

Shiksha Mandal's

Bajaj College of Science, Wardha

(Formerly known as Jankidevi Bajaj College of Science)

4th Cycle: Assessment and Accreditation by NAAC



Criterion VII

Institutional Values and Best Practices

QnM 7.1.7

The Institution has Differently-abled
(Divyangjan) friendly, barrier free
environment



Bajaj College of Science, Wardha

(Formerly known as Jankidevi Bajaj College of Science)
An Autonomous College affiliated to RTM Nagpur University, Nagpur
NAAC Reaccredited 'A' with CGPA of 3.21
(A Linguistic Minority College)



Prof. Pradip. V. Tekade
Principal (Offg.)

Email : jbsciencewardha@yahoo.co.in
pradiptekade@gmail.com

Ref. No. BCS/ /20 -20

Date : 27 DEC 2022

DECLARATION

This is to declare that the information and data furnished as supporting/additional document in the metric 7.1.7 *The Institution has Differently-abled (Divyangjan) friendly, barrier free environment* are true to the best of my knowledge and is verified by IQAC.

Dr. M. R. Chandrakar
IQAC Co-ordinator



Prof. P. V. Tekade
Principal (Offg.)
Offi. Principal
Bajaj College of Science
WARDHA



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AISHE ID: 18638

7.1.7 The Institution has Differently-abled (Divyangjan) friendly, barrier free environment



Ramp for Library Entrance



Ramp Near Classroom



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Ramp Near Classroom



Ramp at the Microbiology Department



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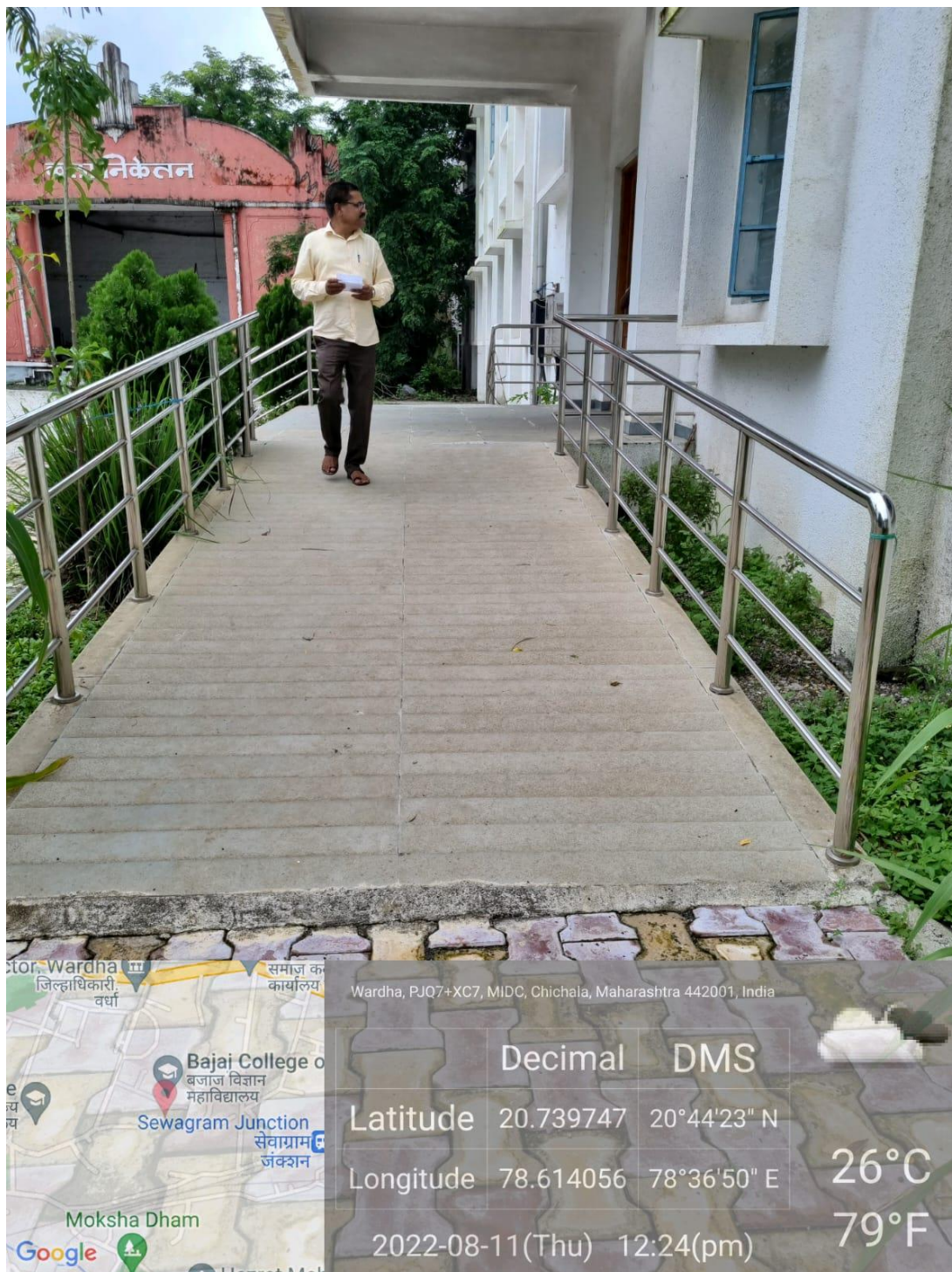
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Ramp at the New Life Science Complex



