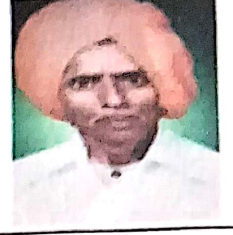




Dr. K. S. Chougule  
Chairman

Dnyanganga Shikshan Prasarak Mandal, Malwadi Sanchalit  
**Shripatrao Chougule Arts and Science College,**  
Malwadi Kotoli Tal. Panhala, Dist. Kolhapur


NAAC Accredited 3rd Cycle – CGPA – 2.73 (B+)



Late  
Shripatrao Chougule

### Disability Student List

SR.NO	NAME OF THE STUDENT	CLASS	PERCENTAGE
1	Ruturaj Pandhurang Jadhav	B.Sc-III	50%
2	Ruturaj Vilas Chougule	B.A-II	40%
3	Omkar Bhikaji Saware	B.A-II	56%
4	Santosh Shahaji Chougule	B.A-III	45%

  
PRINCIPAL  
Shripatrao Chougule Art's and  
Science College Malwadi-Kotoli,  
Tal. Panhala, Dist. Kolhapur.



# PAYBILL

Displaying 1 to 23 of 23 records.

Pages ◀ 1 ▶ ⏪ ⏩

Bill Id (9940320051) Detail Bill - PERMANENT POSTS- Bill for Shripatrao Chougule Arts -(D, C, BnGz, B, A)									
SECTION OF ESTABLISH.		2 Post of Assistant Teacher		3 Post of Part Time Jr College Teacher		S. S. PATIL			
NAME	CODE	S P KUMBHAR	U. P. PAWAR	D. R. DHADEL	R. B. PATIL	[05DEDSSPF7603]			
PayInPB+GP	BASIC PAY	[05DEDDSPKM7302]	[05DEDDUPPF7001]	[05DEDDRDM7301]	[05DEDRBPM7501]	[22450-71200]	PAGE 1		
		[56100-177500]	[56100-177500]	[22450-71200]	[22450-71200]	[22450-71200]	Total		
		72300 + 5400	72300 + 5400	36000 + 2300 [L_7]	36000 + 2300 [L_7]	33800 + 2300			
		[S_20_1]	[S_20_1]			[L_7]			
		77700	77700	38300	38300	36100			
		[100%]	[100%]	[100%]	[100%]	[100%]			
SL NO	REMARKS								SL NO
1	OFFICI. PAY	77,700	77,700	38,300	38,300	36,100	2,68,100		1
2	LEAVE SAL.	0	0	0	0	0	0		2
3	BASIC ARR.	56,730	56,730	31,264	31,264	29,336	2,05,324		3
4	SVNPC_DA	38,850	38,850	19,150	19,150	18,050	1,34,050		4
5	NPS_EMPR_ALLOW	16,317	16,317	0	0	0	32,634		5
6	H. R. A.	6,993	6,993	0	0	0	13,986		6
7	TRANS.ALLW.	2,700	2,700	0	0	0	5,400		7
8	TOTAL	1,99,290	1,99,290	88,714	88,714	83,486	6,59,494		8
9	GROSS SAL.	1,99,290	1,99,290	88,714	88,714	83,486	6,59,494		9
10	GROSS TOT	1,99,290	1,99,290	88,714	88,714	83,486	6,59,494		10
FOR AUDIT OFFICE [S][L][O]									
11	GPF/DCPS/NPS A.C.Number	NPS/PRAN /110175656614	NPS/PRAN /110155656615	NA/NA	NA/NA	NA/NA			11
12									12
DEDUCTIONS ADJUSTABLE BY AG									
13	GPF_GRP_D	0	0	0	0	0	0	0	13
14	GPF_GRP_ABC	0	0	0	0	0	0	0	14
15	GPF_ABC(PAY/DA ARR.MRG)	0	0	0	0	0	0	0	15
16	GPF_D(PAY/DA ARR.MRG)	0	0	0	0	0	0	0	16
17	Total AG Ded.								17
DEDUCTIONS ADJUSTABLE BY TRY									
18	REV_STAMP	1	1	1	1	1	5		18
19	NPS_EMPR_CONTRI	16,317	16,317	0	0	0	32,634		19
20	NPS_EMP_CONTRI	11,655	11,655	0	0	0	23,310		20
21	PROF. TAX.	200	200	200	200	200	1,000		21
22	Tot.TRY.Ded.	28,173	28,173	201	201	201	56,949		22
23	Tot. Ded.	28,173	28,173	201	201	201	56,949		23
24	NET	1,71,117	1,71,117	88,513	88,513	83,285	6,02,545		24

