



Government of Karnataka
Department of Collegiate Education
GOVERNMENT FIRST GRADE COLLEGE
KOPPAL-583231. KOPPAL DIST.



E-mail : gfgcollegekpl@gmail.com

Phone No : 08539-222651

DIFFERENTLY ABLED FRIENDLY UNIT

The major functions of the Unit will be as follows:

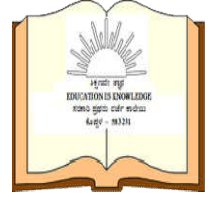
- To provide counselling to differently-abled students on the types of courses they could study at the higher education institutions.
- To ensure admission of as many differently-abled students as possible through the open quota and also through the reservation meant for them.
- To gather orders dealing with fee concessions, examination procedures, reservation, policies, etc., pertaining to differently-abled persons.
- To assess the educational needs of differently abled persons enrolled in the higher education institutes to determine the types of assistive devices to be procured.
- To conduct awareness programmes for teachers of the institute about the approaches to teaching, evaluation procedures, etc, which they should address in the case of differently-abled students.
- To study the aptitude of differently-abled students and assist them in getting appropriate employment when desired by them after their studies.
- To celebrate important days pertaining to disability such as the World Disabled Day in the institute and also in the neighborhood in order to create awareness about the capabilities of differently-abled persons.


IQAC, Co-Ordinator
GFG College
Koppal-583231.


Principal
Govt. First Grade College
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Students Enrolled under Differently Able Category for 2016-17 to 2020-21

Name of the student Enrolled under Differently abled Category	Gender	Unique Disability ID (UDID) Card Number	Type of Disability	Percentage of Disability
Maruthesha	Male	KA0640620000060446	Locomotor Disability	60%
Chaitra	Female	KA0640620010098707	Locomotor Disability	40%
Shankamma Buddanagoudra	Female	KA0640620020075837	Locomotor Disability	40%
Jaysing	Male	KA0640620030055108	Locomotor Disability	75%


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

Disability Certificate

Issuing Medical Authority, Koppal, Karnataka



Date: 11/11/2009

Certificate No.: KA0640620000060446

This is to certify that I/We have carefully examined Shri **Marutesha** Son of Shri **Hanumappa Byadagi** Date of Birth **06/06/2000** Age **19 Year(s)** Male. Registration No. **2906/00000/1908/1656212** resident of House No. **Basrihal, Gouripur Gangavathi, Gangavathi Koppal - 583283** Sub District **Gangawati** District **Koppal** State / UTs **Karnataka**

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 **Neglected Club Foot**

(C) He has **60%**(in figure) **Sixty** 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, Koppal, Karnataka



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

Disability Certificate

Issuing Medical Authority, Koppal, Karnataka



Certificate No.: KA0640620010098707

Date: 17/09/2008

This is to certify that I/we have carefully examined Kum. **Chaitra**, Daughter of Shri **Manjunath Jelli**, Date of Birth **06/11/2001**, Age **19**, Female, Registration No. **2906/00000/1910/0574512**, resident of House No. **D/o Manjunath Jelli, 49/2, Near Banashankari Temple, Bhagyanagar - 583238**, Sub District **Koppal**, District **Koppal**, State / UT **Karnataka**, whose photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Locomotor Disability**

(B) The diagnosis in her case is **post burns contract RT Lower Limb**

(C) She has **40%**(in figure) **Forty** percent(in words) Permanent Disability in relation to her 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)



Issuing Medical Authority, Koppal, Karnataka



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

Disability Certificate

Issuing Medical Authority, Koppal, Karnataka



Certificate No.: KA0640620020075837

Date: 22/05/2008

This is to certify that I/We have carefully examined Kum. **Shankamma Basavaraj Buddanagoudra** Daughter of Shri **Basavaraj** Date of Birth **03/09/2002** Age **17 Year(s)** Female, Registration No. **2906/00000/2008/1875799** resident of House No. **Shankamma D/o Basavaraj Buddanagoudra, 7th Ward Banashankari Temple Hattira Bhagyanagar, Tq Dist Koppal - 583231** Sub District **Koppal** District **Koppal** State / UTs **Karnataka** Whose photograph is affixed above, and I/We satisfied that:

(A) She is a case of Locomotor Disability
(B) The diagnosis in her case is **PPRP RT LOWER LIMB**

(C) She has **40%**(in figure) **Forty** percent(in words) Permanent in relation to her (Right Leg) 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

shankamma.

Signature / Thumb impression of the Person With Disability

Signatory of notified Medical Authority Member



[Signature]

Issuing Medical Authority, Koppal, Karnataka



UNIQUE DISABILITY ID

Government of India



नाम / Name

जयसिंह

Jayasing

UD ID

KA0640620030055108

Disability Type

Locomotor Disability

Year of Birth

2003

% of Disability

75% (Seventy Five Percent)

Date of Issue

12/02/2020

Valid upto

Permanent



Signature

Issuing Authority Sign