



ASHOK MINDA GROUP

Powered by Passion

“SAKSHAM”

Care for Person with Disability

Artificial Limb Fitment
Program Report
2015-16



SPARK MINDA, ASHOK MINDA GROUP



Livelihood Promotion



Education



Care for Person with Disability

Our Six Areas of Intervention



Community Infrastructure



Health and Well Being



Environment and Resource Protection

1. Foreword.....	2
2. Background.....	3
3. Association: Spark Minda, Ashok Minda Group & BMVSS.....	4
4. Project Methodology and Timeline	5
5. Understanding Disability in Indonesia	7
6. Limb Fitment Camp.....	8
• Arrangements	8
• Technology	9
• Process of Artificial Limb Fitment	9
• Camp Inauguration.....	12
• Team Members	13
7. Outcome.....	14
8. Coverages.....	23
9. Way forward.....	24

Report

Foreword

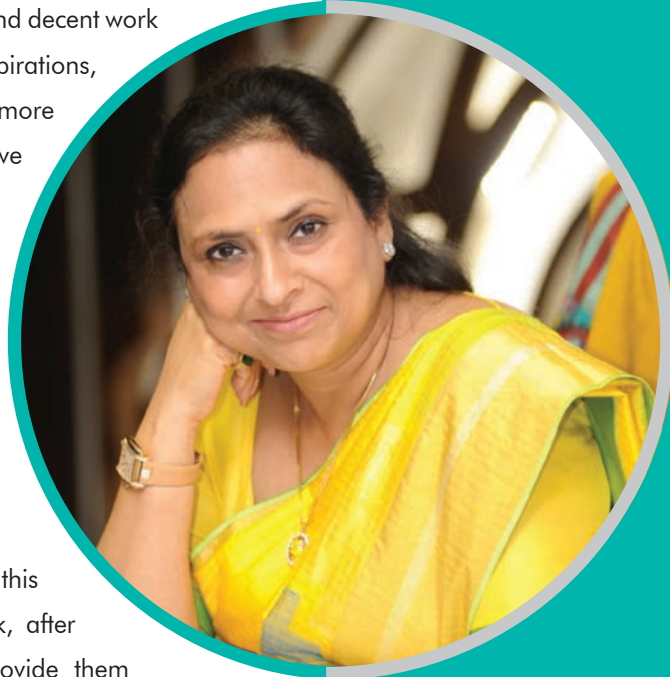
Sometimes you feel it from within, access to Assistive Technology helps in bringing sustainability to the lives of Person with Disabilities (PWDs). Productive and decent work enables Persons with Disabilities to realize their aspirations, improve their living conditions and participate more actively in society. Ensuring a disability perspective in all aspects, effective implementation and enforcement of existing disability practices and providing equal employment and training opportunities are among the factors that contribute to the reduction of poverty and to the social and economic inclusion of Persons with Disabilities. This is a sustainable approach to take care of PWDs.

Considering this fact, we have started working on this vertical for last couple of years. In a framework, after identification of Person with Disabilities, we provide them Accessible and Assistive Technology. To ensure sustainability in their lives, we train them to get skills for employment. To many of them, we employ within our factory and modify the ergonomics as per their requirements and assistance.

Presently, we have approximately 150 PWDs working across the Group. We train them over 5S, Evacuation and life skills.

Having our presence in Indonesia gave us an inspiration to conduct the Limb Fitment Camp for the people out there. We are doing lots of CSR Projects in different bend of India. This act beyond compliance has ensured assistance to approximately 515 people. I am sure in future also we will be able to benefit more and more people.

The acknowledgement is due to our most valuable CSR team, local Government and NGOs, who helped us in identification of most vulnerable people and areas and in execution of the camp.



Sarika Minda
Chairperson,
Spark Minda Foundation

“Having our presence in Indonesia gave us an inspiration to conduct the Limb Fitment Camp for the people out there. We are doing lots of CSR Projects in different bend of India.”

Background

Disability is part of the human condition – almost everyone will be temporarily or permanently impaired at some point in life, and those who survive to old age will experience increasing difficulties in functioning.

According to the sample survey conducted, more than a billion people, or about 15% of the world's population are estimated to live with some form of disability. Around 785 million persons live with disability. Of these, the World Health Survey estimates that 110 million people (2.2%) have very "severe disability" such as quadriplegia.

A combination of poverty and absence of facilities for rehabilitation has increased the problem. The World Health Organisation estimated that in developing countries, only 1-2% of the patients who needed rehabilitation actually had access to it. The heart of the Millennium Development Goals (MDGs) is poverty reduction and improved welfare for the world's poorest people, measurable by social statistics. However, it is increasingly clear that progress in basic services aimed at malnutrition, education and income has bypassed persons with disabilities. As a result, world leaders have reaffirmed their commitment for the post-MDG era to leave no one behind, including Persons with Disabilities.

Women and men with disabilities can and want to be productive members of society. In both developed and developing countries, promoting more inclusive societies and employment opportunities for people with disabilities requires improved access to basic education, vocational training relevant to labour market needs and jobs suited

to their skills, interests and abilities, with adaptations as needed. Many societies are also recognizing the need to dismantle other barriers - making the physical environment more accessible, providing information in a variety of formats, and challenging attitudes and mistaken assumptions about people with disabilities.

In Spark Minda, Ashok Minda Group Community Development is the value driven concept since its inception. The six intervention areas, in which the Group operates, Care for Persons with Disability are one of it. Therefore, to ensure sustainability to the lives of Persons with Disability through ensuring their mobility, Spark Minda, Ashok Minda Group has developed a program called "Saksham".

Under Saksham Program, we:

- Provide Accessible and Assistive Technologies.
- Impart Skill Training through OJT (On Job Training).
- Create Inclusive Workplace and Ergonomics.
- Train them for 5S, Life Skills and Evacuation.
- Employ different type of Disabilities.

Countrywide in different manufacturing locations 147 Persons with disability are employed by the Group. Thus, to take this project to a next level and for the care of Person with Disability, Spark Minda, Ashok Minda Group voluntarily supported Bhagwan Mahavir Viklang Sahayata Samiti (BMVSS) popularly known as Jaipur Foot, to organize a camp for the fitment of Artificial Limbs for the Amputees in Indonesia.



Association: Spark Minda, Ashok Minda Group & Bhagwan Mahaveer Viklang Sahayata Samiti

Spark Minda, Ashok Minda Group (The Group) is one of the leading manufacturers of Automotive Components for the OEMs with Headquarters in India. The US \$533 Million Group, with 14000 employees was founded in 1958 by Late Shri S.L. Minda. The Group caters to the leading two and four wheeler vehicle manufacturers in India & overseas markets including Europe, CIS & ASEAN countries with 32 manufacturing plants. All Group manufacturing facilities are ISO/TS-16949 & ISO-14001 certified. The Group manufactures products in three verticals: Safety, Security & Restraint Systems, Driver Information & Telematics Systems, Interiors System and also has significant presence in the Aftermarket. It cater to the needs of all Major Car, Motorcycle, Commercial Vehicles, Tractor and Off-road vehicle manufacturers in India and overseas. The Group also has several JVs with leading companies from USA, Japan, Italy, and Uzbekistan.

We all know that the success and the sustainability of project depend upon like minded association, which is also a leveraging strength of each other for Value Additions and Innovations. Thus the project, Artificial Limb Fitment Camp was been collaborated and associated with BMVSS.

Bhagwan Mahaveer Viklang Sahayata Samiti-BMVSS is a Jaipur-based non-profit organization, founded by DR Mehta (Ex Chairman of SEBI, Ex Deputy Govern of RBI) in 1975. It is the world's largest organization for the PWDs in terms of fitment of Artificial Limbs, Callipers etc., providing them with Artificial Limbs, Callipers, Crutches, Ambulatory Aids like Wheel Chairs, and other Aids and Appliances totally free of cost. Beginning with a very modest fitment of 59 Artificial Limbs in 1975, BMVSS is now fitting about 20,000 Artificial Limbs and about 30,000 Polio Callipers, and other Aids and Appliances every year in its centers and through mobile camps in India and abroad. The foreign Countries that it has served include: Afghanistan, Bangladesh, Dominican Republic, Honduras, Nepal, Pakistan, Somalia, Sudan, and a lot others.

The main objective of this camp was the physical and socio-economic rehabilitation of the physically disabled, especially the resource-less, so they should lead a life of dignity and become productive members of the community. The main collaborator of this project, BMVSS conducts scientific and technical research in developing and improving aids and appliances for limb related disability and also organizes workshops and seminars for dissemination of knowledge and expertise related to the manufacture of such products.

Project Methodology and Timeline

This Project named “Saksham” (‘Mandiri’- in Indonesia) was aimed to ensure sustainability of life for the Persons with Disability, by providing benefit to 500 people (approx) under CSR of the Group. After Artificial Limb Fitment, the amputees were able to walk normally for the rest of their lives.

Need Assessment: Through our presence in the location, our PTMAI team did the need assessment and came to know about the amputees at Indonesia. After the need assessment, a camp was organised in the factory vicinity at Jakarta, so that administrative arrangements can be taken care by the facility.

Target Group: Person with Disability, who need Artificial Limb, particularly belonging to low income group from Jakarta and surrounding places were targeted and treated during the camp.

Area Identification : Disaster affected area, War affected people and Accidental cases etc were identified as target group.