PAGE 1

Displaying 1 to 23 of 23 records.

Pages ◀ 1 ▶ ⏪ ⏩

SALARY FOR THE MONTH & YEAR :July 2024  
 05260100006 -OFFICE NAME :Shripatrao  
 Chougule Arts

BILL GENERATION TIME : 20-07-2024  
 09:42:38.641

Verification Time:-20-07-2024 09:42:40.918  
 \* Generated By Shalarth

Print      Export To : PDF

OK

Govt. of Maharashtra  
 CHATRAPATI PRAMILARAJE HOSPITAL, KOLHAPUR  
**DISABILITY CERTIFICATE**

( कोर्ट कामाच्या वेळी उपयोगाचे नाही )

No. CPRH/CSK/1858/2000 Date 04/03/2006

C.No. 26231

4 MAR 2010

MEDICAL



This is certified that Shri/Smt./Kum. Rituraj P. Jadhav  
 Son/Wife/Daughter of Shri. Pandurang A. Jadhav. Age 8 Sex M Identification mark(s)..  
A.P. Kaloli, Panahala 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 ..... (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 cerebral palsy with ..... (a) Impaired reach  
right hand hemiparesis ..... (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**

- (i) ..... B - Blind
- (ii) ..... PB - Partially
- (iii) ..... Blind

**C. Hearing Impairment**

- (i) ..... D - Deaf
- (ii) ..... PD - Partially
- (iii) ..... Deaf



( Delete the category whichever is not applicable )

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 ..... years ..... month.

3. Percentage of disability in his / her case is fifty Percent 50%

4. Shri/Smt./Kum. Rituraj Pandurang Jadhav meets the following physical requirements for discharge of his / her duties :-

- (i) F-can perform work by manipulating with finger Yes / ~~No~~
- (ii) PP-can perform work by pulling & pushing Yes / ~~No~~
- (iii) L-can perform work by lifting Yes / ~~No~~
- (iv) KC-can perform work by kneeling & crouching ~~Yes~~ / No
- (v) B-can perform work by bending Yes / No
- (vi) S-can perform work by sitting Yes / No
- (vii) ST-can perform work by standing Yes / ~~No~~
- (viii) W-can perform work by walking Yes / ~~No~~
- (ix) SB-can perform work by seeing ~~Yes~~ / No
- (x) H-can perform work by hearing / speaking ~~Yes~~ / No
- (xi) RW-can perform work by reading and writing Yes / No

Dr. [Signature]  
 Member  
**CERTIFICATION BOARD**  
 CI-I, CI-II

Dr. [Signature]  
 डॉ. पु. वी. चौवार (M.S.)  
 निवासी वैद्यकीय अधिकारी (चिकित्सा)

Dr. [Signature]  
**CIVIL SURGEON**  
 G.P.H. Hospital, Kolhapur

टीप :- (३) प्रमाणपत्राचा (समजात) तपस विद्यमान ठेविले पाहिजे प्रत्येकाले प्रमाणपत्राचा अंतिम किंवा सत्यपत्र जोडावी.  
 (४) मूळ प्रमाणपत्र गहाळ करू नये किंवा खाडाखोड करू नये.

Incharge HM ,  
Shripatrao Chougule Arts

Note :-

BILL GENERATION TIME: 20-07-2024 09:41:41.381

Under Rupees (In words) : Six Lakh Two Thousand Five Hundred and Fourty Five Only

Allotment for	Rs.	P.s.
Expenditure including this bill - - - -		
Balance available - - - - -		

Drawing Officer.

