



## DHARAM LAL

S/O : PRAHLAD

### CHANGING VISION, CHANGING LIFE.

#### SKILLS TRAINING

- » ESSENTIAL LIVING SKILLS
- » ORIENTATION AND MOBILITY (O&M)
- » BRAILLE
- » COMPUTER TRAINING
- » WORKING TOWARDS SELF-SUFFICIENCY
- » WORK BEHAVIOR

#### EDUCATION



#### DISABILITY

VISUAL IMPAIRMENT 100%

**IF SOMEONE SPONSOR THE STUDENTS,  
WE WILL KEEP THEM INFORMED ABOUT  
THE SIMPLICITY OF THE STUDENTS.**

In the age of self-interested thinking, when the sense of responsibility towards the society and the country is dying out, Sankalp Helping Foundation supplicates to differ. We are involved in promoting youth empowerment and also sponsoring education & health care facilities for the blind children so all those who believe in the change for a better future can join us and start working.

We provide a platform for people who really wish to come forward, contribute, and participate in the nation-building. Sankalp, a revolutionary effort in India that aims to empower the blind in all domains of life. Our NGO, also sponsor different healthcare and education program to help the blind children.

### DONATE FOR FOOD OF THE BLIND

#### Sponsor Food ( Blind Center Students )

Donate For	Monthly	Quarterly	Half Yearly	Yearly
Food (1 Student)	₹ 2,400/-	₹ 7,200/-	₹ 14,600/-	₹ 28,800/-
Nutrition (Optional)	+ ₹ 800/-	+ ₹ 2,400/-	+ ₹ 4,800/-	+ ₹ 9,600/-
Food with Nutrition	₹ 3,200/-	₹ 9,600/-	₹ 19,400/-	₹ 38,400/-

All fund / Donations made to Sankalp Helping Foundation are tax exempted under section 80G(5) of Income Tax Act,1961.


Add. A-46 Kailash Vihar Near Hanuman Mandir Road, P-4 Sultanpuri New Delhi - 110086

Call Us : 011-40042572

Email Us : [info@sankalphelpingfoundation.org](mailto:info@sankalphelpingfoundation.org)

Donate Now At <https://www.sankalphelpingfoundation.org/donate-now/>

# MEDICAL REPORT



ANNEXURE-B

**STANDARD FORMAT OF CERTIFICATE**

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL ISSUING THE CERTIFICATE C.M.O. HAMIRPUR (U.P.)

Certificate No. 214/10      Duplicate 30/99      Date 07/01/16

**CERTIFICATE FOR THE PERSON WITH DISABILITIES**

This to certify that shri/Smt/Km..... श्री. राजेश

Son/Wife/Daughter of Shri..... श्री. राम      श्री. वसुधा      श्री. अशोक

Age.....      Old Male/ Female registration No.....      is a case of

Blind      Atrophic Balbitt Disease      NA      PR      Absolute

He/She is

Physically disabled/visual/speech & hearing disabled and has 100 % of impairment

Permanent Permanent (physical Impairment/Speech & hearing impairment) in relation to his/her

**Notes:**

1. This condition is progressive/Non Progressive / likely to improve / not to improve \*
2. Re-assessment is not recommended / is recommended after a period of ..... months/Year \*

\* Strike out which is not applicable.


**डॉ. विकास यादव**  
 स. व. टी. बचन  
 जिला चिकित्सक, हमीपुर  
 पिन-245556 57356

(डॉ. वि. वि. सिंघ)  
 स. व. टी. बचन  
 जिला चिकित्सक, हमीपुर  
 पिन-245556

डा. आयुषिक, वर्तन  
 हमीपुर

Signature/Thumb Impression of the Patient

Signature/Thumb Impression of the Medical Superintendent/Head of Institution (with seal)



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