Stakeholder Identification:

Following stakeholders were identified for the accomplishment of the camp

Area Coverage	
Place/ Area Targeted	Distance from Jakarta (Km)
Jakarta	0
Karawang	70
Serang	150
Garut	270
Cirebon	300
Jogja	525
Cianjur	125
Ciamis	278
Bogor	60
Bekasi	26

i) PTMAI, Indonesia :

Recognising, the growth of the two wheel segment in the ASEAN market, Spark Minda setup a green field manufacturing facilities at Indonesia. PT Minda Automotive Indonesia started production from January 2013. Today, this facility is catering to OEMs in Indonesia,



Malaysia, Vietnam, Philippines, Thailand & Singapore. The company is backed up by a strong R&D teams in India with Design and Marketing Office in Japan. It is constantly designing and developing new products for the market. Some of the products manufactured are also having Patents in this region. The current products manufactured are Lock kits which include the Ignition switch with or without Magnet Shutter, Fuel Tank Cap, Side Cover Lock, and Seat Latch/Locks. The Immobilizer, Antenna, Instrument Cluster and Speedometer are also supplied to its OEM customers on JIT basis which are manufactured in parent plants in India. Other Group products like Sensors and Die Casting parts will be introduced in the coming years.

ii) Bhagwan Mahaveer Viklang Sahayata Samiti (Jaipur Foot), India

Jaipur Foot, a registered Non-Governmental Organisation is the most widely used one for the PWDs in the world. Since inception, BMVSS has rehabilitated more than 1.3 million amputees and polio patients by fitting / providing artificial limbs (Jaipur Foot variations), calipers, and other aids and appliances, mostly in India and also in 26 countries across the world.

Apart from providing the widest possible range of services for the disabled, BMVSS is also focused on Research and Development, and tries to fuse service with science. One major feature about Jaipur foot, apart from the efficiency of the limb, is the time taken for making it. People come in the morning and leave in the evening or within three days at an outer limit.

iii) Peduli Tuna Daksha (Vaswani Mission), Indonesia

Vaswani Mission, Jakarta is a social organization based in Pune, which is led by Dada JP Vaswani. He is a renowned spiritual teacher; he wrote and has translated many spiritual books into Indonesian. Foundation which is headed by him is engaged in social humanity, such as

simply helping people who are less fortunate, the victims of natural disasters etc. The mission of the foundation is to continue to try and develop the place which helps people in many aspects of life, this is done without any compensation.

In 2007 Sadhu Vaswani Center, Jakarta, formed one division ie Tuna Daksha Care Foundation which is dedicated to help the physically disabled by providing free artificial limbs and prosthetic hand.

Thus for this project, Identification and mobilization of patients was done by them and was also responsible for post camp facilitation and corrective measures.

Timeline:

A team of 11 members executed Artificial Limb Fitment at PTMAI Campus in a month long camp from 4th May to 7th June, 2015. However, BMVSS took around one month time to mobilize and arrange equipment/materials. Thereafter, about 30-40 days were taken by shipping agency to carry them to port Jakarta.

Equipments and Materials: It Included Ovens, Drill Machines, Utter Machines, Vacuum forming Machine, Pre- Fabricated Jaipur Foot Pieces, HDPE pipes and Sheets for Socket and Shank making, Knee Joints, Socks, Plaster of Paris, Leather Belts, Stockinet etc.

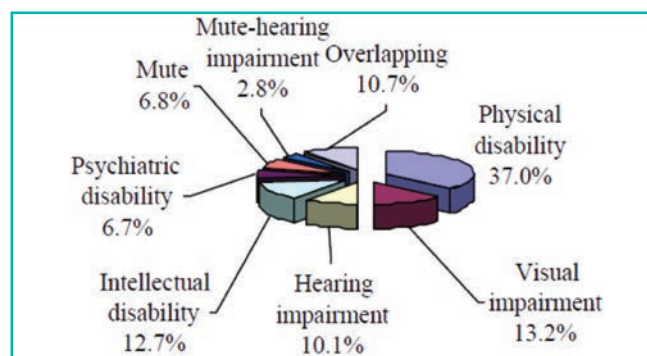


Oven

Understanding Disability In Indonesia

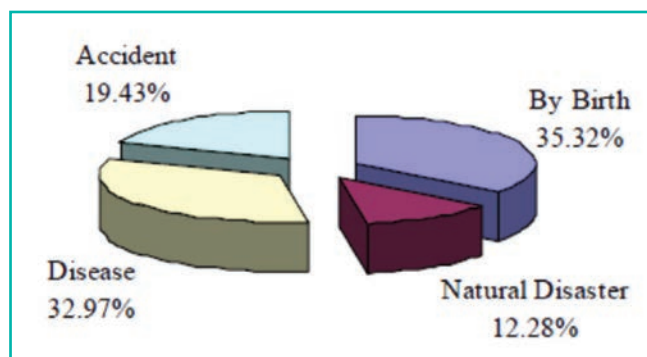
There is little comprehensive data regarding persons with disabilities in Indonesia. In 2006, the Asia-Pacific Development Center on Disability estimated the number of disabled persons in Indonesia to be about 1.38 per cent of the total population. However, recent World Health Organization (WHO) figures showed that around 10-15 percent of the Indonesian population are disabled. This lack of accurate data acts as a brake on a range of actions and measures that could be taken to counter the effects of discrimination and exclusion.

Types of Disability:

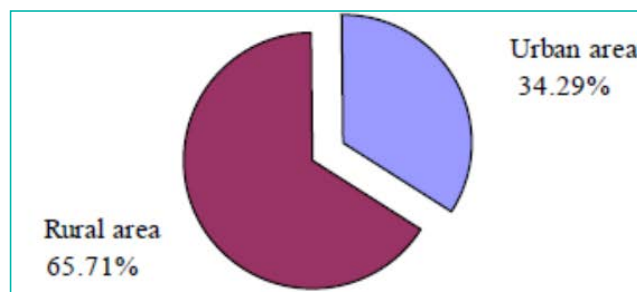


Looking at the statistics it was observed that 37% of the population is carrying physical disability. Accordingly, Spark Minda, Ashok Minda Group decided to cater in this areas and planned for an Artificial Limb Fitment Camp in voluntary collaboration with Bhagwan Mahaveer Viklang Sahayata Samiti.

Causes of Disability:



Number of People with disability in Urban and Rural Area:



The prevalence of Loco motor Disability was noticeably more in rural areas in comparison to Urban areas of Indonesia, and also more among males than among females. Considering the above data, more rural areas were targeted. Amputees were identified and mobilized more from the rural areas.

Types of Loco motor Disability In Indonesia:

About 45% of the Loco motor Disability was attributed to deformity of limb, more than 20% to dysfunction of joints of limb, another 15% to paralysis, 10% to any other deformity of body and 8% to loss of limbs. Deformity of limb was more prevalent in the rural sector whereas a higher percentage of persons were loco motor disabled due to dysfunction of joints of limb. In contrast to females, a higher percentage of males exhibited deformity or loss of limb. On the other hand, females suffered more with dysfunction of joints of limb.

Causes of Loco motor Disability: It could be seen that polio and injury due to accident were the two major causes of Loco motor Disability contributing more than 50% of cases. Out of the rural and the urban sectors, stroke, arthritis and injury other than burns were more prevalent in the urban area and polio was found more common in the rural area. The females, in comparison to males, acquired Loco motor Disability more due to Diabetes and other.

Age at onset of Loco motor Disability: More than 50% of the persons with Loco motor Disability acquired it after the age of 50 years, 28% in the age-group 45-49 years and only 5% were disabled since birth. In rural areas, the onset of disability was more likely since birth and in the early years of childhood as compared to the urban area.

Limb Fitment Camp

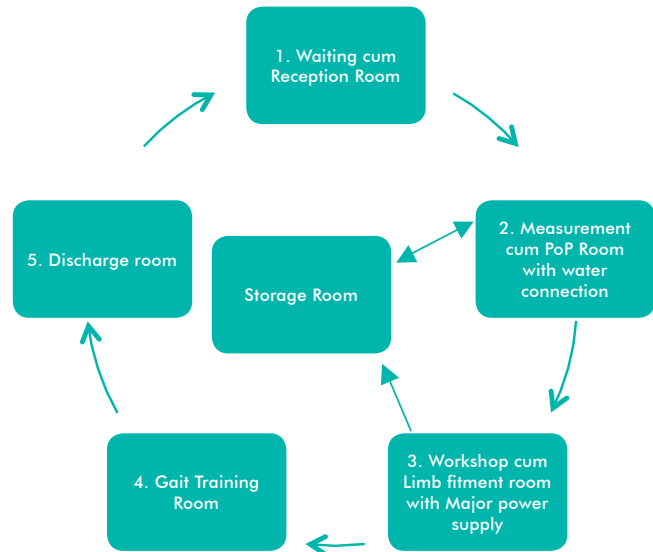
In this camp a special, Patient-Centric and Sensitive Management System was developed to deal with beneficiaries, who are poor, marginalised or underprivileged. Apart from technological innovations, services also involved process innovations.

Arrangements at the camp site:

The camp was made and organised at PTMAI with following arrangements:

- Waiting room was made near “Moushola” in a tent with a sitting capacity of 60 people (8 x 4 m) & with 2 beds for some people who may like to rest.
- Water & Lunch boxes were made available for all patients and their attendants.
- If any patient was required to stay at the night, arrangement was made in a hotel Karawang.

- Measurement & Fitment room was made in a tent of 4 x 4 m next to the Waiting Room.
- Workshop was made in the Canteen at the 1st Floor.