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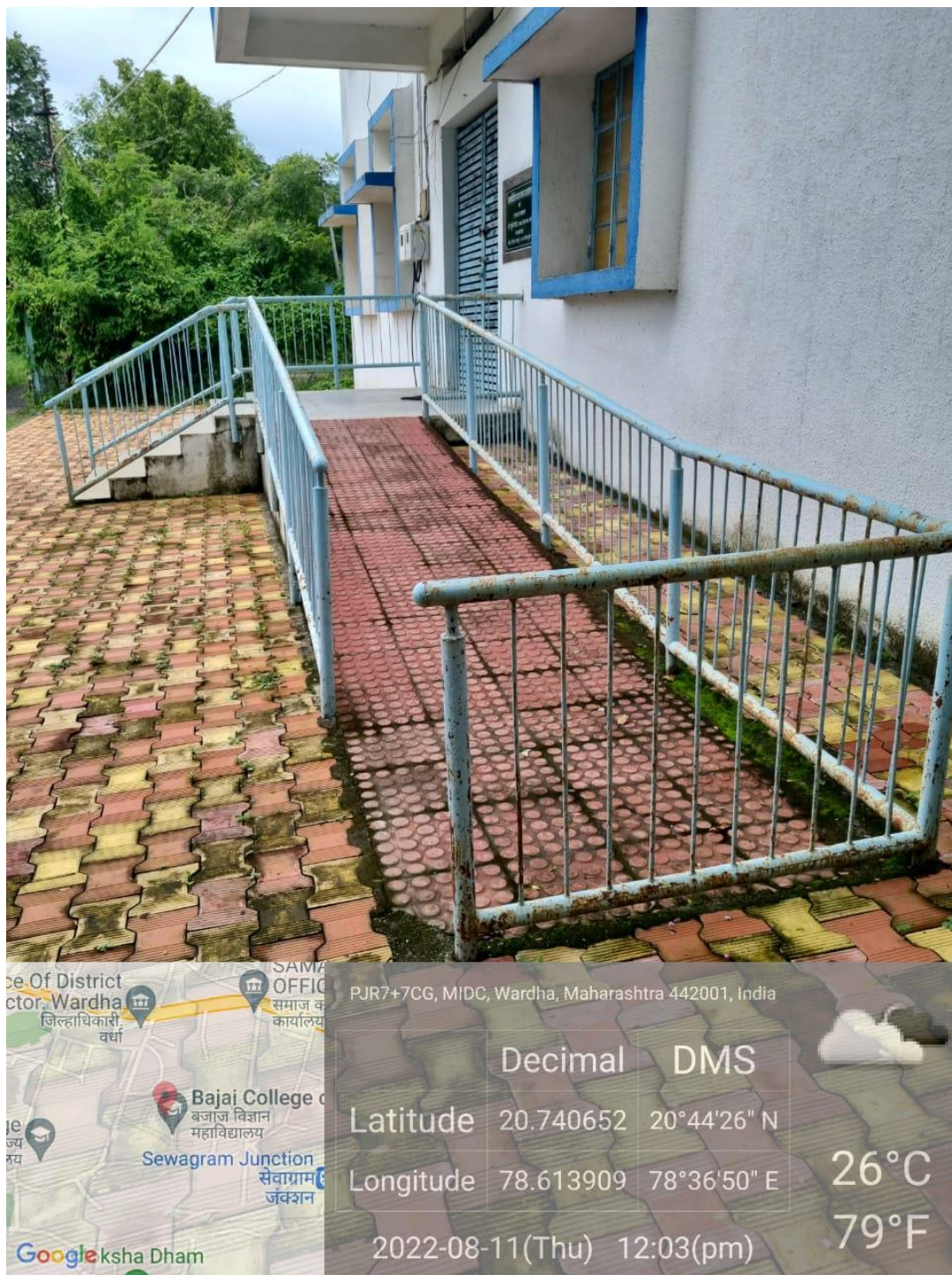
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Ramp at the Girls Hostel



