



JATTA ORAON
S/O : MANGU ORAON

**CHANGING VISION,
CHANGING LIFE.**

SKILLS TRAINING

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

EDUCATION

 **CLASS - X & XII**

AREA OF INTEREST:
HIGHER STUDIES
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 Skills Training & FOOD OF THE BLIND

Sponsor Food & Skills Training (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/-
Skills Training	₹ 1,667/-	₹ 5,001/-	₹ 10,002/-	₹ 20,004/-

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

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



Sankalp "A Promise For Healthy Life"

MEDICAL REPORT

Debt - 20150050131870

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES
A.I.I.M.S., Ansari Nagar, New Delhi-110 029

FORM OF MEDICAL CERTIFICATE FOR PERSONS WITH VISUAL DISABILITIES

Certificate No. 1030/15
Date: 23/11/15

This is to certify that Smt/Shri/Kum Jatta oram
M/F/Other Son/Daughter of Shri Mangra oram

Date of Birth 01/2/1999 Age 16/11 having identification marks as below

Whose photograph is affixed above and has submitted the Identity/Address Proof (PAN CARD/AADHAR/DRIVING LICENCE/RATION CARD) or mention if any other

Has been diagnosed to have RE 100% bilateral cataract
LE

and is suffering from visual disability of following category :

Blindness or low vision Category 0 / I / II / III / IV / One eyed BCVA Recorded as Better Eye Worse Eye

Percentage of disability in his/her case is 100 % percent .

The condition is progressive / non progressive / likely to improve / not likely to improve

In our assessment the disability is Permanent in nature.

Reassessment of this case is not recommended / is recommended after a period of _____ years

Signature of Senior Resident Dr Anil Signature of Faculty Member _____
Name _____ Name _____
Registration No. _____ Registration No. _____

Signature of Unit Head Prof Pradeep Singh
Name Prof Pradeep Singh
Registration No. _____
Place _____
Date 20/11/15

Counter Signature of the Medical Superintendent _____

Note: The certificate is valid for _____ years in cases of temporary disability and validity is permanent in cases of permanent disability. The criteria of disability is mentioned overleaf.

Disclaimer: This document is a medical report and not a validated proof of age/ identity/ address.

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