Layout of Camp Site



Base Camp and Facility for the Patient



Technology

Fabrication Processes and Material

The Jaipur Foot Technology is unique on account of the manufacturing processes and materials used, which go beyond the normal system used elsewhere in the world.

BMVSS pioneered the use of High-Density Polyethylene (HDPE) pipes in prosthetic applications. HDPE is lightweight thermoplastic with high impact resistance and tensile strength. Moreover, as an inert material, it is not affected by climate change.

The socket and shank fabrication, using HDPE pipes, is a single-step process. This drastically reduces the manufacturing time as compared to the practice of lamination or thermoforming of sheets followed in most centres around the world. It facilitates rapid turnover in the manufacture of artificial limbs; the turnover time is a very important consideration because of the large number of patients needing prosthetic services. The sockets so fabricated are lightweight, seamless, strong and waterproof. The colour of the HDPE pipes — which is close to the natural colour of skin — obviates the need for additional cosmetic cover.

Both open-ended and total contact sockets and exo- and endo-skeletal designs are used at BMVSS, and fitted as required.

While making these limbs special efforts are made to ensure correct bio-mechanical alignment. For example for the below knee limb, the combination of the in-process wall frame system of alignment used by some of the well-known prosthesis making companies of the west, is being used by BMVSS in combination with the laser in-process alignment system (used by another set of well-known prosthetic companies of the west). This combination ensures even better standardized alignment. For the above knee sockets, IPOS brims both of hybrid and ischial containment variety are used.

It is really a quick fit limb. A below-knee, prosthesis can be made in three hours. An above knee prosthesis can be made in one or two days. This is done while following all the technical requirements including those

relating to alignment. The Jaipur Foot technology is such that it enables us to hold on-the-spot-limb/ caliper-fitment-camps in remote areas where the limbs/caliper are custom fabricated and delivered mostly on the same day. This distinguishes Jaipur Limb Technology from other technology which send their teams twice to the camps, once for making assessment and taking measurements and secondly for fitment and delivery after a few weeks or months. It is a known feature that many of the patient do not come during the second visit meant for fitment.

Quality Control

There was a dedicated quality control team to ensure that consistency in high standards is maintained for all its products and services. Stringent quality planning, quality control, quality assurance and quality improvement practices were incorporated at each level.

Post-production, random samples of the Jaipur Foot were subjected to cyclical loading and static load deflection tests using the universal foot testing machine with dual actuators, the only one of its kind in India. Optimum prosthetic alignment, one of the most important determinants of prosthetic function, is achieved by bench, static and dynamic alignment optimisation, using laser technology.

Process of Artificial Limb Fitment

1. **Registration:** As soon as patient arrived at PT Minda Campus their registration was done. Each and every patient was given a registration card, on the basis of which their Medical Examination was scheduled.



Registration of Patients

2. **Medical Examination of Limb:** After registration, a Medical Examination was conducted by the Doctors of Jaipur Foot. Patients were checked for Below-Knee Disability, Above-Knee Disability, Polio Defects etc, accordingly the course of treatment is planned.

3. **Casting of Residual Limb to get Negative Cast:** After Medical Examination, Casting of limb was done, wherein the measurement of amputee's limb was taken by the technicians, to get the negative cast by moulding it with PoP (Plaster of Paris).



Technicians taking measurements of amputees to get the negative cast of the limb

4. **Modification of Negative Cast:** In this process, filling of Negative cast with PoP to get the hard solid structure is done. HDPE pipe is also fitted in the limb to give it high resistance, further modification is done by smoothing and fining the sharp edges of the Cast.

5. **Draping of Soft liners:** Soft liners is tightly draped around the negative cast so that limb shape can be acquired by soft liner.

6. **Making Extension of Limb:** Extension of limb is made using cardboard and bandages

7. **Pouring PoP in extended Limb:** PoP is again poured in the extension of the limb

8. **Shaping & Cutting :** Cutting and Polishing of extended mould is done

9. **Pre Heated Pipe Draping:** Draping of extended mould is done with pre heated pipe. Shaping

and polishing is also done to refine the limb quality.

10. **Breaking PoP Mould and taking out final limb:** Finally mould of PoP is broken down, shaping and cutting of soft liner is also done to get the final limb. Soft liner is assembled with final limb and at last it is fixed with suspension belt.

11. **Fitment of Limb:** At last Limb is fitted to amputees. After the Limb Fitment, Jaipur Foot doctors also train amputees to walk, exercise etc. Other than this they also get training on maintenance of the limb, so that they can be self sufficient to tackle and rectify problems associated with limb.



Camp Inauguration

The function was organized in the Futsal ground of PTMAI campus. His Excellence Mr. Gurjit Singh, Ambassador of India in Indonesia inaugurated this Camp and thanked the Group for organizing it in Indonesia. He also ensured to render all services from the Government side to conduct this Camp.

During the Inauguration ceremony, Mr. Ashok Minda, expressed that such initiatives of benefitting the persons with disability signifies humanity and it should be boundary less and he also spoke about the corporate citizenship theory relating to triple bottom line of People, Planet and Profit. Mrs. Sarika Minda, Chairperson

– Spark Minda Foundation briefed about rest of the Corporate Social Responsibility initiatives taken up by the Group in the thematic areas of Education, Healthcare, Community Infrastructure, Livelihood Promotion, Environment Protection and Persons with Disability

Mr. Sudhir Kashyap, CEO, Minda Corporation Ltd. and Mr. Sandeep Aggarwal, President Director, PT Minda Automotive Indonesia were also present and thanked all the stakeholders for this valuable support for the camp.

Mr. Rangga Nagara, Visa Counsellor and Mr. Rizali Wilmar Indrakesuma, Ambassador of Indonesia were also present at the Inauguration.



Chief Guests during the Inauguration Ceremony



H.E Mr. Gurjit Singh, Ambassador of India in Indonesia and Mr. Ashok Minda, GCEO, Spark Minda, Ashok Minda Group lighting the lamp



Team Members

A team of 30 people came together to execute the camp.

The team of BMVSS comprised of:

- a) A Team Leader
- b) An Administrator
- c) 9 Technicians

There were 8 people from PTMAI for the execution of the camp:

- | | | |
|-----------------------------|---|--|
| • Team leader | - | Mr. Sandeep Aggarwal |
| • Camp Mentor | - | Mr. Pradeep K Patel |
| • Camp Support | - | Mr. Saurabh Agrawal |
| • Camp Coordinator | - | Pak Ma'mun Nawawi |
| • Registration of patients | - | Ibu Euis & Pak Syaheed (Yayasan Peduli TD) |
| • Before & after positions | - | Ibu Sofia (Photos & patient care) |
| • Coordinator for Expats | - | Ibu Rhidayati |
| • Coordinator for patients | - | Ibu Anita |
| • Coordinator for transport | - | Pak Siyau |

Other than that Mr. DR Mehta, Mr. BR Mehta & Mr. SP Bahuguna was the representative from BMVSS whereas Mr. MK Pajan, Mr. Anil Batra and Mr. Praveen Karn were active representatives from Spark Minda, Ashok Minda Group.

Outcome

- Fitment of 529 limbs to 515 people
- Mainstreaming them inclusive Society and Economy
- Equal accessibility to service and facilities
- Equal employment opportunity for life sustenance
- Self dependence and improvement in life standard



List of Beneficiaries

S. No.	Date of Registration	Patient's Name	Area	Gen-der	Age	Type of Appliance	
						Above Knee	Below Knee
1	05-05-2015	Mrs. Anis	Karawang	F	61		Rt, BK
2	05-05-2015	Mr. Ishan Karya	Karawang	M	38		Rt, BK
3	05-06-2015	Mr. Arif Purwan	Bekasi	M	68		Rt, BK
4	05-06-2015	Mr. Dandih	Bekasi	M	58		Rt, BK
5	05-06-2015	Mr. Lastiyawan	Bekasi	M	60		Lt. BK
6	05-06-2015	Mr. La Memi	Bekasi	M	65		Rt, BK
7	05-06-2015	Mr. Saberi	Bekasi	M	69		Rt, BK
8	05-06-2015	Mrs. Ibu Amah	Bekasi	F	60		Rt, BK
9	05-06-2015	Mr. Suparni	Bekasi	M	58		Lt. BK
10	05-06-2015	Mr. Rachmat	Bekasi	M	64		Lt. BK
11	05-06-2015	Mrs. Agus Gunawon	Bekasi	F	30		Rt, BK

S. No.	Date of Registration	Patient's Name	Area	Gen-der	Age	Type of Appliance	
						Above Knee	Below Knee
12	05-06-2015	Mr. Seherman	Bekasi	M	59		Lt. BK
13	05-06-2015	Mr. Syamsudin	Bekasi	M	59		Lt. BK
14	05-06-2015	Mr. Katam	Bekasi	M	58		Lt. BK
15	05-06-2015	Mr. Koherman	Bekasi	M	55		Lt. BK
16	05-06-2015	Ruminah	Bekasi	F	43	Lt AK	
17	05-06-2015	Mr. Warkum	Bekasi	M	69		Lt. BK
18	05-06-2015	Mr. Rasep	Bekasi	M	22	Lt AK	
19	05-06-2015	Mr. Agustiar Aumisyah	Bekasi	M	20		Lt. BK
20	05-06-2015	Mr. Agus Mulyadi	Karawang	M	44		Rt, BK
21	05-07-2015	Mr. M. Soileh Budiman	Garut	M	44		Rt, BK
22	05-07-2015	Mr. Sariq Rajiman	Garut	M	37		Lt. BK

Cont.....