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Ramp to Reach Gandhi Hall



Ramp at the Physics Department



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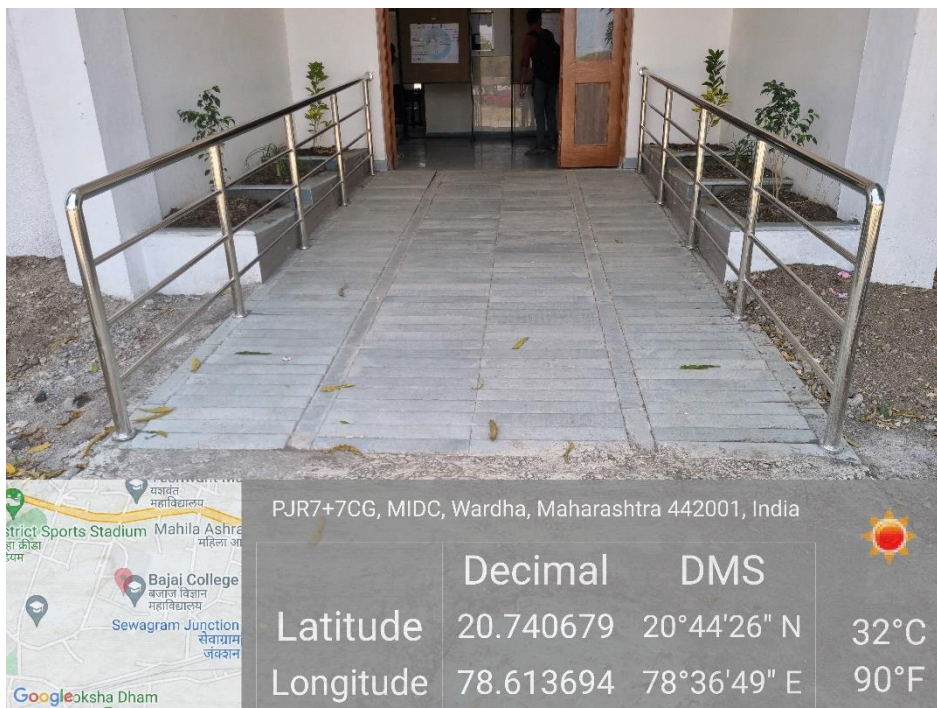
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Ramp at the Chemistry Department



