

# National Programme For Control Of Blindness

## Blind Register 201 -1

Institution ..... District .....

| SI No | Name & address of blind person | Father's / Husband's Name | Age & Sex | Category (Gen/ SC/ST/ OBC) | Visual Acuity |   | Cause of blindness | Curable / Non-curable |
|-------|--------------------------------|---------------------------|-----------|----------------------------|---------------|---|--------------------|-----------------------|
|       |                                |                           |           |                            | R             | L |                    |                       |
|       |                                |                           |           |                            | R             |   |                    |                       |
|       |                                |                           |           |                            | L             |   |                    |                       |
|       |                                |                           |           |                            | R             |   |                    |                       |
|       |                                |                           |           |                            | L             |   |                    |                       |
|       |                                |                           |           |                            | R             |   |                    |                       |
|       |                                |                           |           |                            | L             |   |                    |                       |
|       |                                |                           |           |                            | R             |   |                    |                       |
|       |                                |                           |           |                            | L             |   |                    |                       |

| SI No | Name & address of blind person | Father's / Husband's Name | Age & Sex | Category<br>(Gen/ SC/ST/ OBC) | Visual Acuity |  | Cause of blindness | Curable / Non-curable |
|-------|--------------------------------|---------------------------|-----------|-------------------------------|---------------|--|--------------------|-----------------------|
|       |                                |                           |           |                               | R             |  |                    |                       |
|       |                                |                           |           |                               | L             |  |                    |                       |
|       |                                |                           |           |                               | R             |  |                    |                       |
|       |                                |                           |           |                               | L             |  |                    |                       |
|       |                                |                           |           |                               | R             |  |                    |                       |
|       |                                |                           |           |                               | L             |  |                    |                       |
|       |                                |                           |           |                               | R             |  |                    |                       |
|       |                                |                           |           |                               | L             |  |                    |                       |
|       |                                |                           |           |                               | R             |  |                    |                       |
|       |                                |                           |           |                               | L             |  |                    |                       |