For use in Treasury

Pay Rs. \_\_\_\_\_ (in words) Rupees

Treasury Accountant

Dated

Treasury Officer

Cheque Drawn :

Cheque Delivered :

No.:

Date :

Date :

A.T.O

Try. Clerk

For use in Audit Office

Admitted Rs.

Objected to Rs.

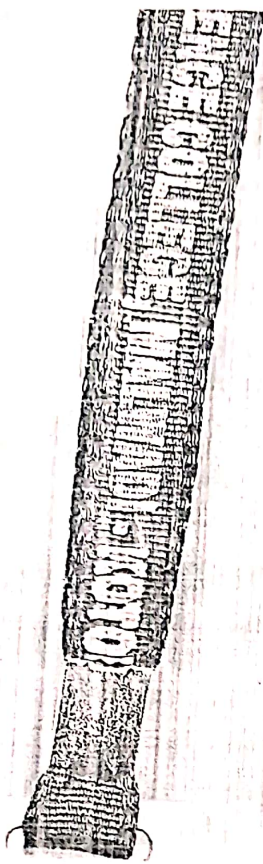
Reasons for objection

Auditor

Section Officer

Accounts Officer

Back Print Save


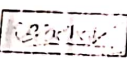



**SHRI CHOUGULE ARTS AND SCIENCE COLLEGE**  
MALWADI-KOTOLI, TAL-PANHALA, DIST- KOLHAPUR.

Sl. No.	Year	Sign
I	20	
II	20	
III	20	

**JADHAV RUTURAJ PANDURANG**  
जाधव रतुराज पांडुरंग

Date of Birth: 05/04/2002  
Residential Address: A/P-Kololi,  
Tal- Panhala, Dist- Kolhapur.  
Mobile No: 9420351300  
Blood group: ---  
Aadhar Card No: 634601462036

  
Signature of Student: 

  
Principal Signature

Outer Page Of Monthly Pay Bill  
(As per Govt Resolution No Dated )

Bill For : Shripatrao Chougule Arts -A,B,B N Gz.C,D-Both Permanent

Name of Office : Shripatrao Chougule Arts  
Month : July Year : 2024 Bill Id : 9940320051 District Id : 357

Treasury/Sub Treasury Code: 2601 Treasury/Sub Treasury Name: KOLHAPUR DISTRICT TREASURY OFFICE	<b>HEAD OF ACCOUNT</b> Administrative Department-	<b>Scheme/Committed</b>
Drawing Officer's Code 05260100006 Drawing Officer's Designation Incharge HM Name Of Cluster/Beat/Block/Group: Name Of School: Percentage of Grant(%): 20/40/60/80/100 School Code: Bank Name: KOLHAPUR DISTRICT CENTRAL CO.OP. BANK Branch Name: Kotoli Panahala Account No.: 031410005011477	Demand No. :E-02 Sector : Sub-Sector : Major Head :2202 Sub-Major Head :02 Minor Head :0110 Sub-Minor Head :00 Sub-Head :04 Detail-Head :01 Grant-in-Aid Salary 22020478 (Object of Expenditure)	<b>Charged / Voted</b>
		<b>Voucher No</b>
		<b>Date</b>