S. No.	Date of Registration	Patient's Name	Area	Gender	Age	Type of Appliance	
23	05-07-2015	Mr. Uloh	Garut	M	58		Lt. BK
24	05-07-2015	Dede Tanti	Garut	F	35		Rt, BK
25	05-07-2015	Isak Sadik	Garut	M	37		Lt. BK
26	05-07-2015	Mr. Marwianti Komalsari	Garut	F	5		Rt, BK
27	05-07-2015	Mr. KUSDINAR	Garut	M	45		Rt, BK
28	05-07-2015	Mr. Momon Ating / Yana	Garut	M	23	Rt. AK	
29	05-07-2015	Mr. Taryana	Garut	M	35		Rt, BK
30	05-07-2015	Mr. Engkus	Garut	M	39	Rt. AK	
31	05-07-2015	Mr. Endung	Garut	M	52		Lt. BK
32	05-07-2015	Mr. Mamat Rahmad	Garut	M	54		Rt, BK
33	05-07-2015	Usep Asr	Garut	M	31	Lt AK	
34	05-07-2015	Hendra Nersalam	Garut	M	18		Rt, BK
35	05-07-2015	Lissan Mikel Limbong	Garut	M	37		Lt. BK
36	05-07-2015	Komariah	Garut	F	53		Rt, BK
37	05-07-2015	Empud	Garut	M	65		Rt, BK
38	05-07-2015	Anon Kaswara	Garut	M	47		Lt. BK
39	05-07-2015	Dedi Memi	Garut	F	36		Lt. BK
40	05-07-2015	Jaja	Garut	M	47	Lt AK	
41	05-07-2015	entis	Garut	M	48		Rt, BK
42	05-07-2015	Nana Sumarana	Garut	M	61		Lt. BK
43	05-07-2015	Yanto	Garut	M	43	Lt AK	
44	05-07-2015	Feri Lesmana	Garut	M	22		Lt. BK
45	05-07-2015	Eric Setiyadi	Jakarta	M	47		Rt, BK
46	05-07-2015	Daam	Karawang	M	41		Lt. BK
47	05-07-2015	Suyadi S/ o Late malikee	Jakarta	M	55	Lt AK	
48	05-08-2015	Fatimawati	Karawang	F	57		Rt, BK
49	05-08-2015	Bp. Juhari	Karawang	M	60		Rt, BK
50	05-08-2015	Atek Sukara	Karawang	M	48	Rt. AK	
51	05-08-2015	Tata Sumarta	Karawang	M	42	Rt. AK	
52	05-08-2015	Pianto	Karawang	M	34		Lt. BK
53	05-08-2015	Asep	Karawang	M	37	Lt AK	

S. No.	Date of Registration	Patient's Name	Area	Gender	Age	Type of Appliance	
54	05-11-2015	Sujara	Karawang	M	30		Lt. BK
55	05-11-2015	Aria Sunawan	Jakarta	M	22		Lt. BK
56	05-11-2015	Asep	Serang	M	25		Rt, BK
57	05-11-2015	Didin Nurhasadin	Serang	M	39	Lt AK	
58	05-11-2015	Firmon Setia Priadim	Serang	M	33		Rt, BK
59	05-11-2015	Mansur	Serang	M	27		Lt. BK
60	05-11-2015	Raspati	Serang	M	50	Lt AK	
61	05-11-2015	Rajani	Serang	M	27	Rt. AK	
62	05-11-2015	Edi Ruk Man	Serang	M	38		Rt, BK
63	05-12-2015	Lipat	Serang	M	24	Rt. AK	
64	05-12-2015	Deddy Rasmansya	Serang	M	37		Lt. BK
65	05-12-2015	Nunung Setiawan	Karawang	M	23		Rt, BK
66	05-12-2015	Abdul Cholit	Cirebon	M	44	Lt AK	
67	05-12-2015	M. Atif Chasan	Cirebon	M	25	Rt. AK	
68	05-12-2015	Suhendratno	Cirebon	M	27	Lt AK	
69	05-12-2015	Soni Syafullah	Cirebon	M	16	Rt. AK	
70	05-12-2015	Komarudin	Cirebon	M	52		Rt, BK
71	05-12-2015	Modraji	Cirebon	M	57		Lt. BK
72	05-12-2015	Takdir	Cirebon	M	41	Lt AK	
73	05-12-2015	Dadang Sutindra	Cirebon	M	17	Rt. AK	
74	05-12-2015	Iwan Stiawan	Cirebon	M	50	Lt AK	
75	05-12-2015	Tata	Cirebon	M	34	Rt. AK	
76	05-12-2015	Sadina	Cirebon	M	65		Lt. BK
77	05-12-2015	Riftun	Cirebon	F	27		Rt, BK
78	05-12-2015	M. Warsidi	Cirebon	M	44	Rt. AK	
79	05-12-2015	Jaya Mujadio	Cirebon	M	54		Lt. BK
80	05-12-2015	Suhari	Cirebon	M	52		Rt, BK
81	05-12-2015	Ata Sygarti	Cirebon	M	27	Lt AK	
82	05-12-2015	Andi Hidayat	Cirebon	M	31	Lt AK	
83	05-12-2015	Udin Muhidin	Cirebon	M	40		Rt, BK
84	05-12-2015	Pii Ropii	Cirebon	M	54		Lt. BK
85	05-12-2015	Tabroni	Cirebon	M	50	Lt AK	

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S. No.	Date of Registration	Patient's Name	Area	Gen-der	Age	Type of Appliance
86	05-12-2015	Taram	Cirebon	M	87	Rt, BK
87	05-12-2015	Tarban	Cirebon	M	65	Rt, BK
88	05-12-2015	Maman	Cirebon	M	63	Rt, BK
89	05-12-2015	Hasanudin	Cirebon	M	36	Lt. BK
90	05-12-2015	Hendri	Cirebon	M	50	Rt, BK
91	13/5/2015	Ahyar	Sukabumi	M	44	Rt, BK
92	13/5/2015	Subroto	Bekasi	M	55	Rt. AK
93	13/5/2015	Siti Roharati	Cianjur	F	17	Lt. BK
94	13/5/2015	dani Ardani	Bekasi	M	31	Rt. AK
95	13/5/2015	Juwarsih	Bekasi	F	42	Rt, BK
96	13/5/2015	Susi Melawati	Garut	F	15	Lt AK
97	13/5/2015	Achmad Syaripudin	Garut	M	56	Lt. BK
98	13/5/2015	Lilis	Garut	F	29	Rt. AK
99	13/5/2015	Yaya Sunarja	Garut	M	41	Rt, BK
100	13/5/2015	Jakaria	Garut	M	36	Lt AK
101	13/5/2015	dede Haryanto	Garut	m	24	Lt AK
102	13/5/2015	Zaenat Asedin	Garut	M	48	Rt. AK
103	13/5/2015	Asep Mortalis	Garut	M	23	Rt. AK
104	13/5/2015	Iwan Wijaya	Garut	M	49	Lt AK
105	13/5/2015	Sumanta	Garut	M	57	Rt, BK
106	13/5/2015	Handika Dian Nugraha	Garut	M	15	Lt. BK
107	13/5/2015	Ferienda	Garut	F	60	Lt. BK
108	13/5/2015	Victory	Garut	M	19	Rt. AK
109	13/5/2015	Lilis Sumarti	Garut	F	48	Lt AK
110	13/5/2015	Satunu	Garut	F	73	Rt. AK
111	13/5/2015	Rokayah	Garut	F	40	Rt, BK
112	13/5/2015	Priono	Garut	M	40	Rt, BK
113	13/5/2015	Ilhan Khorul Man	Garut	M	17	Rt, BK
114	13/5/2015	harman	Garut	M	32	Rt, BK
115	13/5/2015	Wasta Sirmasyan	Garut	M	39	Rt, BK
116	13/5/2015	Toto Agus Sehawan	Garut	M	34	Rt, BK

S. No.	Date of Registration	Patient's Name	Area	Gen-der	Age	Type of Appliance
117	13/5/2015	Mono Sumarno	Garut	M	39	Rt, BK
118	13/5/2015	Lomri	Garut	M	50	Rt, BK
119	13/5/2015	Titin Fatimah	Garut	F	38	Rt, BK
120	13/5/2015	Ratih	Garut	F	55	Rt, BK
121	13/5/2015	Sisi	Garut	M	9	Lt AK
122	18/05/2015	Omah Siri Nurjahan	Cirebon	F	43	Lt. BK
123	18/05/2015	Kaeni	Cirebon	F	26	Rt. AK
124	18/05/2015	Iswahyudi	Cirebon	M	54	Rt, BK
125	18/05/2015	Asmi	Cirebon	F	37	Lt. BK
126	18/05/2015	Agus Niyono	Cirebon	M	37	Rt. AK
127	18/05/2015	Nioa Alwiyah	Cirebon	F	20	Lt. BK
128	18/05/2015	Rubaii	Cirebon	M	37	Lt. BK
129	18/05/2015	Abdul manap	Cirebon	M	42	Rt, BK
130	18/05/2015	Deni Andrianch	Cirebon	M	34	Lt. BK
131	18/05/2015	Jamaludin	Cirebon	M	41	Rt, BK
132	18/05/2015	Fadiah	Cirebon	F	35	Lt. BK
133	18/05/2015	Ahmad Lubil Ain	Cirebon	M	19	Rt. AK
134	18/05/2015	Maman	Cirebon	M	42	Lt AK
135	18/05/2015	Deden Iskandar	Cirebon	M	36	Rt. AK
136	18/05/2015	Devi Indrani	Cirebon	F	33	Rt, BK
137	18/05/2015	Hasan Bin Reaing	Cirebon	M	31	Lt AK
138	18/05/2015	Abdul Aziz	Cirebon	M	24	Rt. AK
139	18/05/2015	Darsa	Cirebon	M	53	Rt. BK
140	18/05/2015	Maman Nariman	Cirebon	M	53	Lt. BK
141	18/05/2015	Hadi Promond	Cirebon	M	40	Lt. BK
142	18/05/2015	Said Ahmad Setia	Cirebon	M	55	Lt. BK
143	18/05/2015	Nenih	Cirebon	F	55	Rt, BK
144	18/05/2015	Yayah Hoeriyah	Cirebon	F	39	Rt, BK
145	18/05/2015	Agus Kamaludin	Cirebon	M	27	Rt. AK
146	18/05/2015	Odang	Cirebon	M	53	Lt AK

