

2.2.3 Percentage of differently abled students (Divyangjan) on rolls (5)							
Year - 1							
Name of the student enrolled under Differntly abled Cateogry	Gender	UDID Card Number	Type of Disability	Percentage of Disability	Course enrolled	Year of Enrolment	Year of Completion
Year- 2							
Name of the student enrolled under Differntly abled Cateogry	Gender	UDID Card Number	Type of Disability	Percentage of Disability	Course enrolled	Year of Enrolment	Year of Completion
Year - 3							
Name of the student enrolled under Differntly abled Cateogry	Gender	UDID Card Number	Type of Disability	Percentage of Disability	Course enrolled	Year of Enrolment	Year of Completion
FST							
MOUSUMI DAS	F	740025 524567	Cong BE Amputee Left	70%	B.Tech, CE(L)	2015	2018
Year - 4							
Name of the student enrolled under Differntly abled Cateogry	Gender	UDID Card Number	Type of Disability	Percentage of Disability	Course enrolled	Year of Enrolment	Year of Completion
FST							
PIU DEB	F	499879 762599	Locomotor	65%	BCA	2016	2019
Year - 5							



Place : Weekly Board

Venue : DDRC WEST TRIPURA

CERTIFICATE FOR THE PERSON WITH DISABILITY
(In case of Locomotor/Visual/Speech & Hearing/MR Disabilities)

CERTIFICATE NO DDRC/SPH/2149/2017

Date : 29/03/2017

This is to certify that I have carefully examined Sri **IMANUEL DEBBARMA**

S/O SRI SACHINDRA DEBBARMA Date of Birth 24 Jun 1995 Age: 22 Years

Sex : M Registration No 7964/2017 Permanent resident of BAIRA MURA

Post Office BISHRAMGANJ PS BISHRAMGANJ District WEST TRIPURA

State TRIPURA

whose photograph is affixed below and we are satisfied that:

He is a case of **Hearing Impairment Disability (TEMPORARY)**

His extent of permanent physical impairment / disability has been evaluated as per Govt. guidelines and is shown against the relevant disability in the below:

Disability	Affected Part of Body	Diagnosis	Disability (%)
Hearing Impairment	Both ears	R- EAR SEVERE SN LOSS L- EAR MODERATE SN LOSS	55

1. This condition is Progressive
2. Re-assessment is recommended after 5 year 0 month and validity of certificate upto 22 Mar 2022

Imanuel Debbarma

Signature / Thumb impression of the person with disability



[Signature]
Sign. & seal of Nodal Officer/M.S.

Dr. Dipti Bikash Roy
Member Secretary
District Disability Rehabilitation Centre
West Tripura, Agartala

[Signature]
Sign. & seal of Member
Dr. Arunangshu Roy
ENT Specialist
District Disability Board
West Tripura.

[Signature]
Sign. & seal of the Chairman
Dr. Goutam Debnath
C.M.O. Tripura West
Govt. of Tripura
Chairman
District Disability Board.



**District Disability Rehabilitation Centre
(DDRC)**

West Tripura District
Shymalibazar, Agartala-799006, Tripura

IDENTITY CARD

FOR PERSONS WITH DISABILITIES

Card No.: 00525/2017

Date: 29 - 03 - 2017

Name : **IMANUEL DEBBARMA**



Father/Husband's name: S/O SRI SACHINDRA
DEBBARMA

Date Of Birth : 24/06/1995
sex : Male

Address :

Vill : BAIRA MURA, P.O : BISHRAMGANJ

P.S : BISHRAMGANJ

Pin no : 799103

Contact No :

Immanuel Debbarma

Signature/thumb impression

IDN No : **300101204232393**

Disability Certificate Sl. No :

