

REGISTRATION

Name

Password

Place

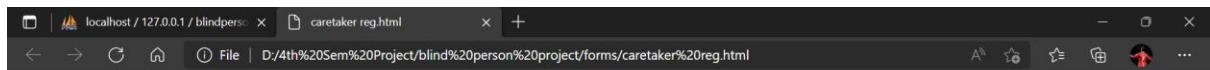
Contact

Email

District

PIN

Image



REGISTRATION

<

Name

Password

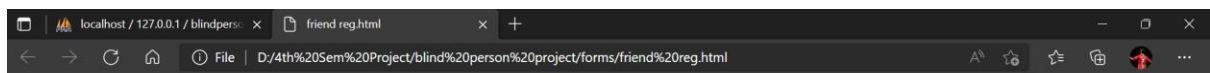
Place

Contact

Email

District

Image



REGISTRATION

<

Name

Password

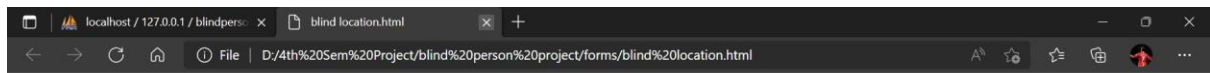
Place

Contact

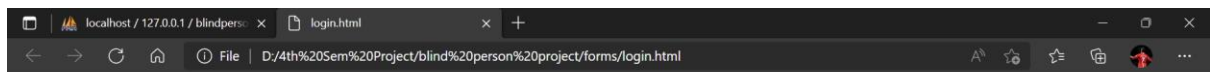
Email

District

PIN



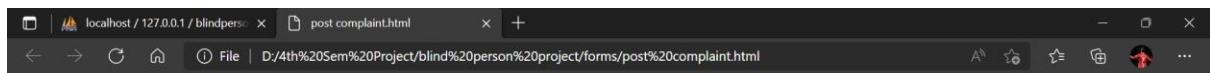
Blind_id	Blind Person Name	Place	District	Pin	Latitude	Longitude
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LOGIN

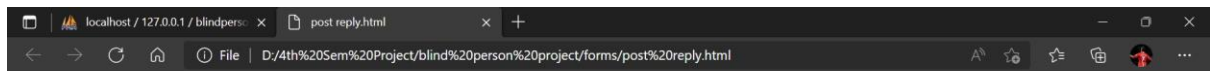
USERNAME

PASSWORD



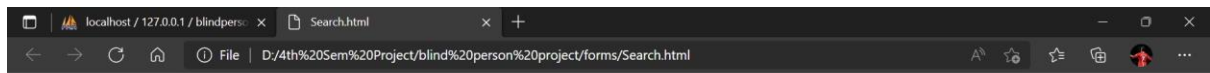
COMPLAINT

Complaint



POST REPLY

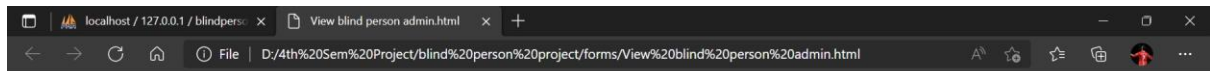
REPLY



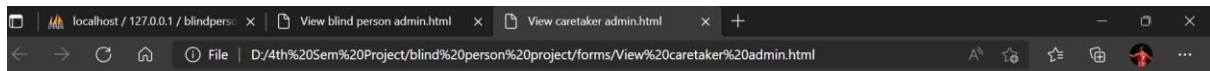
SEARCH BLIND PRSON

Blind person name

Blind Person name	Place	District	Pin	
				Sent Request



Blind person_id	Name	Place	District	Pin	Contact	Email	image



Caretaker_id	Caretaker Name	Place	District	Contact	Email	image	
							Approve Reject

