

Format of Test - Check Report under ADIP Scheme The Check (Minimum of 5/15 percent*) of beneficiaries assisted during the year 2017
 Name of the Implementing Agency - Mahatma Gandhi Seva Sangh

6-9-2017
 Mahatma Gandhi Seva Sangh

01. Name of State :- Maharashtra
 02. Name of District :- AKOLA

Details of Test-Check

Sr. No.	S.No. of list of the Covered beneficiaries	Name of Beneficiary	Father's/ Husband's Name	Male/ Female	Age	Complete Address	Contact Number	Type of Aid given	Place of camp	Date of camp	Whether any surgical correction undertaken	Date of Test Check	Finding of test Check (e.g. distribution confirmed and working well/distribution confirmed but quality satisfactory/distribution not confirmed etc.)
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	1	Riyam	Ramjansh	M	5	At. Po. Saverpo Tl. Akot dist. Akola	9421062283	Hearing Aid.	Akola.	6-9 2017	-		Confirmed
2	9	Ayush	Nilash	M	5	At. Post. Shivaji Rurk. Tl. Dist. Akola	8180037921	Hearing Aid	Akola.	6-9 2017	-		Confirmed
3	5	Pravim	Raju	M	8	At. Po. Kamskhani Tl. Dist. Akola. 9421062223	9421062223	Hearing Aid	Akola.	6-9 2017	-		Confirmed
4	13	Sohil	Aafsha	M	3	At. Po. Borgod Mungur. Tl. Dist. Akola	9421062223	Hearing Aid	Akola.	6-9 2017	-		Confirmed
5	21	Karrik	Samjay	M	7	Akot. Pail Akola 9371826506	8180037994	Hearing Aid	Akola.	6-9 2017	-		Confirmed
6	23	Shayvan	Vilay	F	6	M.I.D.C. No. 2 Tl. Dist. Akola. 9371826506	9371826506	Hearing Aid	Akola.	6-9 2017	-		Confirmed
7	19	Pragati	Ravindra	F	6	At. Po. Kaphar Tl. Dist. Akola.	9371826506	Hearing Aid	Akola.	6-9 2017	-		Confirmed
8	11	Ayram	Farukh	M	4	Goudali Pura Akola. 9371826506	8180037921	Hearing Aid	Akola.	6-9 2017	-		Confirmed
9	3	Laksh	Vinod	M	5	At. Post. Akot Tl. Dist. Akola. 9421062223	9421062223	Hearing Aid	Akola.	6-9 2017	-		Confirmed
10	15	Vash	Raju	M	4	At. Toroda. Posh. Kawasa. Akola.	9421062223	Hearing Aid	Akola.	6-9 2017	-		Confirmed


* 15 % in case of grants-in-aid up to Rs. 10.00 Lakh and 10% in case of grants-in-aid exceeding Rs. 10.00 Lakh.

(Signature)
 सहायक निदेशक
 अकोला, महाराष्ट्र.

Abstract of Test-Check

Sr. No.	Total no. of Beneficiaries test Checked	No. of Beneficiaries found with aid/appliances		No. of Beneficiaries not found to have been given aids/appliances
		Working Satisfactorily	Not Working Satisfactorily	
1	2	3	4	5
	10	10	—	—

Certified that the above reports is based on test check personally carried out by me and the findings have been accurately reported above


जिल्हा सहायक सार्वजनिक आरोग्य अधिकारी
जिल्हा हिरियद, अकोला.
(Signatures)
Doctor of Primary Health Centre/Block/ Tehsil or Tehsildar or Nayab Tehsildar or SDO
or BDO/SDO Level Officer or Social Welfare Officer/ District Disability Officer/
Women And Child Development Officer Holding Charge of Social Welfare or
any other officer authorized by District Collector