Disability Certificate No : DDRC/SPH/2149/2017

Date of Issue : 29/03/2017

Validity upto : 22 Mar 2022

Place of issue : DDRC WEST

Issuing authority : CMO

Nature of Disability : **HEARING IMPAIRMENT**

Extent of Disability : **55%**

Diagnosis : **HEAR SEVERE SN LOSS L- EAR**

Dr. Dipki Bikash Roy

Member Secretary

District Disability Rehabilitation Centre
Member Secretary, DDRC(W)

Agartala, Tripura-799006
Tel/Fax: 0381-2550736

Website: <http://tsu.tnp.nic.in/pcrps>

VALID FOR 5 YEARS / PERMANENT

GOVERNMENT OF TRIPURA
SPECIAL MEDICAL BOARD FOR
- PHYSICALLY HANDICAPPED
PERSON (TRIPURA STATE)
G.B PANT HOSPITAL, AGARTALA

CERTIFICATE No. 3030/101

DATE 16-1-2002

CERTIFICATE FOR
ORTHOPAEDICALLY (LOCOMOTOR) / VISUALLY/SPEECH &
HEARING HANDICAPPED PERSON

This is to certify that Shri. Mrs Mousumi Das
S/O. DIO. WHO. Kri. Bidu. Mousumi Das
Age 6 year old, male/female is suffering from (Nature of
Disability) Cong. Rt. Amputee Left
and has (Extent of Disability) 70 % (Seventy) (percent) permanent
Physical Disability.

Note :- 1) This Condition is ~~progressive~~/ non progressive / likely to improve / not likely to improve.
2) Reassessment is not recommended / recommended after a period of ~~.....~~
Months/Years.

Mousumi Das
Signature of Patient / T.I.
Home Address of the patient
West Jyegaga, P.O. Barak, Agartala



16/1/02
Member - Cum - Convenor
Special Medical Board
for Physically
Handicapped Person,
Tripura

16/1/2002
Member
Special Medical Board
for Physically
Handicapped Person,
Tripura

16/1/02
Chairman
Special Medical Board
for Physically
Handicapped Person,
Tripura

Spl. E.E. for Ph. Persons /AGT.

Sl.No. 2995 Date. 20/12/2001

Mousumi Das.

Form - IV.
(See rule 4)

Government of Tripura
District Disability Medical Board
NORTH TRIPURA District Kailashahar, Tripura

IDN : 300200900412968

Place : Weekly Board

Venue : DDRC NORTH TRIPURA

CERTIFICATE FOR THE PERSON WITH DISABILITY
(In case of Locomotor/Visual/Speech & Hearing/MR Disabilities)

CERTIFICATE NO 543/06/OH/16

Date : 31/03/2016

This is to certify that I have carefully examined **Smt PIU DEB**

D/O **SRI BIMAL KUMAR DEB**

Date of Birth **29 Dec 1997** Age: **19** Years

Sex : F Registration No _____ Permanent resident of WARD NO-4

Post Office KUMARGHAT PS KUMARGHAT District NORTH TRIPURA

State TRIPURA

whose photograph is affixed below and we are satisfied that:

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

Her extent of permanent physical impairment / disability has been evaluated as per Govt. guidelines and is shown against the relevant disability in the below:

Disability	Affected Part of Body	Diagnosis	Disability (%)
Locomotor	Right Leg	BK AMPUTATION RIGHT	65

1. This condition is Progressive

2. Re-assessment is recommended after **05 year 0 month** and validity of certificate upto **30 Mar 2021**

Piu Deb

Signature / Thumb impression of the person with disability



H Pal Chaudhuri
31/3/16
Sign. & seal of Nodal Officer M.S.
(H Pal Chaudhuri)
Nodal Officer, DDRC (N)
Kailashahar, Tripura.

[Signature]
Sign. & seal of Member
Orthopedic Surgeon, Member
District Disability Medical Board
Unakoti, Tripura

[Signature]
31/3/16
Sign. & seal of the Chairman
Chairman
District Disability Medical Board
C.M.O. Unakoti,
Kailashahar Tripura

Piu Deb