9 9 7 5 0 8 3 6 3 6}$



Shivaji University, Kolhapur
Conducted
Two Days National Webinar
On
Disability, Accessibility and Inclusion in Higher Education on $27^{\text {th }}$ and $28^{\text {th }}$ October, 2020 Under

## UGC-Scheme for Persons with Disabilities

## Certificate of Participation

This is to Certify that $\qquad$ Dr, Sunita Ambawade

e.

has participation in the two days National Webinar on "Disability, Accessibility and Inclusion in Higher Education" conducted by Shivaji University, Kolhapur under "UGC-Scheme for Persons with Disabilities" on dated $27^{\text {th }}$ October, 2020 to $28^{\text {th }}$ October, 2020.

$$
\begin{aligned}
& \text { Dr. Pratibha B. Desai } \\
& \text { Coordinator, }
\end{aligned}
$$



PRINCIPAL,

# SHRI VENKATESH MAHAVIDYALAYA 

(COMMERCE)
ICHALKARANJI-416 115. Dist:- Kolhapur (Affiliated to Shivaji University Kolhapur) E-mail :

प्रति,
मा. उपकुलसचिवसो, संलग्नता टी.२ विभाग, शिवाजी विद्यापीठ, कोल्हापूर.

विषय : कार्यवाही अहवाल
संदर्भ : आपले जा.क. संलग्नता/टी.२/२७૪ दि. २६ नोंब्हेंबर २०२८ चे पत्र महोदय,

आपल्या वरील संदर्भिय पत्रानुसार आमच्या महाविद्यालयातील दिव्यांग विद्यार्थ्यांना पुरविण्यात येणा-या सोयी सुविधा बाबतचा कार्यवाही अहवाल यासोबत पाठवित आहोत. कृपया, सदर अहवालाचा स्विकार व्हावा ही विनंती.

कळावे,
आपले विश्वासू,

(प्रा .सौ. एस एच आंबवडे)
विभागप्रमुख

(डॉ. क्ही ए ए माने) प्राचार्य, शी व्वांकटेशा महाविय्यालय, d) चलकरंजो.

सोबत : वरीलुप्रमाणे.
२. महाविद्यालयाच्या दर्शनी बाजूस दिव्यांग विद्याथ्यांना महाविद्यालयात येणे-जाणे यासाठी लाकडी रूम्प करण्यात आलेल्या आहे.
२. दिव्यांग विद्यार्थ्याना ग्रंथालयातील पुस्तके सहज उपलन्ध व्हावीत यासाठी ग्रंथालयामार्फत अपंग विद्यार्थ्याना वर्षभर मोफत पुस्तकसंच उपलब्ध करून दिली जातात. तसेच महाविद्यालयातील ग्राउंड प्लोअरला त्यांना आवश्यक ती पुस्तके ग्रंथालय परिचरामार्फत उपलब्ध करून दिली जातात.
३. महविद्यालयातील दिव्यांग विद्यार्थ्यांना त्यांच्या वर्गात जाणे-येणेसाठी तसेच इतर ठिकाणी जाणे-येणेसाठी महाविद्यालयातील राष्ट्रीय सेवा योजनच्या खालील स्वयंसेवकांची विद्यार्थी स्वयंसेवक म्हणून नेमणूक करण्यात आलेली आहे.

अ. श्री. अजित पाटील, बी. कॉम.भाग ३
ब. श्री. महिंद्र मस्मे,
क. श्री. सुरेश मोहिते,
ड. कु. प्रिती करवा,
इ. श्री. गोविंद जाजू.
बी कॉम भाग ३
एम. कॉम .भाग ?
बी. कॉम भाग २
बी कॉम.भाग २
४. दिव्यांग विद्यार्थ्यांना असणा-या शासनाच्या विविध शिष्यवृत्तीबाबतची माहिती विद्यार्थ्यनाना देवून त्यांना शिष्यवृत्तीचे फॉर्म भरणेविषयी महाविद्यालययाच्या शिष्यवृत्ती समुपदेशन कक्षामार्फत तसेच कार्यालयामार्फत मार्गदर्शन केले जाते.
4. दिव्यांग विद्यार्थ्यांना त्यांच्या मागणीप्रमाणे विद्यापीठ परीक्षेच्यावेळी पेपर लिहीणेसाठी जास्तीचा वेळ तसेच रायटरची सुविधा दिली जाते. तसेच सदर विद्यार्थ्यांची परीक्षेची बैठक व्यवस्था ग्राउंड प्रोअरवरील वर्गामध्ये किंवा स्वतंत्र वर्गामध्ये केली जाते.
६. दिव्यांग विद्यार्थ्यांना पुरविण्यात येणा-या सोयी-सुविधांबाबत माहिती देणेसाठी तसेच भविष्यात त्यांना कोणत्या सुविधा देता येतील यासंबंधी विचार विनिमय करण्यासाठी शैक्षणिक वर्ष २०२८-१९ साठी महाविद्याल्यात समिती गठीत करण्यात आली आहे. या समितीची बैद्क दि. ३०.२२.२०२८ रोजी मिटींग घेण्यात आली. त्या मिटींगल्या प्रा. एच. पी.शिंदे प्रभारी प्राचार्य, प्रा.सौ. एस. एच.आंबवडे विभागग्रमुख, प्रा.डी.आर.चरापले सदस्य, डॉ. एन. एम. मुजावर सदस्य, प्रा. ए.आय बाणदार सदस्य, श्री.ए.एस.गायकवाड सदस्य उपस्थित होते.
७. दि. ३.२२.२०२८ रोजी महाविद्यालयात जागतिक दिव्यांग दिन साजरा करणेत आला. याप्रसंगी महाविद्यालयाचे नुतन प्राचार्य मा.डॉ.व्ही.ए.माने यांनी दिव्यांग विद्याथ्यांचे गुलाब पुष्प देवून स्वागत केले आणि त्यांना महाविद्यालयामार्फत देण्यात येणा-या सोई सुविधांची माहिती दिली. त्याचबरोबर दिव्यांग विद्यार्थ्याना भविष्यात शैक्षणिक संदर्भात काही मदत ल्लागलेस महाविद्याल्रयाकडून त्यांना सर्व प्रकारची मदत केली जाईल असा विश्वास मा.प्राचार्य डॉ..्ही.ए. माने यांनी दिला.
८. महाविद्यालयात दि. २०२८-२९ या शैक्षणिक वर्षात प्रवेश घेतलेल्या दिव्यांग विद्यार्थ्यांची माहिती स्वतंत्रपणे यासोबत जोडली आहे.

(डॉ व्ही ए माने) प्राचार्य,
शी वंकटेश महावियालय,

श्री व्यंकटेश महाविद्यालय, इचलकरंजी दिव्यांग विद्यार्थी सन २०२८-२०२९

(प्रा सौ एस एच आंबवडे) विभागप्रमुख
(डॉ . क्ही ए माने)
प्राचार्य,
ी व्यंक्रटेशा कहाविद्यालय,
इचलकरंजी


Ramp facility for Divyangjan

## Soogle

# Ichalkaranji, Maharashtra, India 

Shri Venkatesh Mahavidyalaya, Ichalkaranji,
Govindrao High School Campus, MFM9+4WJ,
Rajwada, Ichalkaranji, Maharashtra 416115, India Lat 16.682896
Long $74.46968^{\circ}$
06/02/23 09:09 AM GMT +05:30

Wheel chair facility for Divyangjan


[^0]:    This CardiCertificete is meant to certify the clisability of the person and is not an instrument for $10 / 4 d d r e s s$ Proof for any purpose.