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S. No.	Date of Registration	Patient's Name	Area	Gen-der	Age	Type of Appliance	
147	18/05/2015	Casim	Cirebon	M	47		Rt, BK
148	18/05/2015	Akum Nenji Sunanji	Cirebon	M	45	Rt. AK	
149	18/05/2015	Ade heru	Cirebon	M	17	Rt. AK	
150	18/05/2015	Eric Sugianto	Cirebon	M	24	Rt. AK	
151	18/05/2015	H. Harun Kastura	Cirebon	M	62		Rt, BK
152	18/05/2015	Salim	Cirebon	M	40		Rt, BK
153	18/05/2015	Torsim	Cirebon	m	36	Lt AK	
154	18/05/2015	Tabroni	Cirebon	m	51		Lt. BK
155	18/05/2015	Abdul Karim	Cirebon	M	32	Lt AK	
156	18/05/2015	Sari Jolias	Cirebon	M	52	Rt. AK	
157	18/05/2015	Misbah	Cirebon	M	47		Lt. BK
158	18/05/2015	Teti hartati	Cirebon	F	25		Rt, BK
159	18/05/2015	Dodo Pomini	Cirebon	M	63		Rt, BK
160	18/05/2015	nagatimati	Cirebon	F	56		Rt, BK
161	18/05/2015	purwadi	Cirebon	M	50		Rt, BK
162	18/05/2015	Ardianto	Cirebon	M	23		Rt, BK
163	19/05/2015	Sufiyam	Bekasi	F	51		Rt, BK
164	19/05/2015	Dedi Iskandar	Karawang	M	24	Lt AK	
165	19/05/2015	Rahmad	Karawang	M	19	Lt AK	
166	19/05/2015	Mastan	Karawang	M	53		Lt. BK
167	19/05/2015	Teti Sularish	Karawang	F	18		Lt. BK
168	19/05/2015	Kaman	Karawang	M	64		Lt. BK
169	19/05/2015	Agus Ruhman	Karawang	M	36	Rt. AK	
170	19/05/2015	Sumayati Binty Atim	Jakarta	F	36	Rt. AK	
171	20/05/2015	Sahlan	Karawang	M	50	Rt. AK	
172	20/05/2015	IIP Nuriatifah	Karawang	F	24		BL BK
173	20/05/2015	Anip Gojali	Karawang	M	62		Lt. BK
174	20/05/2015	Iwan Setiawan	Karawang	M	42		Lt. BK
175	20/05/2015	Jaya Bahtiar	Karawang	M	56		Rt, BK
176	21/05/2015	Heri Purwardi	Karawang	m	34	Lt AK	
177	21/05/2015	raieh	Karawang	F	55	Lt AK	
178	21/05/2015	Akum Nenji Sunanji	Karawang	M	55		Rt, BK

S. No.	Date of Registration	Patient's Name	Area	Gen-der	Age	Type of Appliance	
179	21/05/2015	Abidin	Karawang	M	36	Lt AK	
180	22/5/2015	Iwan	Karawang	M	27		Rt BK
181	22/5/2015	Eko Kumia Diyaya	Karawang	M	28		Rt. BK
182	22/5/2015	Adiah	Karawang	M	43		Lt. BK
183	22/5/2015	Apong Bin Ana	Karawang	M	49	Lt AK	
184	22/5/2015	Suhenda	Karawang	M	23	Lt AK	
185	22/5/2015	Ojandja	Karawang	M	56		Lt. BK
186	22/5/2015	Heru	Karawang	M	31		Lt. BK
187	22/5/2015	Nasir	Karawang	M	40		Lt. BK
188	22/5/2015	Nengsih	Karawang	F	41		Rt. BK
189	22/5/2015	Heri Wahyudi	Karawang	M	31	Lt AK	Rt. BK
190	22/5/2015	Hiranalie	Karawang	F	54	Lt AK	
191	23/5/2015	Gunawan	Cirebon	M	63		Rt. BK
192	23/5/2015	Wahyu Ilahi	Cirebon	M	49		Rt. BK
193	23/5/2015	Rakim	Cirebon	M	73		Lt. BK
194	23/5/2015	Abdul Yaman	Cirebon	M	74		Lt. BK
195	23/5/2015	Adi Padli Ramadan	Cirebon	M	13		Lt. BK
196	23/5/2015	Adi Rusadi	Cirebon	M	46		Rt BK
197	23/5/2015	Umar dari	Cirebon	M	28		Lt. Bk, Rt. Bk
198	23/5/2015	Supardi	Cirebon	M	52	Lt AK	Rt. BK
199	23/5/2015	Sugeng Sugiarta	Cirebon	M	23	Lt AK	
200	23/5/2015	Agus Supyan	Cirebon	M	32		Lt. BK
201	23/5/2015	Zenail Abidin	Cirebon	M	34		Lt. BK
202	23/5/2015	Djuhri Suhardjo	Cirebon	M	65		Lt. BK
203	23/5/2015	Sumiati	Cirebon	F	9		Rt. BK
204	23/5/2015	Dede Supardi	Cirebon	M	24	Lt AK	
205	23/5/2015	Asep Taten	Cirebon	M	51	Rt. AK	
206	23/5/2015	Leni Maryati	Cirebon	F	38	Rt. AK	
207	23/5/2015	Sayanah	Cirebon	F	60	Lt AK	
208	23/5/2015	Norkis	Cirebon	F	55		Lt. BK
209	23/5/2015	Sudaria	Cirebon	M	55		Rt. BK

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S. No.	Date of Registration	Patient's Name	Area	Gender	Age	Type of Appliance	
210	25/5/2015	Hargky Gunawan	Serang	M	32	Rt. AK	
211	25/5/2015	Gasman	Serang	M	50		Rt. BK
212	25/5/2015	Sameu Sulaiman	Serang	M	20		Rt. BK
213	25/5/2015	Enday Herman	Serang	M			Rt. BK
214	25/5/2015	Aiden Laksana	Serang	M	25	Lt AK	
215	25/5/2015	Adang Sumandan	Serang	M	63		Rt. BK
216	25/5/2015	Alie	Serang	M	53		Rt. BK
217	25/5/2015	Cacep Rigwan	Serang	M	28	Lt AK	
218	25/5/2015	Iwan Sumaeui	Serang	M	32	Rt. AK	
219	25/5/2015	Mandaltilil	Serang	M	63		Rt. BK
220	25/5/2015	Endoing	Serang	M	46		Lt. BK
221	25/5/2015	Shmeil ramadni	Serang	M	14		Lt. BK
222	25/5/2015	Chaeril Anwar	Serang	M	18		Lt. BK
223	25/5/2015	Nani	Serang	M	23	Lt AK	
224	25/5/2015	Kautiak	Ciamis	F	43		Lt. BK
225	25/5/2015	Yuyus Yuningsh	Ciamis	F	33	Lt AK	
226	25/5/2015	Dede Hydayat	Ciamis	M	28		Rt. BK
227	25/5/2015	Saeplah Nurul	Ciamis	M	29		Lt. BK
228	25/5/2015	Soni Adriani	Ciamis	M	29		Lt. BK
229	25/5/2015	Rahman	Ciamis	M	43		Lt. BK
230	25/5/2015	Meli Astima	Ciamis	F	20	Rt. AK	
231	25/5/2015	Gmu	Ciamis	M	51		Lt. BK
232	25/5/2015	Andane Suleiman	Ciamis	M	51		Lt. BK
233	25/5/2015	Juju	Ciamis	M	46		Rt. BK
234	25/5/2015	engkon	Ciamis	M	54		Rt. BK
235	25/5/2015	Nesirun	Ciamis	M	54	Rt. AK	Lt. BK
236	25/5/2015	Drs Wahyu Indra	Ciamis	F	50	Lt AK	
237	25/5/2015	Aiwa Sari	Ciamis	M	58		Rt. BK
238	25/5/2015	Endong ili Sadholy	Ciamis	M	57	Rt. AK	

