



**NAAC DVV Clarifications - Criteria 7.1.9**

<b>S.No</b>	<b>Resources for differently abled</b>	<b>Supporting Document</b>
1.	Lift invoice	<a href="#">Link</a>
2.	Special provision in the examination	<a href="#">link</a>
3.	Physical Facilities - Wheel Chair	<a href="#">link</a>



# THIAGARAJAR COLLEGE OF ENGINEERING, MADURAI-15

(A Govt. Aided Autonomous Institution affiliated to Anna University)

- where Quality and Ethics matter



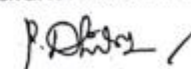
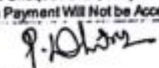

Lift Invoice

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BILL-1

THIAGARAJAR COLLEGE OF ENGINEERING  
 26 JUL 2017  
 ORIGINAL

**TAX INVOICE**

<b>JOHNSON LIFTS PRIVATE LIMITED</b> PLOT NO.1731-A GOWINDA SAMY STREET THIRUNAGAR MADURAI 625006 Phone : 0452-4500003, 4500350	Service/Tax No. : AAAC0838002 PAN : AAAC0838Q TIN 33511340836 DT. 33511340836 DT. CE & ST Commissionerate: LTU CHENNAI, No. 1775 Jawaharlal Nehru Inner Ring Road, Anna Nagar West Ext. Chennai 101 Divn : LTG 5 Range : H OF LTGS, Anna Nagar West Ext Chennai - 101	
<b>BILLING ADDRESS</b>  To <b>THE PRINCIPAL</b> <b>THIAGARAJAR COLLEGE OF ENGINEERING,</b> <b>GST ROAD,</b> <b>THIRUPARANKUNDRAM, MADURAI</b> <b>625015</b>	Job No. : <b>L-J3679</b> Invoice No : <b>TN09INMAJ170603603</b> Invoice Date : <b>30/06/2017</b>  C52441	
Ref: Your acceptance of our offer No. JL/54/TN09/00075/E/D01 Dated 21-JUN-16		
<b>DESCRIPTION</b>	<b>RATE</b>	<b>AMOUNT</b>
Supply and Erection of 1 No. JOHNSON LIFT for your Building at THIAGARAJAR COLLEGE OF ENGINEERING, GST ROAD, THIRUPARANKUNDRAM, MADURAI		162000
Advance received towards service portion for Supply, erection, installation & commissioning of above Lift		140870 ✓
Service Tax @ 14% on Rs.140870-		19722 ✓
Swachh Bharat Cess @ 0.5% on Rs.140870		704 ✓
Krishi Kalyan Cess @ 0.5% on Rs.140870		704 ✓
<b>E &amp; O E</b>	<b>TOTAL</b>	<b>162000 /</b>
Rupees: One Lakh Sixty Two Thousand Only		
1. Interest @ 18% per annum will be charged on all invoices not paid within 30 days from the date of Invoice. 2. All Payments are to be made in favour of "JOHNSON LIFTS PRIVATE LIMITED" by Crossed Account Payee Cheque / Draft, Subject to Realization. 3. Cash Payment Will Not be Accepted.		For <b>JOHNSON LIFTS PRIVATE LIMITED</b>   <b>Authorised Signatory</b>
Prepared By 	Checked By 	
Regd. Office : No. 1, East Main Road, Anna Nagar Western Extension, Chennai 600 101. CIN No : U27209TN1981PTC008718 Phone No : 26152200 (6 Lines) Fax : 91-44-26151614, Email : info@johnsonlifts.com, Website : www.johnsonlifts.com		

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# THIAGARAJAR COLLEGE OF ENGINEERING, MADURAI-15

(A Govt. Aided Autonomous Institution affiliated to Anna University)

- where Quality and Ethics matter



**BILL-2**

ORIGINAL

## TAX INVOICE

<b>JOHNSON LIFTS PRIVATE LIMITED</b> PLOT NO.171-A GOVINDASAMY STREET THIRUNAGAR MADURAI 625008 Phone : 0452-4500003, 4500350 State : TAMILNADU		GSTIN NO : 33AAACJ0838Q1ZD PAN NO : AAACJ0838Q CIN NO : U27209TN1981PTC006718 E-MAIL ID : info@johnsonlifts.com WEBSITE : www.johnsonlifts.com	
<b>Billed To</b> THE PRINCIPAL THIAGARAJAR COLLEGE OF ENGINEERING, GST ROAD, THIRUPARANKUNDRAM, MADURAI  PIN : 625015 GSTIN No. 33AAATT5417G4ZO State : TAMILNADU		<b>Place of Delivery / Place of Supply</b> THE PRINCIPAL THIAGARAJAR COLLEGE OF ENGINEERING, GST ROAD, THIRUPARANKUNDRAM, MADURAI  PIN: 625015 State : TAMILNADU	
GST Invoice No : TN09011700015    Date : 31-AUG-2017    BrCd TN09 Customer Code: C52441		Job No : L-J3679 Category : Works/Contract Service Ref No : TN09INMAJ170803939 Tax Payable under Reverse charge : NO	

S.No	Description	HSN/SAC	Qty	Value	SGST		CGST	
					9%	75489.00	9%	75489.00
1	Supply and Erection of 1 No. JOHNSON 13 PASSENGER LIFT (884 Kgs)Electric SUKRANTI- MR-C Lift for your Building	9954		838766.00	9%	75489.00	9%	75489.00
				838766.00		75489.00		75489.00

**Total Invoice Value    989744.00**

**Rupees: Nine Lakh Eighty Nine Thousand Seven Hundred Forty Four Only**

1. Interest @ 18% per annum will be charged on all invoices not paid within 30days from the date of invoice.  
 2. All Payments are to be made in favour of "JOHNSON LIFTS PRIVATE LIMITED" by Crossed Account  
 Payee Cheque / Draft, Subject to Realization.  
 3. Cash Payment Will Not be Accepted.