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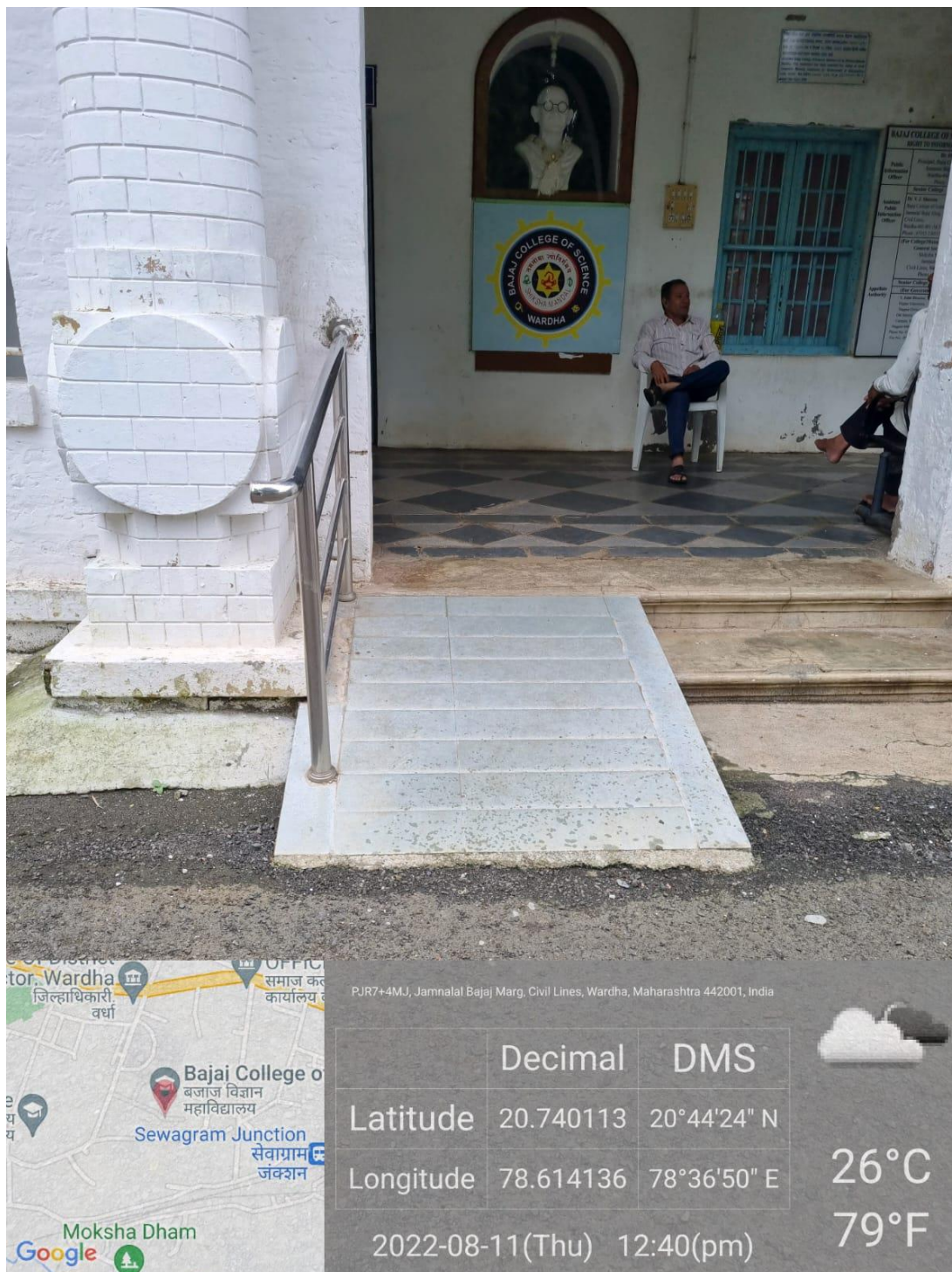
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Ramp at the Administrative Block



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Signage Boards



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Students with disability (Divyanjan) are provided writer facility from the college during examinations.

