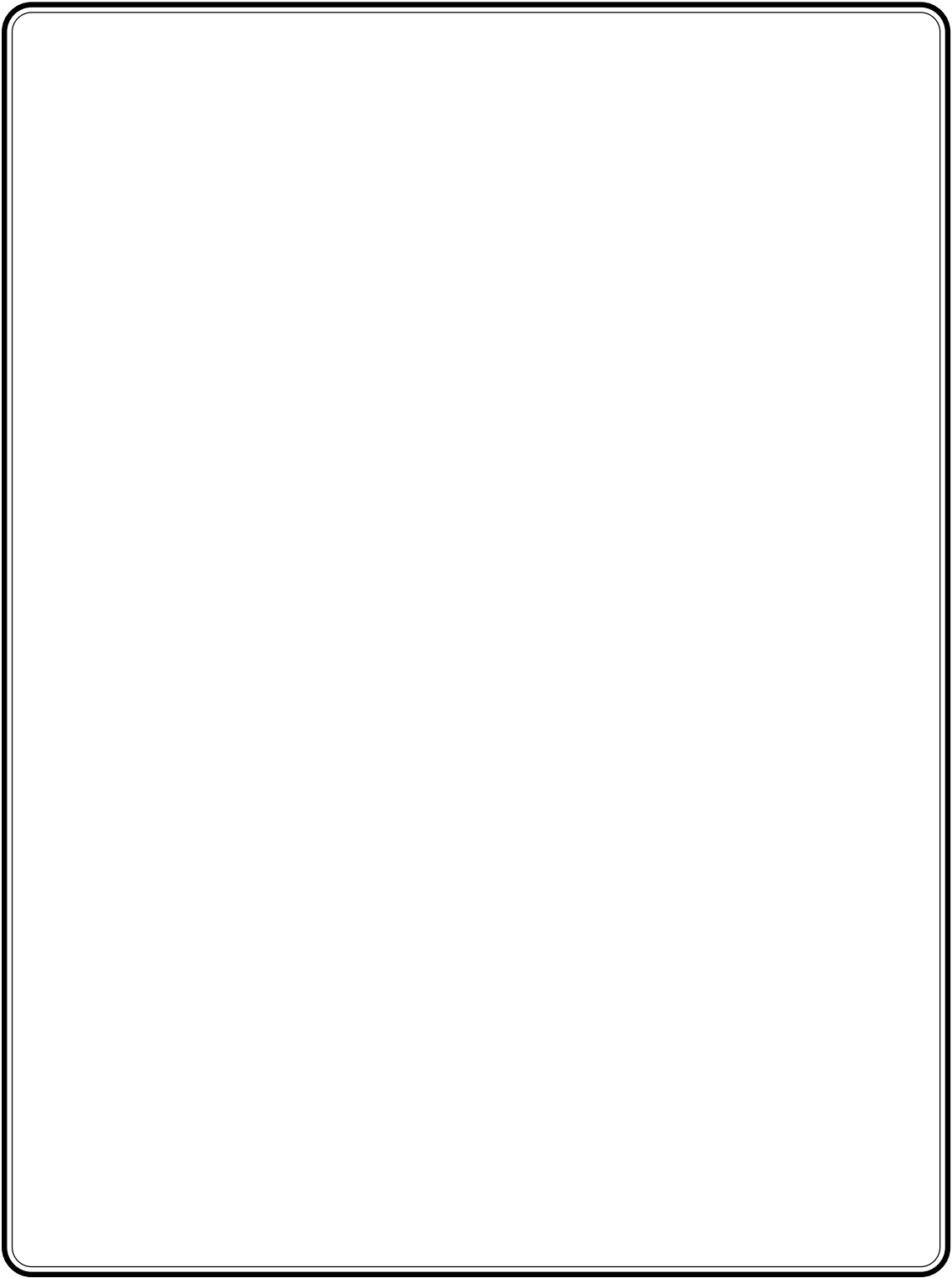


**IDENTIFICATION AND  
ASSESSMENT OF THE  
DISABILITIES**



## **IDENTIFICATION AND ASSESSMENT OF THE DISABILITIES**

Timely identification of impairments, a secondary prevention, can reduce the impact of the impairment on the functional level of the individual and also in checking the impairments from becoming a disabling condition. Initially they need to be identified as soon as possible at home by the parents and outside (in the anganwadi centres/schools/sub-health centres/through camps), and then they need to be assessed by a team of specialists in order to plan necessary interventions.