Prepared By: *P. Dharmaraj*

For JOHNSON LIFTS PRIVATE LIMITED

*P. Dharmaraj*  
 Authorised Signatory

Checked By: *[Signature]*

Address of Principal place of Business : No 1 East Main Road Annanagar West Extension Chennai 600101  
 Registered and Corporate Office : No.1 East Main Road Anna Nagar Western Extension Chennai 600101.  
 E & OE

1409

PTo



**Special provision in the examination**

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Thiagarajar College of Engineering

22<sup>nd</sup> July, 2016

To

**The Chairman and Correspondent**

Through: The Principal

Sir,

Ms. K.Sushmitha bearing roll no. 57538 of V semester Computer Science and Engineering is seeking for grace time of 30 minutes for all theory and practical terminal examinations citing her physical disability. In support of her request, copies of document proving sanctioning grace time of 1 hour for her SSLC examinations and due medical certificate are submitted.

The appeal by Ms.K.Sushmitha may please be sanctioned.

Yes  
24/8

Yours faithfully,

*Srinivasan. S.*

**Controller of Examinations**





From,  
K.Sushmitha,  
D/O. N.Kamaraj,  
Roll No.57538, V sem. B.E.CSE, TCE.

14<sup>th</sup> July 2016

To

The Controller of Examinations, TCE.

Thro. Proper channel.

Dear Sir,

Sub: Terminal Exam - Extra Time ½ hour - Requested-Reg.

*I am K.Sushmitha, doing V sem. B.E. Computer Engineering in our College. From my birth I am suffering from Spastic Diplegia with Dystonia and hence inherently slow in writing due to stiff muscles. During my 10<sup>th</sup> Std. Govt. Exam. through special permission I got 1 hour extra-time to complete the examination. The copy of my 10<sup>th</sup> mark sheet (G.O.Ms.No.28 School Edn. (V1) Dept.; dt:10-02-2010) is enclosed for your kind perusal.*

Now, in our college during the semester terminal examinations I could not complete the examinations in 3 hours due to physical inability, i.e. slow writing problem. Hence, I request you to *grant me an extra 1/2 hour* in the terminal examinations (i.e. Max. 3 ½ hrs.) for *all the theory & practical courses* that I am appearing from the *current semester to final semester terminal examinations* *to complete the degree successfully.*

Kindly consider my request favorably to complete the degree.

Yours Sincerely,

K.Sushmitha

Encl: Medical Board certificate

Doctor certificate

10<sup>th</sup> Mark sheet copy

Regional Dy. Director, Govt. Exam.- Letter copy

PH certificate

S. IC  
Father's Signature

Recommended  
& Forwarded  
Sd/- Shree  
14/7/2016  
HDCSE



CERTIFICATE NO. - 3

Name : K. SUSHMITHA

MEDICAL CERTIFICATE FOR ORTHOPAEDICALLY DIFFERENTLY ABLED PERSONS  
(To be issued by the District Medical Board)

Certified, that the District Medical Board of.....Usilampatti.....Madurai.....(City) have this.....day of.....18 JUN.....2012 examined the Candidate whose particulars are given below :

1. Name of the Candidate : Sushmita
2. Father's Name : Iceemary
3. Sex : F
4. Approximate Age : 15
5. Identification Marks : 1. ABM @ Forearm  
2. ABM @ back right
6. Whether Audiologically / Visually Disabled (if yes for either one or both medical certificate / s for fitness from the respective Board has to be produced) : —
7. Nature of Orthopaedic Disabled : RP Dupuytren
8. Extent of permanent disability in percentage : sixty (60%) Permanent
9. Whether the Candidate fulfils the following Standards and may be considered for admission to undergo studies in Engineering College / Technical Institution :
  - (a) Normal Blood Pressure : Yes / No
  - (b) Mentally Normal : Yes / No
  - (c) Independent in ambulation with or without calipers but without any support : Yes / No
  - (d) Good standing balance with or without calipers but Without any support : Yes / No
  - (e) Hand function within normal limits without any aid : Yes / No
  - (f) Good control over bowel and bladder : Good / Not good
  - (g) Is the disability non-progressive : Yes / No
10. Whether eligible for consideration under Differently Abled Persons Quota : Yes / No
11. Whether the candidates is physically and mentally fit to be considered for admission in Engineering College / Technical Institution : Yes / No (If no please specify reasons)



Medical Board  
Govt. Head Office  
Usilampatti

K. Sushmita  
Signature of the Applicant



Date with seal of Medical Board

[Signature] Member  
Govt. Head Office  
Usilampatti

[Signature] Chairman, District Medical Board

[Signature] Member  
Govt. Head Office  
Usilampatti

[Signature] Member  
Govt. Head Office  
Usilampatti

Note : 1. Candidates with permanent Physical Impairment of 40% and above are eligible for consideration under reserved quota.  
2. Sl. No. 11 should be filled compulsorily, in the absence of which the application will be rejected.





Physical Facilities - Wheel Chair

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