

STATE AWARD BEST BRAILLE PRINTING PRESS

1. Name of the Organization :
2. Name of Braille Press Manager :
3. Address :
4. Telephone number :
5. Fax number :
6. E-mail :
7. Web-site address :
8. Establishment of the Braille Press: Month:
Year :
9. Braille Printing Capacity
 - (a) No. of Printers :
 - (b) Details of each Printer :

S.No.	Type of printer	Speed (Characters per second)	Functional/ Non functional
1.			
2.			
3.			
4.			

10. Year-wise production by the Press (not including workout-sourced)

S. No.	Item	2016-17	2017-18	2018-19
1.	No. of titles by language (a) Hindi (b) English (c) Other languages (i) ii) iii Total			
2.	No. of volumes (copies)			
3.	No. of pages			
4.	No. of School Books			
5.	No. of tactile sketches, graphs, geometrical figures etc.			
6.	No. of volumes sold (a) Subsidized (b) Non-subsidized Total			

11. Financial status

Financial year	Expenditure	Sale proceeds	Profit/loss
2016-17			
2017-18			
2018-19			

Signature with office seal Date & Place

Name & Designation of the applicants

Signature, Name & Designation of the

Recommending authority with date

N.B.

- (a) Please include list of titles along with language and number of volumes sold.
- (b) Please enclose copies of Balance sheet and profit/loss account of the organization duly audited.