### ***IDENTIFICATION***

#### **A. AT HOME**

Parents can observe and identify the children with disabilities by using the following checklist for early identification of disabilities:

##### **I. Hearing Impairment**

###### *Screening new born*

1. Is there any one in the family with deafness since childhood.
2. Did the mother take an abortifacient drug or any drug or any other medicine in large doses during the first three months of pregnancy?
3. Is the birth weight below 1500 gms.?
4. Did the child have a delayed cry after birth?
5. Did the child have significant jaundice (yellowness of eyes) during the first 10 days after birth?
6. Does the child have a cleft in the lip or palate, or a malformed pinna?

*Screening children in the age group of 6 months to 2 years*

1. Does a child turn towards the source of sound which is located either at the back or towards one side of the body?
2. Does he/she has discharge from the ear?

*Screening children above 2 years age*

1. Does he/she turn when called from behind?
2. Uses gestures excessively.
3. The child does not speak or has a defective speech.
4. The child does not understand the spoken language.
5. The child has an ear discharge.

**II. Visual Impairment**

1. The child does not follow an object moving before his eyes by one month's age.
2. The child does not reach for toys and things held in front of him by three months age.
3. One eye moves differently from the other; including squint.
4. Eyes are either red or have a yellow discharge, or the tears flow continuously.
5. The child has a tendency to bring pictures or books very close to the eyes.

**III. Mental Retardation**

1. Does the child respond to name/voice by fourth month?
2. Does the child smiles at others by sixth month?
3. Does the child hold the head steadily by sixth month?
4. Does the child sit without support by twelfth month?
5. Can the child stand without support by eighteenth month?
6. Can the child walk well by twentieth month?

7. Can the child talk 2-3 word sentences by third year?
8. Can the child eat/drink by himself by fourth year?
9. Can the child tell his name by fourth year?
10. Does the child has toilet control by fourth year?
11. Does the child avoid simple hazards?
12. Does the child get fits?

#### **IV. Locomotor Disability**

1. The child is not able to raise both the arms fully without any associated difficulties.
2. The child is not able to grasp objects without any associated difficulty.
3. The child has absence of any part of the limb.
4. The child has a difficulty in walking.

#### **B. OUTSIDE**

In the rural and tribal areas as well as in the urban-slums, early identification is usually done through door-to-door surveys, screening children at the anganwadis, schools, health centres, sub-health centres, rehabilitation centres or through camps usually organized by the voluntary workers.

##### **1. Anganwadi Centre—ICDS**

The Department of Women and Child Development under the Ministry of Human Resource Development, has been implementing the programme of Integrated Child Development Scheme (ICDS) since 1975. An anganwadi centre under the programme is located in each village and is run by an anganwadi worker. Some of the important objectives of the scheme include improvement of the nutritional status of the children in the age group of 0-6 years, providing nutrition and health education to every woman in the age group of 15-44 years, and improving the capability of the mothers to look after the normal health and nutritional needs of their children. An anganwadi worker is required to do early detection of the disabilities in children present at their anganwadi centres.

## **2. Primary Health Centres**

India has a well established net work of Primary Health Centres, each catering to a population of 30 to 40 thousand. These have sub-health centres at the field level. Each sub-health centre caters to a population of around 3,000. Under the programme of the MCH (Mother & Child Health) the worker takes care of the children by providing immunization and vitamin A supplementation to the children below 6 years of age. She also identifies the health problems which may lead to disability and takes further preventive action.

## **3. Rehabilitation Services are provided to all the eligible persons by the Ministry of Social Justice and Empowerment through its Various Programmes:**