S. No.	Date of Registration	Patient's Name	Area	Gender	Age	Type of Appliance	
239	25/5/2015	Samin	Ciamis	M	39		Rt. BK
240	25/5/2015	Paim Karyaio	Ciamis	M	51		Rt. BK
241	25/5/2015	Suhana	Ciamis	M	63		Rt. BK
242	25/5/2015	Deda Zakaria	Ciamis	M	41	Rt. AK	
243	25/5/2015	Dian Nurdianajah	Ciamis	M	25		Lt. BK
244	25/5/2015	Ittay hayati	Ciamis	F	41		Lt. BK
245	25/5/2015	Rendi Mavlang	Ciamis	M	20		Rt. BK
246	25/5/2015	Sumarna	Ciamis	M	36		Lt. BK
247	25/5/2015	Saijan	Ciamis	M	52		Rt. BK
248	25/5/2015	dayat	Ciamis	M	48	Rt. AK	
249	25/5/2015	Awang	Ciamis	M	58		Rt. BK
250	25/5/2015	Mintana	Ciamis	M	74	Lt AK	
251	25/5/2015	M. Sumardi	Ciamis	M	39		Lt. BK
252	25/5/2015	Siawata	Ciamis	M	57	Lt AK	
253	25/5/2015	Oswal Murdandi	Ciamis	M	24	Lt AK	
254	25/5/2015	Tumari	Ciamis	M	44		Lt. BK
255	25/5/2015	Ayar Muhyar	Ciamis	M	32	Lt AK	Rt. BK
256	25/5/2015	Warnih	Ciamis	F	17		Lt. BK
257	25/5/2015	Ramp Firdous	Ciamis	M	10		Lt. BK/ Rt. BK
258	25/5/2015	Rianta	Ciamis	M	41		Lt. BK
259	25/5/2015	M. Rega Pahlevy	Ciamis	M	11	Rt. AK	
260	26/5/2015	Vying Subriyonda	Serang	M	37		Rt BK
261	26/5/2015	Syorifudin	Serang	M	23	Rt. AK	
262	26/5/2015	M. Afifi Chasan	Serang	M	26	Rt. AK	
263	26/5/2015	Aryondi	Serang	M	51	Lt AK	
264	26/5/2015	Sukaryo	Serang	M	43	Lt AK	
265	26/5/2015	Yanto	Serang	M	28		Lt. BK
266	26/5/2015	Nur Roilah	Serang	F	14		Rt. BK
267	26/5/2015	Maesarah	Serang	F	19		Lt. BK
268	26/5/2015	Indah Nur S.	Serang	F	8		Lt. BK
269	26/5/2015	Emam Sueman	Serang	M	50	Lt AK	

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S. No.	Date of Registration	Patient's Name	Area	Gender	Age	Type of Appliance
270	26/5/2015	Enu	Bogor	M	62	Lt. BK
271	26/5/2015	Muhamad	Bogor	M	50	Rt. BK
272	26/5/2015	Adhari	Bogor	M	65	Rt. BK
273	26/5/2015	Dede Aris	Bogor	F	5	Lt. BK
274	26/5/2015	Abdul Rahman	Bogor	M	62	Rt. BK
275	26/5/2015	Titi Aliyah	Bogor	F	56	Rt. AK
276	26/5/2015	Sali	Bogor	M	60	Lt. BK
277	26/5/2015	Nurudin	Bogor	M	50	Lt. AK
278	26/5/2015	Ahmad Mahdi	Bogor	M	56	Lt. BK
279	26/5/2015	Yusuf Molyana	Bogor	M	59	Lt. AK
280	26/5/2015	Herman	Bogor	M	57	Lt. AK
281	26/5/2015	Ismail	Bogor	M	24	Lt. AK
282	26/5/2015	Rendi Arul Sofyan	Bogor	M	19	Rt. AK
283	26/5/2015	Yeri Monanda	Bogor	M	20	Lt. AK
284	26/5/2015	Arang Supriatna	Cirebon	M	26	Lt. BK
285	26/5/2015	Widan Adona	Cirebon	M	21	Rt. AK
286	26/5/2015	Andi Hayat Lrina	Cirebon	M	30	Lt. AK
287	26/5/2015	Wawan Saputra	Cirebon	M	25	Rt. AK
288	26/5/2015	Anton Rigwanto	Cirebon	M	26	Lt. BK
289	26/5/2015	Slamet Alif Mumer	Cirebon	m	22	Rt. BK
290	26/5/2015	Fahri	Cirebon	M	28	Lt. AK
291	26/5/2015	Tri Yulianta	Cirebon	M	24	Lt. AK
292	26/5/2015	Dedi Dicka Arnanda	Cirebon	M	17	Rt. BK
293	26/5/2015	Hendrawan Yusuf	Cirebon	M	25	Rt. BK
294	26/5/2015	Sari Natalia	Cirebon	F	31	Lt. AK
295	27/5/2015	Koci	Cirebon	F	60	Rt. AK
296	27/5/2015	Wawan Maliana	Cirebon	M	26	Rt. AK
297	28/5/2015	Daham	Garut	M	35	Rt. BK
298	28/5/2015	Ujang Sayadi	Garut	M	53	Rt. AK

S. No.	Date of Registration	Patient's Name	Area	Gender	Age	Type of Appliance
299	28/5/2015	Angei Zatrika	Garut	M	18	Rt. AK
300	28/5/2015	Ahmad S.	Garut	M	57	Lt. AK
301	28/5/2015	Wahid	Garut	M	40	Rt. BK
302	28/5/2015	Entang Superman	Garut	M	60	Lt. BK
303	28/5/2015	Kadinar	Garut	M	46	Rt. BK
304	28/5/2015	Sando hariadi	Garut	M	34	Lt. BK
305	28/5/2015	Imay Bt Mean	Garut	F	73	Lt. BK
306	28/5/2015	Gagu	Garut	M	70	Rt. BK
307	29/5/2015	delop Sudarno	Jogja	M	54	Rt. BK
308	29/5/2015	Yudiars	Jogja	M	37	Rt. BK
309	29/5/2015	Adah	Jogja	F	44	Lt. AK
310	29/5/2015	Saeful Hamdan	Jogja	M	21	Lt. AK
311	29/5/2015	Umardi	Jogja	M	32	Rt. BK
312	29/5/2015	Ardi Sumarlin	Jogja	M	31	Lt. AK
313	29/5/2015	Suyono	Jogja	M	48	Rt. BK
314	29/5/2015	Titin kartini	Jogja	F	41	BL / AK
315	29/5/2015	Deki Syaputra	Jogja	M	23	Lt. AK
316	29/5/2015	Santi	Jogja	F	24	Lt. BK
317	29/5/2015	Sutricna	Jogja	M	37	Rt. BK
318	29/5/2015	Sage Handro Purboyo	Jogja	M	43	Lt. AK
319	29/5/2015	Sugitu	Jogja	M	65	Rt. BK
320	29/5/2015	Khalimi	Jogja	M	60	Lt. AK
321	29/5/2015	Harno Setyo Wolan	Jogja	M	35	Rt. BK
322	29/5/2015	Priyo Sulistya	Jogja	M	38	Lt. BK
323	29/5/2015	Ridha Nueroho	Jogja	M	11	Rt. BK
324	29/5/2015	Mulhan Sobri	Jogja	M	5	Lt. AK
325	29/5/2015	Akhmad Nur Azam	Jogja	M	47	BL / AK
326	29/5/2015	Ahmad Nuri	Jogja	M	47	Lt. AK
327	29/5/2015	Maryono	Jogja	M	68	Rt. AK

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S. No.	Date of Registration	Patient's Name	Area	Gender	Age	Type of Appliance
328	29/5/2015	Sri Lestari	Jogja	F	30	Rt. BK
329	29/5/2015	Kaprawi	Jogja	M	38	Rt. BK
330	29/5/2015	Kham Babi	Jogja	m	30	Rt. BK
331	29/5/2015	Andri Kurnawad	Jogja	M	30	Rt. BK
332	29/5/2015	Sislooyo	Jogja	M	29	Rt. BK
333	29/5/2015	Sukiri	Jogja	M	26	Lt. BK
334	29/5/2015	Sirkun	Jogja	M	41	Rt. BK
335	29/5/2015	Muhammad Subari	Jogja	M	52	Lt. AK
336	29/5/2015	Thomas Adi Nuaroho	Jogja	M	44	Rt. BK
337	29/5/2015	Bayu Nurolm	Jogja	M	34	Rt. BK
338	29/5/2015	Judiono	Jogja	m	51	Rt. BK
339	29/5/2015	Tugiman	Jogja	M	16	Rt. AK
340	29/5/2015	Dwiyana Susilan	Jogja	M	64	Rt. BK
341	30/5/2015	Didi	Jogja	M	33	Rt. BK
342	30/5/2015	Ueu Hidayat	Jogja	M	37	Rt. BK
343	30/5/2015	Dadi Suryadi	Jogja	M	48	Lt. AK
344	30/5/2015	Hendrana	Jogja	M	29	Rt. AK
345	30/5/2015	Dani Abdul Gani	Jogja	M	28	Rt. AK
346	30/5/2015	Rahmat Hidayat	Jogja	M	17	Rt. AK
347	30/5/2015	Akin Saenal Muteain	Jogja	M	55	Lt. BK
348	30/5/2015	Yeti Maryati	Jogja	F	59	Rt. BK
349	30/5/2015	Il Mohidin	Jogja	M	34	Lt. BK
350	30/5/2015	Ahmadin	Jogja	M	41	Lt. BK
351	30/5/2015	Fitra Apriadi	Jogja	M	23	Rt. BK
352	30/5/2015	Mamat Rahmat	Jogja	M	39	Rt. BK
353	30/5/2015	derawan	Jogja	M	36	Lt. BK
354	30/5/2015	Abdul Basir	Jogja	M	37	Rt. BK
355	30/5/2015	Karyono	Jogja	M	37	Lt. BK
356	30/5/2015	Imam Mudin	Jogja	M	59	Lt. AK
357	30/5/2015	Fauzan	Jogja	M	34	Lt. AK
358	30/5/2015	Saidi Susiady	Jogja	M	55	Lt. AK