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

1349
09/2022

Disability Certificate

Issuing Medical Authority, Wardha, Maharashtra



Certificate No.: MH0830720036153492 Date: 26/08/2022

This is to certify that we have carefully examined Kum. **Aachal Ganeshrao Golhar**, Daughter of **Shri Ganeshrao**
Date of Birth **04/08/2003**, Age **19**, Female, Registration No. **2708/00000/2208/1941243**, resident of House No
Waigaon Nipani, Wardha. - 442001, Sub District **Wardha**, District **Wardha**, State / UT **Maharashtra**, whose
photograph is affixed above, and I am/we are satisfied that:

(A) She is a case of **Low Vision**
(B) The diagnosis in her case is **B/L Exotropia (Re) Dominate with Amblyopia**
(C) She has **40%** (in figure) **Forty** percent (in words) Permanent Disability in relation to her **BOTH EYE** 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 04/02/2018).

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, Wardha, Maharashtra

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


Dr. Anil Wankhade
Additional Civil Surgeon
General Hospital, WARDHA
Reg. No. 65377


Dr. S. V. TADAS
Civil Surgeon
General Hospital, Wardha



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Disability Certificate

Issuing Medical Authority, Wardha, Maharashtra

Certificate No.: MH0810720010080355

Date: 18/12/2015

This is to certify that I/we have carefully examined Kum. Tejaswini Santoshrao Mulak, Daughter of Shri Santoshrao, Date of Birth 04/06/2001, Age 15, Female, Registration No. 2708/00000/2103/0837265, resident of house No. At Shree Kamthi, post-Kanarkhedu, Tal-wasele, Dist-Wardha, - 442104, Sub District Seleo, District Wardha, State / UT Maharashtra, whose photograph is affixed above, and I/we are satisfied that:

(A) She is a case of Low Vision
(B) The diagnosis in her case is (B) High Myopia with Amblyopia
(C) She has 40% (in figure) Forty percent (in words) Permanent Disability in relation to her BOTH EYE as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPAD Act, 2016 notified by Government of India vide S.O. 7561 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

Signature of Issuing Medical Authority Member(s)



Issuing Medical Authority, Wardha, Maharashtra

This Certificate is valid for 10 years from the date of issue and is for an individual for only personal use.



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Disability Acceptance Certificate (SAR 83)

महाराष्ट्र शासन
Government of Maharashtra
Disability Certificate

No. 644632

Government of Maharashtra
Form-IV
Disability Certificate
(In cases other than those mentioned in Forms III and III) (See rule 4)

जा. क्र. 15
कार्यालय शिल्पा शल्यचिकित्सक
सामान्य कक्षालय, चंद्रपूर
दिनांक 2 JAN 2016

NAME OF THE HOSPITAL: District Hospital, Chandrapur (Maharashtra, India)

Certificate Number: 247206 Date: 01/01/2016

This is to certify that I have carefully examined.
Person Identification Number: PT50900788591
Aadhar Number: N/A
Shri/Smt./Kum. **SHELARE SAKHIA MANOJ SHALINI**
Father Name: Shri/Smt./Kum. **MANOJ**
Date of Birth (dd/mm/yyyy): 12/05/2003
Gender: **Female**
Age: 12 years

Permanent Address:
House Address: T.B.Hospital Qtr.Ramnagar Chandrapur
Village: Chandrapur
District: Chandrapur
Taluka: Chandrapur
Pincode: 442401

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	(BE) myotogenous with retinitis punctata albescens	75

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 Authorized Signatory of notified Medical Authority)

Dr. L. V. S. Sarode
Medical Officer
Member
Regn. No. : 2006/04/2140

Dr. Sarita Hazare
Medical Officer
Member Secretary
Regn. No. : 70396

Dr. U. N. Mahapatra
Additional Civil Surgeon
President
Regn. No. : 49513

Signature/Thumb impression of the person whose fitness/disability certificate is issued
Note: The Medical Officer/Member Secretary/President of the Medical Authority shall issue the certificate in the prescribed form.

ADD. CIVIL SURGEON
General Hospital Chandrapur

CIVIL SURGEON
General Hospital Chandrapur

www.maharashtra.gov.in/baahin/visualimpairedment.gov