- (a) Camps under District Rehabilitation Centres (DRCs) in 11 Districts:** Comprehensive rehabilitation services are provided to the rural disabled at their door steps mainly through camps organized by voluntary organizations. Grassroot functionaries like anganwadi workers, health workers, are also involved. These camps provide services such as prevention and early detection, medical intervention and surgical correction, fitting of artificial aids and appliances, therapeutic services such as physiotherapy, occupational and speech therapy, provision of training for acquisition of skills through vocational training, job placement in local industries, etc.
- (b) Composite Rehabilitation Services (District Centre) :** Rehabilitation Services in more than 107 districts in the country are being provided at the door steps of persons with disabilities. These services include promotion of early detection and prevention of disability, fitting, follow-up and repair of assistive devices, provide vocational training and help in finding gainful employment. At the field level, grass-root functionaries—anganwadi workers, health workers and PRIs are helping in implementation of the programme.
- (c) National Programme for Rehabilitation Persons with Disabilities (NPRPD) :** The programme of NPRPD has recently been launched as

a State Sector Scheme. Under the scheme there is a provision of two community based rehabilitation workers at each gram panchayat and two multi-purpose rehabilitation workers at block level. The focus at grass-root level would be prevention, early detection and information dissemination. Services at district level would be provided through various professionals like physiotherapists, occupational therapists, orthotic and prosthetic engineers, etc. At the state referral centre, higher level services would be provided.

#### **4. School**

Teachers in all the primary, upper primary and secondary government schools have a responsibility to identify children with disabilities.

#### **Check list for identification of children with special needs**

*(School teachers and parents should use this check list):*

##### **(i) Visual**

- (a) Watering of eyes.
- (b) Recurrent redness.
- (c) Frequent irritation.
- (d) Frequent blinking.
- (e) Squint.
- (f) Inappropriate stumbling upon objects or bumping into other people.
- (g) Titling of the head or closure of one eye.
- (h) Difficulty in counting the fingers of an outstretched hand at a distance of one meter.
- (i) Moving head side to side while reading.
- (j) Difficulty in recognizing distant objects.
- (k) Difficulty in doing fine work requiring perfect vision.
- (l) Holding books too close or too far from the eyes.
- (m) Frequently ask other children when taking down notes from the blackboard.

- (n) Exhibit difficulty in reading from the blackboard.
- (o) Hitting against the objects on the side.

*Note:* If any of the above four conditions are present, then the child should be properly examined by a qualified ophthalmologist to see if the existing condition can be improved by medical treatment or by using spectacles.

**(ii) Hearing**

- (a) Malformation of the ear.
- (b) Discharge from ear.
- (c) Pain in ear.
- (d) Irritation in ear.
- (e) Trying to listen from a closer distance.
- (f) Ask for the instructions repeatedly.
- (g) Not able to write properly.
- (h) Trying to listen to the echo reflection rather than to the speaker.
- (i) Make errors while copying from blackboard.
- (j) Frequently ask a colleague to show his workbook.
- (k) Problems in paying attention in the class.
- (l) Favour one ear for listening purposes.
- (m) Problems when anyone speaks from behind.
- (n) Child speaks loudly or too softly.
- (o) Exhibit voice problem and mispronunciation.
- (p) Tune the TV/Radio too loud.
- (q) Irrelevant answers.
- (r) The child keeps away from his age mates.
- (s) The child is unable to respond when called from the other room.
- (t) The child understands only after few repetitions.



*Note :* If any 3 to 4 of the above conditions are present, it indicates some kind of hearing/speech loss. Then the child should be carefully examined by a qualified ENT specialist an audiologist, and also by a speech therapist for complete evaluation. In case the child is below 4-5 years, a psychologist should also be consulted to identify and address any associated psychological problems which may not be overtly evident.

**(iii) Speech**

- (a) Inappropriate sounds in speech.
- (b) Stammering.
- (c) Baby speech.
- (d) Inability to learn correct sound, and use incorrect speech.
- (e) Incomprehensible speech.

**(iv) Physical Disabilities**

- (a) Deformity in the neck, hand, finger, waist or legs.
- (b) Difficulty in sitting, standing or walking.
- (c) Difficulty in lifting, holding or keeping things on floor.
- (d) Difficulty in moving or using any part of body.
- (e) Difficulty in holding a pen.
- (f) Using a stick to walk.
- (g) Jerks during walking.
- (h) Lack bodily coordination.
- (i) Epileptic movements of tremors.
- (j) Joint pains.
- (k) Any part of the body is amputated.

*Note:* If any of the above conditions is/are present, the child should be carefully examined by a qualified orthopaedic surgeon and referred to a physiotherapist &/or prosthetic/orthotic technician as needed.