S. No.	Date of Registration	Patient's Name	Area	Gender	Age	Type of Appliance
359	30/5/2015	Dasri	Jogja	M	28	Lt. AK
360	30/5/2015	Wawan Audi Wahyo	Jogja	M	18	Rt. BK
361	30/5/2015	Nendric	Jogja	M	23	Rt. AK
362	30/5/2015	Warsinah	Jogja	F	42	Rt. BK
363	30/5/2015	Sutan	Jogja	M	36	Rt. AK
364	31/5/2015	Gr Tryanto	Cirebon	M	27	Lt. AK
365	31/5/2015	Suryati	Cirebon	F	13	Rt. BK
366	31/5/2015	Mansuran	Cirebon	M	28	Rt. BK
367	31/5/2015	Asepudn	Cirebon	M	24	Rt. BK
368	31/5/2015	Burhanudn	Cirebon	M	40	Rt. BK
369	31/5/2015	Marjuk	Cirebon	M	28	Lt. BK
370	31/5/2015	Nurmah	Cirebon	F	21	Rt. AK
371	31/5/2015	Mukd	Cirebon	M	35	Rt. AK
372	31/5/2015	Nurdn Bn Sukar	Cirebon	M	36	Rt. BK
373	31/5/2015	Amnah	Cirebon	F	32	Lt. BK
374	31/5/2015	Sumut	Cirebon	M	45	Lt. BK
375	31/5/2015	Mardani	Cirebon	M	36	Rt. BK
376	31/5/2015	Suandi	Cirebon	M	36	Rt. AK
377	31/5/2015	Suhandjito	Cirebon	M	65	Rt. BK
378	31/5/2015	Apriyatna	Cirebon	M	20	Lt. BK
379	31/5/2015	Malik Jaya	Cirebon	M	41	Rt. AK
380	31/5/2015	Yayang	Cirebon	F	48	Lt. AK
381	06-01-2015	Sukini	Garut	F	36	Lt. BK
382	06-01-2015	Mufrodi	Garut	M	66	Lt. BK
383	06-01-2015	Nurofik	Garut	M	27	Lt. BK
384	06-01-2015	Hasanudin	Garut	M	56	Rt. AK
385	06-01-2015	Slamet Subekhi	Garut	M	41	Rt. BK
386	06-01-2015	Ans idayat	Garut	M	49	Rt. BK
387	06-01-2015	Yyarna	Garut	M	57	Rt. BK
388	06-01-2015	Moh Nuryasin	Garut	M	27	Rt. AK
389	06-01-2015	Toto Sugiarto	Garut	M	36	Lt. BK
390	06-01-2015	Andy	Garut	M	27	Rt. BK
391	06-01-2015	Eco Ari Susanto	Garut	M	46	Lt. BK
392	06-01-2015	Uboidillah	Garut	M	55	Lt. BK

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S. No.	Date of Registration	Patient's Name	Area	Gender	Age	Type of Appliance
393	06-01-2015	Slamet	Garut	M	53	Lt. AK
394	06-01-2015	edi Siswanto	Garut	M	50	Rt. AK
395	06-01-2015	Salamet Untung	Garut	m	35	Lt. BK
396	06-01-2015	Masrudhi	Garut	M	45	Lt. AK
397	06-01-2015	Achmad Arif Budiano	Garut	M	45	Rt. AK
398	06-01-2015	Suradi	Garut	M	54	Rt. AK
399	06-01-2015	emi Juliatl	Garut	F	44	Rt. AK
400	06-01-2015	Nurrahman	Garut	M	35	Lt. AK
401	06-01-2015	Toridin	Garut	M	49	Lt. BK
402	06-01-2015	Ali Ma Muri	Garut	M	53	Rt. BK
403	06-01-2015	Riyanto Nirmala	Garut	M	42	Rt. BK
404	06-01-2015	Sukimi	Garut	F	31	BL BK
405	06-01-2015	Solihin Bin Sarun	Garut	M	52	Lt. BK
406	06-01-2015	Jaenal	Garut	M	18	Rt. BK
407	06-01-2015	Ucu	Garut	M	51	Rt. AK
408	06-01-2015	Kokan	Garut	M	36	Lt. AK
409	06-01-2015	Siti Barokah	Garut	F	34	BL BK
410	06-01-2015	Rd Hida Taufik	Garut	M	38	Rt. BK
411	06-01-2015	Maek Laiman Haryono	Garut	M	50	Lt. AK
412	06-02-2015	Dremo Kiswanto	Jogja	M	43	Lt. BK
413	06-02-2015	Begus Hardorco	Jogja	M	15	Rt. AK
414	06-02-2015	Prehriningsih	Jogja	F	21	Lt. BK
415	06-02-2015	Hari Yadi	Jogja	M	46	Lt. BK
416	06-02-2015	Prehatringsih	Jogja	F	21	Lt. BK
417	06-02-2015	slamet Bejo	Jogja	M	29	Lt. BK
418	06-02-2015	Ngadnan	Jogja	M	54	Lt. BK
419	06-02-2015	Martono	Jogja	M	47	Rt. BK
420	06-02-2015	Samirah	Jogja	F	54	Rt. BK
421	06-02-2015	Suroso	Jogja	M	57	Rt. BK
422	06-02-2015	Santi Pertini	Jogja	F	27	Rt. AK
423	06-02-2015	Tohifah	Jogja	F	50	Rt. BK
424	06-02-2015	Ngatijo	Jogja	M	45	Rt. AK

S. No.	Date of Registration	Patient's Name	Area	Gender	Age	Type of Appliance
425	06-02-2015	Widdodo	Jogja	M	33	Lt. BK
426	06-02-2015	Ginem	Jogja	F	51	Rt. AK
427	06-02-2015	Muhammad Syaiful	Jogja	M	29	Lt. BK
428	06-02-2015	Zarudi	Jogja	M	57	Rt. AK
429	06-02-2015	Nardi	Jogja	M	34	Rt. BK
430	06-02-2015	Sarju	Jogja	M	44	Rt. AK
431	06-02-2015	Imam Bajuri	Jogja	M	33	Lt. AK
432	06-02-2015	Muhammad Aoshol Amri	Jogja	M	21	Lt. BK
433	06-02-2015	Faikhu Rohman	Jogja	M	34	Lt. AK
434	06-02-2015	Al Akhmad	Jogja	M	36	Rt. AK
435	06-02-2015	Akhmad Nur Azam	Jogja	M	47	BL / AK
436	06-02-2015	Luluk Al Manum	Jogja	F	23	Lt. AK
437	06-02-2015	Margum	Jogja	M	46	Rt. BK
438	06-02-2015	Sarwid	Jogja	M	51	Rt. AK
439	06-02-2015	Murtono	Jogja	M	65	Rt. BK
440	06-02-2015	Kuwat	Jogja	M	37	Lt. BK
441	06-02-2015	Slamet Agus oproki	Jogja	M	50	Rt. BK
442	06-02-2015	Muri Muryanto	Jogja	M	48	Rt. AK
443	06-02-2015	Sutato	Jogja	M	48	Rt. AK
444	06-02-2015	Suhartono	Jogja	M	34	Lt. AK
445	06-02-2015	Prapti Hamduyani	Jogja	F	36	Rt. BK
446	06-02-2015	Joko Miyarto	Jogja	M	44	Rt. AK
447	06-02-2015	Waluyo	Jogja	M	48	Lt. BK
448	06-02-2015	Arif Rahman	Jogja	M	48	Rt. BK
449	06-02-2015	Sumrro	Jogja	M	47	Lt. BK
450	06-02-2015	Suminah	Jogja	F	34	Rt. AK
451	06-02-2015	Bagus triyero	Jogja	M	37	Lt. BK
452	06-02-2015	Suraso	Jogja	M	56	Rt. BK
453	06-02-2015	Rajimin	Jogja	M	53	Rt. AK
454	06-02-2015	Julaehak	Jogja	F	25	Lt. BK
455	06-02-2015	Daniel Leawak	Jogja	M	31	Rt. AK

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S. No.	Date of Registration	Patient's Name	Area	Gender	Age	Type of Appliance
456	06-02-2015	Maryonto	Jogja	M	33	Rt. AK
457	06-02-2015	Darajat	Jogja	M	38	Rt. AK
458	06-03-2015	Ida	Cirebon	F	52	Lt. AK
459	06-03-2015	olan Saherlan	Cirebon	M	30	Lt. AK
460	06-03-2015	Dany Sundara	Cirebon	M	29	Lt. BK
461	06-03-2015	Trimo	Cirebon	M	46	Lt. BK
462	06-03-2015	Devi Arisandi	Cirebon	M	26	Lt. BK
463	06-03-2015	Aep Syariet	Cirebon	M	62	Rt. AK
464	06-03-2015	Enday Suhenda	Cirebon	M	51	Rt. AK
465	06-03-2015	Adis Kurnia	Cirebon	M	55	Rt. BK
466	06-03-2015	Adnan	Cirebon	M	38	Lt. AK
467	06-03-2015	Ende Hilmah	Cirebon	M	23	Rt. AK
468	06-03-2015	Pudin	Cirebon	M	43	Rt. BK
469	06-03-2015	dadang Soptiana	Cirebon	M	19	Lt. BK
470	06-03-2015	didi	Cirebon	M	53	Lt. BK
471	06-03-2015	Syarif Hidayatulloh	Cirebon	M	25	Rt. BK
472	06-03-2015	Wahyu H	Cirebon	M	46	Lt. AK
473	06-03-2015	Hariadi	Cirebon	M	57	Rt. BK
474	06-03-2015	Purdianto	Cirebon	M	54	Rt. BK
475	06-03-2015	Umar	Cirebon	M	48	Rt. AK
476	06-03-2015	Hendra Budiyyat	Cirebon	M	53	Rt. AK
477	06-03-2015	Diwt Hanini	Cirebon	F	32	Lt. BK
478	06-03-2015	Marullah	Cirebon	M	54	Rt. AK
479	06-03-2015	Ilijih Kurniani	Cirebon	F	35	Lt. BK
480	06-04-2015	Sumran	Garut	M	42	Rt. BK
481	06-04-2015	Sugirg Dwi Krismento	Garut	M	37	Rt. AK
482	06-04-2015	Umar Unting	Garut	M	50	Lt. BK
483	06-04-2015	Abdu Wahid	Garut	M	39	Rt. AK
484	06-04-2015	Teguh Budianto	Garut	M	20	Lt. AK
485	06-04-2015	Kulsum Siti Zaenab	Garut	F	36	Lt. AK
486	06-04-2015	Malyadi	Garut	M	40	Rt. AK