1	Detailed Head	Sub-Detailed Head	Row	Amount	Head Of Account Code
	A				
	Basic	1	1	268100	
	D.A.	2	2	0	
	Transport Allowance	5	3	5400	
	DA Arrears	16	4	0	
	Basic Arrear		5	205324	2202047801
	7PC_DA	2	6	134050	
	NPS_EMPR_ALLOW		7	32634	
	H.R.A	3	8	13986	
	Total Of 1	Total Salary	9	659494	
		<-->Advances :-			
		GrossSalary	11	659494	
003	Gross Amount		12	659494	
	B				
004	Deductions Adj. By CAFO/Supri. /Admin. Officer				
	GPF_ABC(Pay/DA Arr.Mrg)		13	0	8336503101
	GPF_D(Pay/DA Arr.Mrg)		14	0	8336503101
	GPF_GRP_ABC		15	0	8336503101
	GPF_GRP_D		16	0	8336503101
005	Total(B)	AG. DED	17	0	
006	Deductions Adj. By Treasury				
	C				
	Othr.Rec		18	0	
	8342 - DCPS Delayed		19	0	8342508100
	8342 - DCPS DA		20	0	8342508100
	8342 - ACC INS		21	0	8342508100
	46401 - REV_STAMP		22	5	0030046401
	8342 - NPS_EMPR_CONTRI		23	32634	8342508100
	8342 - NPS_EMP_CONTRI		24	23310	8342508100
	8342 - NPS_EMPR_CONTRI_ARR		25	0	8342508100
	NPS_EMP_CONTRI_ARR		26	0	8342508100
	0028 - Prof. Tax.		27	1000	0028001200
	8342 - DCPS		28	0	8342508100
	Oth Ded		29	0	
007	Total(C)	TR. DED	30	56949	
	Total Deductions:	(B+C)	31	56949	
	Net Pay:		32	602545	
	Fee Details		33		
	Amount Recoverable during the year		34		
	Total Amount Paid Till Last Month		35		
	Balance To Be Credited		36		
	Amount Credited During This Month		37		
	Balance Fee PAYable		38		



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

### Disability Certificate

Issuing Medical Authority, Kolhapur, Maharashtra



Date: 20/05/2019

Certificate No. MH3410720010010973

This is to certify that I/We have carefully examined **Yash. Manoj. Vilas Chougale** (Father of **Yash Vilas Chougale**) DOB: 30/03/2001 Age 18 Year(s) Female, Registration No. 2704/00000/10614/0062396 resident of House No. Khel Gali Malwadi Kotehi - 410230 Dist. District Panshik District Kolhapur State /111 Maharashtra Whose photograph is affixed above, and I/We certify that:

- (A) She is a case of Low Vision
- (B) The diagnosis in her case is both eyes myopia with high myopia

(C) She has 40% (in figure) Party (part of the) Permanent in relation to her (part of body) as per guidelines (to be specified).

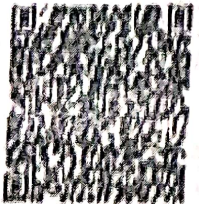
The applicant have been submitted the following document(s) as proof of residence  
Nature of Document(s): Affidavit card

H U C

Signature / Thumb impression of the Person With Disability

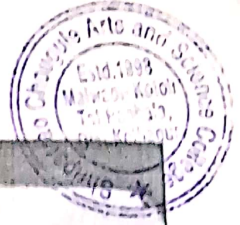
*Yash Chougale* *Manoj Chougale*

Signature of Issued Medical Authority Member



*[Signature]*  
Issuing Medical Authority, Kolhapur, Maharashtra

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



# UNIQUE DISABILITY ID

Government of India



नाम / Name

रुतुजा विनाय चौगले

Rutuja Vilas Chougale

UD ID

MH3420720030019973

Disability Type

Low Vision

Year of Birth

2003

Percentage of Disability

40% (Forty Percent)

Date of Issue

20/05/2019

Valid upto

Permanent

Issuing Authority Sign

064/ Y/ 0001360







**UNIQUE DISABILITY ID**  
Government of India

नाम / Name  
Onkar Bhivaji Savare

UD ID  
MH3420020040152687

Disability Type  
Physical Impairment

Year of Birth  
2004

Percentage of Disability  
56% (Fiftysix Percent)

Date of Issue  
22/03/2021

Valid upto  
Permanent

Issuing Authority Sign  
056/ YI 0057533






**UNIQUE DISABILITY ID**  
Government of India

State ID: NA  
P153000631222

Aadhaar No: NA

Address of Card Issuing Authority  
Cpr Hospital And Roshn Govt. Medical College  
Bhausaingji Road, City Exchange, Karveer, -  
416002

056/ YI 0057533