**(v) Mental Retardation**

- (a) If the child does not sit unassisted even after 12-15 months.
- (b) Or does not walk even after 2½ years.
- (c) Or does not talk even after 2 ½ years.
- (d) If a child has undue problems in doing independently any of the following activities by the age of 6 years:
  - Eating
  - Dressing
  - Toilet activity
- (e) Problems in holding a pencil/or using a pair of scissors.
- (f) Unable to play with a ball or play 'guilli-danda' with the peers.
- (g) Frequent tantrums, while playing with the peers.
- (h) Usual inattentiveness to the spoken speech or addressal.
- (i) Requires too many repetitions to remember simple things.
- (j) Problems in naming even five fruits, vegetables or plants.
- (k) Problems in naming the days of the week.
- (l) Exhibit problems in expressing the needs in a clear language unlike the other peers.
- (m) Unable to concentrate on tasks even for a short period of time.
- (n) Inappropriate oral responses.
- (o) Difficulty in learning new things.
- (p) Poor comprehension of lessons taught in the school class.
- (q) Difficulty in learning new things.
- (r) Difficulty in conceptualization.
- (s) Does not get well along with the children of same age group.
- (t) More efforts are required in learning or practicing as compare to the peers.

- (u) Takes an unreasonable amount of time in perfecting any work.
- (v) Poor academic achievements.
- (w) Show an undue dependency on visual clues or material for learning.

*Note:* If the responses to any of the above four indicators is positive when compared to the average school going peers of the same age group and class, then the child should be properly assessed by a qualified psychologist or a teacher who is specially trained to taken care of the mentally challenged children.

**(vi) Learning Disabilities**

- (a) Difficulty in counting.
- (b) Lack of concentration, or easily distracted by the surroundings, either at home or school.
- (c) Difficulty in sitting quietly in the classroom.
- (d) Does not write down the spoken words correctly.
- (e) Inappropriate additions to the right word, e.g., 'ischool' in place of school.
- (f) Always confused between right and left.
- (g) Unreasonable difficulty in remembering the verbal instructions.
- (h) General difficulty in memorizing the things.
- (i) Extreme restlessness in a child which significantly interferes with the timely completion of various tasks.
- (j) Reverses letters or symbols too frequently while reading for example, b as d, saw as was, etc.
- (k) Reverses numbers too frequently while reading, for example, 31 as 13, 6 as 9, etc.
- (l) Excessive errors during reading like looses place/repeat/insert/substitute/omit words.

- (m) Poor in mathematical calculations.
- (n) Problems in accurate copying from the common sources like a book or a blackboard, even though the vision is normal.
- (o) Write letters or words either too close or too far (spacing problems).
- (p) The child appears to comprehend satisfactorily but is not able to answer the relevant questions.

*Notes:* I. If any of the above three to five conditions are present, the child should be examined by a qualified psychologist, pediatrician or a special educator for initial screening and further consultations.

II. One of the main characteristics of children with learning disabilities is that their verbal skills are often much better than the writing skills. Therefore, they should be formally tested in order to elucidate their disability in detail.

**FOR MORE DETAILS, CONTACT:**

*For services in:*

1. Anganwadi Centres at:

Field : Anganwadi Worker in Anganwadi.

Block : Child Development Project Officer.

Centre : 1. Joint Secretary  
Department of Women & Child Development  
Ministry of Human Resources and Development  
Shastri Bhawan  
New Delhi - 110 001

2. In-Charge  
Child Guidance Centre  
NIPCCD  
5, Siri Fort Institutional Area  
Hauz Khas, New Delhi.

2. Schools at :

Field : Teachers in School.

State : Secretary, Elementary Education

- Centre :
1. Joint Secretary  
Department of Elementary Education &  
Literacy  
Ministry of HRD, Shastri Bhawan  
New Delhi - 110 001
  2. Ed. CIL., Technical Support Group  
IED Unit  
10-B, Indraprastha Estate  
New Delhi - 110 002  
Tel: 23399171, 23399173-77  
Fax: 91-11-23326917

3. Health Centres at:

Field : Female Health Worker in Sub-Health Centre.

Block: Medical Officer, Primary Health Centre  
Community Health Centre.

District : Chief Medical Officer, District Hospital.