S. No.	Date of Registration	Patient's Name	Area	Gender	Age	Type of Appliance
487	06-04-2015	Supardi	Garut	M	53	Rt. BK
488	06-04-2015	Hasan Asyari	Garut	M	41	Rt. AK
489	06-04-2015	Dunilan	Garut	F	51	Lt. AK
490	06-04-2015	Mangsur	Garut	M	41	Rt. BK
491	06-04-2015	Abdul Cholik	Garut	M	44	Lt. AK
492	06-04-2015	Dono,	Garut	M	69	Lt. AK
493	06-04-2015	Hendra Gunawan	Garut	M	41	Rt. AK
494	06-04-2015	Mwkhidir	Garut	M	38	Rt. BK
495	06-04-2015	Rohnah	Garut	F	38	Rt. AK
496	06-04-2015	Nano Supanpto	Garut	M	23	Lt. AK
497	06-04-2015	Juju / Opan Aripudin	Garut	M	16	Rt. BK
498	06-04-2015	Wiwini Khodija	Garut	F	47	Lt. BK
499	06-04-2015	Sri devi Kwati	Garut	F	7	Rt. BK
500	06-04-2015	Ajin	Garut	M	44	Lt. AK
501	06-04-2015	Ucu Apriliani	Garut	F	25	Rt. BK
502	06-04-2015	Atet	Garut	M	48	Lt. AK
503	06-04-2015	Wong Rochman / Ujang	Garut	M	69	Rt. BK
504	06-05-2015	Ade Sopandi	Cirebon	M	44	BK / BL
505	06-05-2015	Dede Sulaeman	Cirebon	M	19	Rt. BK
506	06-05-2015	Ian Susmita	Cirebon	M	46	Rt. BK
507	06-05-2015	Uyun uspiandi	Cirebon	M	57	Rt. AK
508	06-05-2015	Rivai Tjanondang	Cirebon	M	47	Rt. BK
509	06-05-2015	tanari	Cirebon	M	51	Rt. BK
510	06-05-2015	Satel	Cirebon	M	72	Rt. BK
511	06-05-2015	Taslam	Cirebon	M	30	Lt. AK
512	06-05-2015	Inin	Cirebon	M		Rt. BK
513	06-05-2015	Soleh Bai Roi	Cirebon	M	58	Rt. BK
514	06-05-2015	Hadi Wiyantno	Cirebon	M	35	Rt. BK
515	06-05-2015	Slamet	Cirebon	M	53	Rt. BK

Abbreviation:

Rt. AK : Right above the knee
 Rt. BK : Right below the knee
 Lt. BK : Left below the knee
 Lt. AK : Left above the knee

Control Power 1 Gelar Kompetisi Video Touring

Spark Minda Berikan 500 Kaki Palsu

Nippon Paint Perluat dan Perkokoh Hubungan Industri Desain Asia

Anjum Hotel Makkah Siap Mewujudkan Impian Anda

NZUM dan PANGS

Ajang Mengajang Dan Mengembangkan Prestasi Atlet Sepeda Gunung

SPARK MINDA

Gelar Pemasangan Kaki Palsu

SPARK Minda, Ashok Minda Group, India, berkolaborasi dengan Bhawan Mahaveer Viklang Sahayata Samithi (BMVSS) India menggelar kegiatan pemasangan kaki palsu bagi para penyandang cacat di Karawang, Senin (11/5). Kegiatan ini dihadiri kurang lebih 500 penderita penyandang cacat Indonesia, di bawah naungan aktivitas CSR dari Group Minda.

Group CEO of Spark Minda, Ashok Minda Group Mr Ashok Minda mengatakan, aktivitas yang memberikan dampak positif kepada para penyandang cacat, merupakan cermin empati rasa kemanusiaan. "Sebagai araban pendahulu, kegiatan CSR kedepan harus dilaksanakan dengan tema-tema seperti pendidikan, kesehatan serta peningkatan infrastruktur kehidupan dan lingkungan," ungkapnya.

Presiden Director PT Minda Automotive Indonesia Mr Saideep Agrawal mengucapakan terima kasih kepada semua pihak yang sudah menyokongkan CSR tersebut. "Tiga aspek penting yaitu Bottom Line People, planet serta profit menjadi landasan utama dalam segala aktivitas perusahaan," terangnya.

Ditambahkannya Spark Minda, Ashok Minda Group harus berperan aktif dalam berbagai kegiatan CSR. Dalam kerangka proyek untuk kemanusiaan tersebut, perusahaan yang bergerak di bidang pembuatan kancu dan speedometer motor, juga berhasrat dapat melakukan kegiatan serupa di tempat lain. Dalam hal proses produksi, Group Spark Minda juga melibatkan karyawan dengan kebutuhan khusus (difiabe) di berbagai operasi, tentunya dengan dilakukan proses training sebelumnya dan evaluasi menyeluruh setelahnya.

Spark Minda Ashok Minda Group juga menyediakan teknologi yang memungkinkan ditabel/karyawan dengan kebutuhan khusus, bekerja dengan nyaman tanpa halangan. Spark Minda Group berkehad untuk memberikan dampak positif semaksimal mungkin, melalui kegiatan-kegiatan Community Development. (BH)

When I saw a video of one of the first lady to receive a limb was able to walk on her own feet and a man who able to ride a motor cycle, I felt that I must do something to help them.

Photo/Divya Pradhan

India dan Indonesia Kian Pererat Hubungan Ekonomi

FWD PERLINDUNGAN MAKSUDAH

SAFETY IS KINGDOM

Wardah

AYIPAK

AMPTN 2015 KAMU LULUS?

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Manufacturing prosthetic limbs at the plant.

Photo/Divya Pradhan

The artificial limbs manufactured by BMVSS — founded in 1975 by Shri D.R Mehta — is also known as the Jaipur Foot. Being awarded no.18 in India Time Magazines' 50 Best Inventions of 2009, Jaipur Foot allows amputees to walk, run, swim, sit cross-legged, drive, dance and/or move normally after being fitted. It is the most widely used prosthetic foot in the world that operates in 51 countries and has rehabilitated over 1,40 million disabled worldwide.

"I am immensely grateful for this unexpected and generous help given to us by this company, praise the lord!" said Lameni, who served in Indonesia's military for 38 years. "I no longer feel stuck or dependent! I can go anywhere on my own, do my business, and be more successful, all thanks to this company and the people that has 'flown down from India to help us!'"

The durability of the limbs, which are made of special natural rubber, can last up to 3 to 5 years considering the person's age and usage; for example, a growing child or an athlete may require to change the artificial limbs more often than others. "Most amputees are victims of road accidents and/or are diabetic, thus requiring different treatments as some may be more prone to infections," said Lateef Pandit, the Manager, Clinical Prosthetist and Orthotist of BMVSS for 18 years. "Also, according to the position of the amputated foot, either above or below the knee and the reason behind the loss, special sockets and joints will be required." He adds that the process of making the artificial limbs can take between 3 hours to maximum one day.

Way Forward

Inclusion is the way forward. Persons with Disabilities have been left behind and excluded from many of the main development processes, pushing disabled to the margins and poor towards environmentally unsustainable ways of livelihood. We cannot hope to truly achieve Sustainable Development without creating a future of real inclusiveness for everyone, everywhere.

To implement inclusiveness, strong commitment and actions are required from a broad range of stakeholders. While national government have the most significant role, other players also have important roles.

The Government of Indonesia's statistics suggest that nearly 25 per cent of people with disabilities live in extreme poverty. These individuals are more likely to experience poorer health outcomes and spend more on health care, yet they have limited access to adequate nutrition, clean water, reproductive health services, safe motherhood and general health information and services. In addition, misconceptions around disability and sexuality often lead to exclusion of people with disabilities from HIV information, prevention and testing.

Both development agencies and government increasingly recognize universal health access as an important component of improving quality of life. People with disabilities are often mentioned as a key subgroup that would benefit from such an approach given that they have historically been neglected. However, information about disability and health behavior or health services use is scarce in Indonesia, which makes it very difficult to measure the specific experiences of people with disabilities in relation to the MDG targets.

Therefore, Spark Minda, Ashok Minda Group does not stop its work here but has collaborated with Vaswani Mission for the post camp facilitation and corrective measures for the Persons with Disability, so that we can attain sustainability in our work. However, we are also determined to seek this as our vision 2020, where we will be providing accessible and assistive care to approx 3000 PWDs.



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