Centre : Rehabilitation Council of India  
Under Ministry of Social Justice & Empowerment  
23-A, Shivaji Marg,  
Karampura Complex  
New Delhi - 110015

4. Rehabilitation Services/Centres:

- District :
1. District Rehabilitation Centre
  2. District Welfare Officer

State : Contact Persons in the States—Social Welfare

Centre : Project Director  
District Rehabilitation Centre  
4, Vishnu Digamber Marg  
New Delhi -110 002

## **ASSESSMENT**

Impairment is assessed through a team of specialists in order to plan the necessary interventions. Each category of disability has been divided into four groups, viz., mild, moderate, severe and profound, the latter can extend upto total deafness.

### **HEARING IMPAIRMENT**

#### **Categories**

<i>Sl. No.</i>	<i>Type of Impairment</i>	<i>DB level and/or</i>	<i>Speech discrimination</i>	<i>Percentage of impairment</i>
1.	Mild	26 to 40 dB in better ear	80 to 100% in better ear	Less than 40%
2.	Moderate	41 to 60 dB in better ear	50 to 80% in better ear	40% to 50%
3.	Severe	61 to 70 dB hearing impairment in better ear	40 to 50% in better ear	51% to 70%
4.	(a) Total deafness	No hearing	No discrimination	100%
	(b) Near Total	91 dB and above in better ear	Very poor discrimination	100%
	(c) Profound	71 to 90 dB	Less than 40% in better ear	71% to 100%

- 
- (i) Pure tone average of hearing of 500, 1000, 2000 and 4000 HZ by conduction (AC and BC) should be taken as the basis for consideration, as per test recommendations.

- (ii) When there is only an island of hearing present in one or two frequencies in the better ear, it should be considered as total loss of hearing.
- (iii) When there is no response (NR) at any of the frequencies (500, 1000, 2000 and 4000 HZ) it should be considered as equivalent to 100 dB loss for the purpose of classification of disability and in arriving the average.

*Note:* As per the latest guidelines for evaluation of disabilities (2001), definition of hearing disability is: 'A person with hearing impairment having difficulty of various degrees sounds is an impaired person' .

**CONTACT**

- E.N.T. Specialist available at block, district or state hospital for assessment.

Assessment Process

- Audio-logical assessment through battery of tests.

Organizations for education

- Formal schools, Open School, Special School.

Organization for Providing aids and appliances -

*Field:* Sub-health Centre, Primary Health Centre, Gram Panchayat, Rehabilitation centre if available, NGOs working in the field of disability.  
*Block:* Block Welfare Officer.

*District:* District Welfare Officer.

*Students get aids and appliances in schools.*

**FOR MORE INFORMATION CONTACT:**

Director,  
Ali Yavar Jung National Institute for the Hearing Impaired  
Kishanchand Marg  
Bandra (W)  
Mumbai – 400 050  
Ph: 022-6409176/6422638

(a) Regional Centre  
Ali Yavar Jung National Institute for the Hearing Handicapped  
C/o NIMH, PO Bowenpally,  
Manovikas Nagar  
Secunderabad -500 011  
Ph: 040-7759267/7758817, Fax: 040-7750198

(b) Regional Centre  
Ali Yavar Jung National Institute for the Hearing Handicapped  
B.T. Road, Bonhooghly,  
Calcutta -700 090  
Ph: 033-528379

(c) Regional Centre  
Ali Yavar Jung National Institute for the Hearing Handicapped  
Kasturba Niketan, Lajpat Nagar  
New Delhi – 110 024  
Ph: 011-2685093



## VISUAL, IMPAIRMENT

### Categories (All with corrections)

		Better Eye	Worse Eye	Percentage Impairment
Category O	Mild	6/9 to 6/18	6/24 to 6/36	20%
Category I		6/18 to 6/36	6/60 to Nil	40%
Category II	Moderate	6/40 to 4/60 or Field of Vision 10°-20°	3/60 to Nil	75%
Category III	Severe	3/60 to 1/60 or Field of Vision 10°	Finger Counting at 1 ft. to Nil	100%
Category IV	Profound	F.C. at 1 ft. to Nil. Field of Vision 10°	F.C. at 1 ft. to Nil.	100%
One Eyed Person		6/6	F.C. at 1 ft. to Nil or field of vision 10°	30%

**Note:** F.C. = Finger Count.

**Low Vision :** Impairment of vision less than 6/18 and upto 6/60 with best correction in better eye, or impairment of field in any one of the following categories:

- a) Reduction of field vision less than 50 degrees.
- b) Heminaopia with macular involvement.
- c) Altitudinal defect involving lower fields.

### IF THE CHILD IS BLIND OR HAS A LOW VISION, CONTACT:

Ophthalmologist

- Available at block, district, or state hospital. Assessment can also be done at eye camps, etc.

- |   |  |
|---|--|
| <p>Organisation for education</p>                     | <ul style="list-style-type: none"> <li>- Formal schools, Open School.</li> <li>- Special school for blind children.</li> <li>- Non-governmental organizations working in the field of blindness.</li> </ul>  |
| <p>Organisation for providing aids and appliances</p> | <ul style="list-style-type: none"> <li>- <i>Field:</i> Sub-health centre, primary health centre, gram panchayat, rehabilitation centre if available, NGOs working in the field of disability.</li> <li><i>Block:</i> Block Welfare Officer.</li> <li><i>District:</i> District Welfare Officer.</li> <li><i>Students:</i> in schools.</li> </ul> |

*Note:* Impairment of 20% to 40% or less may only be entitled to aids and appliances.

#### **FOR MORE INFORMATION, CONTACT**

1. Director  
National Institute for Visually Handicapped  
116, Rajpur Road,  
Dehradun – 248 001  
Ph: 0135-24491/24578.
  - (a) Regional Centre  
National Institute for Visually Handicapped  
Poonamalle  
Chennai.  
Ph: 044-572505
2. National Association for the Blind,  
Sector V, R.K. Puram,  
New Delhi – 110 022  
(has preparatory school for 4-14 year and has branches in states also)

## MENTAL RETARDATION

### Degree of Mental Retardation

<i>Clinical Classification</i>	<i>Educational Classification</i>	<i>IQ Range</i>	<i>Adult Mental Age</i>	<i>Focus of Training</i>	<i>Education Achievement As Adults</i>	<i>Level of Adaptive Behaviour</i>
Profound	Life Support	<20	<3.08	-	-	Dependent for self care
Severe	Trainable	20-34	3.09-6 years	Self care skills not effective	Academic training	Self care under supervision
Moderate	Trainable	35-49	6.01-8.05 years	Self care skills Practical skills	Equivalent of IIInd or IIIrd grade children	Independent in self care engage in semi-skills or simple skilled jobs
Mild	Education	50-69	8.06 - 10.10 years	Vocational training Personal social skills Functional Education	IV-V grade level. Can-not handle money without supervision	Independent in self care engage in semi-skilled or simple skilled jobs
Border line	Slow-learner	70-80	10-11 years 13.03 year	Academic skill Vocational training	Some pass 10 <sup>th</sup> standard through open school	Achieve adequate social and vocational adjustment. Capable of skilled and semi-skilled jobs

Centres for Assessment of IQ :

Child Guidance Clinics/Clinical psychologist/Psychiatrist/  
Paediatrician in Clinics/Hospitals.

*Note:* All categories of mental retardation, i.e., Mild/moderate/severe/profound are eligible for government benefits.

**FOR MORE INFORMATION, CONTACT**

1. Director  
Centre for Special Education  
SNDT Women's University  
Sir Vithaldas Vidya Vihar  
Juhu Road, Santacruz (W)  
Mumbai - 400 049
2. President  
National Federation for the Mentally Retarded  
13, Anand Vihar, Vinayaka Vihar  
Manipal
3. Thakur Hari Prasad Institute of Rehabilitation and Research for the  
Mentally Handicapped,  
Vivekananda Nagar, Dilshukh Nagar,  
Hyderabad - 500 660
4. Director  
National Institute for the Mentally Handicapped  
Manovikas Nagar,  
Bowenpally,  
Secunderabad-500 011  
Ph: 040-7759267/7758817. Fax : 040-7750198
5. (a) Regional Centre  
National Institute for the Mentally Handicapped  
C/o N.I.H.H.  
Kishanchand Marg,  
Bandra (W), Mumbai - 400 050  
Ph: 022-6409176

(b) Regional Training Centre  
National Institute for the Mentally Handicapped  
Kasturba Niketan, Lajpat Nagar  
New Delhi – 110 024  
Ph: 011-6831012

6. Joint Secretary and Chief Executive Officer,  
National Trust for Welfare of Persons with Autism, Cerebral Palsy,  
Mental Retardation and Multiple Disabilities  
Block -B, Room No. 4,  
Lok Nayak Bhawan, New Delhi.

7. In-Charge  
Child Guidance Centre  
NIPCCD,  
5, Siri Institutional Area  
Hauz Khas, New Delhi.

**LEARNING DISABILITIES:**

**What to look for Some of the First Signs of Trouble Keeping Up with the Flow of Expectations.**

	<i>Language</i>	<i>Memory</i>	<i>Attention</i>	<i>Fine Motor Skill</i>	<i>Other Functions</i>
Pre-school	Pronunciation problems, slow vocabulary growth. Lack of interest in story telling	Trouble learning numbers, alphabet, days of week, etc., poor memory for routines	Trouble sitting still. Extreme restlessness. Inpersistence at tasks.	Trouble learning self help skills (e.g. tying shoe laces). Clumsiness. Reluctance to draw or trace.	Trouble learning left from right(Possible visual spatial confusion) Trouble interacting (Poor social skills).
Lower Grades	Delayed decoding abilities for reading. Trouble following directions. Poor spelling.	Slow recall of facts. Organizational problems. Slow acquisition of new skills. Poor spelling.	Impassivity, lack of planning, careless errors insatiability. Distractibility.	Unstable pencil grip. Trouble with letter formation.	Trouble learning about time (Temporal-sequential disorganization,poor grasp of math. concepts.)
Middle Grades	Poor reading comprehension. Lack of verbal participation in class. Trouble with word problems.	Poor intelligible writing. Slow or poor recall of math facts. Failure of automatic recall.	Inconsistency. Poor self-monitoring. Great knowledge of Trivia. Distaste for fine detail.	First-like or tight pencil illegible, slow or inconsistent writing. Reluctance to write.	Poor learning strategies. Disorganization in time of space, peer rejection.

Upper Grades	Weak grasp of explanations. Foreign language problems. Poor written expression. Trouble summarizing.	Trouble studying for tests. Weak cumulative memory. Slow work place.	Memory problems due to weak attention. Mental fatigue.	(Lessening relevance of fine motor skills.)	Poor grasp of abstract concepts. Failure to elaborate. Trouble taking tests. Multiple choice.
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*Note :* These are guideposts for parents, teachers and others involved. They should be used in isolation, but may lead to seek further assessment. Many children will, from time to time, have difficulty with one or more of these items. These should always be used in a broader context in order to understand a child.

### **CATEGORIES OF LOCOMOTOR DISABILITIES**

- Permanent physical impairment of upper limb.
- Permanent physical impairment of lower limb.
- Permanent physical impairment of trunk (spine)
- Permanent physical impairment in case short stature/dwarfism.
- Permanent physical impairment in amputees.
- Longitudinal deficiencies.
- Permanent physical impairment in neurological conditions.
- Permanent physical impairment due to cardiopulmonary diseases.

The estimation of permanent impairment depends upon the measurement of functional impairment.

#### ***Impairment***

Impairment is any loss or abnormality of psychological, physiological or anatomical structure or function in a human being.

#### ***Functional Limitations***

Impairment may cause functional limitations which are partial or total inability to perform those activities necessary for motor, sensory or mental function within the range or manner of which a human being is normally capable.

**IF THE CHILD HAS LOCOMOTOR DISABILITY CONTACT:**

- |   |  |
|---|--|
| Orthopaedic Surgeon or Specialist in Physical Medicine and Rehabilitation | - Available at block, district or state hospital for assessment.   |
| Organization for Education  | - Formal schools, Open School  |
|   | - Non-Governmental Organizations working in the field of locomotor disabilities.   |
| Organisations for providing   | - <i>Field:</i> Sub-health Centre, Primary Health Centre, Gram Panchayat, Rehabilitation Centre if available, and NGOs working in the field of disability. |
|   | - <i>Block :</i> Block Welfare Officer.  |
|   | - <i>District:</i> District Welfare Officer.   |
|   | - <i>Students :</i> In Schools.  |

**FOR MORE DETAILS CONTACT:**

Director  
The National Institute for Physically Handicapped  
4, Vishnu Digamber Marg,  
New Delhi – 110 002

Director  
National Institute for Orthopaedically Handicapped  
B.T. Road,  
Bonhooghly  
Calcutta – 700 090  
Ph: 033-528379