महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे विभागीय मंडळ, पुणे ४११ ००७

कमांक.पुविमं/शाखा क/दिव्यांग/6134 पुणे 411005. दिनांक— 13/10/2023.

प्रति,

मुख्याध्यापक,

सर्व मान्यता प्राप्त माध्यमिक शाळा / विद्यालय,

जिल्हा-पुणे, अहमदनगर, सोलापूर.

विषय—मार्च, 2024 मध्ये होणाऱ्या माध्यमिक शालान्त प्रमाणपत्र (इ.10 वी) परीक्षेस प्रविष्ठ होणाऱ्या दिव्यांग विद्यार्थ्याच्या वैद्यकीय दाखल्याबाबत.... संदर्भ–शासन निणर्य क.संकीर्ण–2017 / (118 / 17)एस.डी.–6 दि.16 / 10 / 2018

मार्च, 2024 मध्ये होणाऱ्या माध्यमिक शालान्त प्रमाणपत्र (इ.10 वी) परीक्षेस आपल्या शाळा / विद्यालयामार्फत प्रविष्ठ होणाऱ्या दिव्यांग विद्यार्थांच्याबाबत मंडळाचे निर्धारित प्रपत्रासह त्यांचे वैद्यकीय प्रमाणपत्र सादर करणे आवश्यक आहे. सदर प्रमाणपत्रासह प्रस्ताव सादर करतांना खालील बाबींची पुर्तता करणे अवश्यक आहे.

1. मंडळाच्या विहित फॉर्म/प्रमाणपत्रावर जिल्हा शल्यचिकित्सक रूग्णालय यांचा शिक्का व स्वाक्षरी घेणे आवश्यक आहे. तसेच सदर विद्यार्थी किती प्रमाणात (टक्केवारी.) दिव्यांग आहे याचा स्पष्ट उल्लेख असावा, सदर विद्यार्थी अपंग असल्यास अपंग भागासह काढलेला अद्यावत फोटो प्रमाणपत्रावर लावून त्यावर मुख्याध्यापक व जिल्हा शल्य चिकित्सक रूग्णालय यांचा शिक्का घेण्यात यावा. तसेच दिव्यांग विद्यार्थास महाराष्ट्र शासनाने दिलेले अधिकृत प्रमाणपत्राची प्रमाणित छायाप्रत जोडण्यात यावी.

2. मंडळाच्या विहित दिव्यांग फॉर्म परिपत्रकान्वये मागील बाजूस असलेल्या तपशीलामध्ये विद्यार्थ्याची संपूर्ण माहिती तसेच सदर विद्यार्थी परिक्षेस घेत असलेल्या विषयांची माहिती/नोंद मुख्याध्यापकांच्या स्वाक्षरी व

शिक्यासह सादर करावी. सोबत दिव्यांग प्रकाराचे विहित फॉर्म जोडलेले आहेत.

3. ज्या विद्यार्थ्यां नी मंडळाच्या विहित नमुन्यामध्ये वैद्यकीय प्रमाणपत्र सादर केली असतील अशा विद्यार्थ्यां चा दिव्यांगाचा कोड कमांक ऑनलाईन आवेदनपत्र भरतांना टाकण्यात यावा अथवा तशी दुरूस्ती प्री लिस्टमध्ये दर्शविण्यात यावी. दिव्यांग कोड बरोबर लिहावा.(उदा.दिव्यांग कोड क.01 म्हणजे अंध विद्यार्थी) सोबत दिव्यांग प्रकारनिहाय कोड यादी जोडलेली आहे.

4. शाळा प्रतिनिधीनी सदर कागदपत्राची पुर्तता करून,सदर विद्यार्थ्यास आवश्यक सवलतीचा स्पष्ट उल्लेख (नियमानुसार सवलत मिळावी असे नमूद न करता) शाळेच्या पत्रामध्ये करून मंडळ कार्यालयाकडे समक्ष सादर करावा. उदा. पेपर लिहिण्यासाठी जादा वेळ,लेखनिक, सवलतीचे गुण इ.साठी शाळा प्रमुखांमार्फत अर्ज करावा.

5. दिव्यांग विद्यार्थ्यास लेखनिकाची आवश्यकता असल्यास लेखनिक हा त्या शाळेतील 9 वी मध्ये शिकत असलेला विद्यार्थी / विद्यार्थीनी असावा / असावी. सदर प्रस्तावासोबत मुख्याध्यापकाची शिफारस असलेले शाळा / विद्यालयाचे पत्र, दिव्यांग विद्यार्थी व त्याच्या पालकाचा लेखनिक मिळणेबाबत विनंती अर्ज, संबंधित लेखनिक विद्यार्थ्याचा फोटो लावलेले बोनाफाईड प्रमाणपत्र, लेखनिक व त्याच्या पालकांचे संमतीपत्र सादर करावे. अंकगणित विषयाबाबत इ. 6 वी मधील लेखनिक घेणे अनिवार्य आहे.

6. ऐनवेळी हाताला दुखापत /अपघात झालेल्या विद्यार्थ्यास लेखनिक सवलत हवी असल्यास त्याने नजीकच्या सरकारी रूगणालयाचे प्रमाणपत्र तसेच अ.क.५ मध्ये नमूदनुसार प्रस्ताव सादर केल्याशिवाय सदर सवलत दिली जाणार नाही याची नोंद घ्यावी.(उदा.बोट/हात/पाय फॅक्चर होणे).संपूर्ण प्रमाणित करून फोटोसह

भादर करावे

7. सदर प्रस्ताव दिनांक 21,नोव्हेंबर, 2023 अखेर पर्यंत मंडळ कार्यालयात समक्ष सादर करण्यात यावेत. सोबत-विहित फॉर्म/प्रमाणपत्रांचे नमुने

> (औदुंबर उकिरडे) विभागीय सचिव, पुणे विभागीय मंडळ,पुणे—5

प्रत माहितीसाठी तथा कार्यवाहीस्तव -

1.विभागीय शिक्षण उपसंचालक,पुणे विभाग पुणे-1.

2.शिक्षणाधिकारी (माध्य.) जिल्हा परिषद पुणे, अहमदनगर, सोलापूर



अ. क.	दिव्यांगाचा प्रकार	दिव्यांगाचा सांकेतांक	अ.क.	दिव्यांगाचा प्रकार	दिब्यां गाः सांकेताव
१	अंशत:/पुर्णत:अंध	१	१२	मञ्जासंस्थेचे तीव्र आजार	्रीकती १२
	(Blindness/Partial Blind)			(Chronic Neurological Conditions)	(4
?	कुष्टरोगातून बरे झालेले	?	23	अध्ययन अक्षम	₹3
	निवारित(Leprosy Curea Persons)			(Specific Disabilities)	(2
3	कर्णबधीर	3	१४	गतीमंद(Slow Learner/Intellectual	33
	(Deaf and Dumb)			Disability Border Line)	(6
8	अरिथव्यंग(Locomotor	8	१५	मल्टीपल स्क्लेरॉसिस	<i>१५</i>
	Disabilityincluding Orthopedic		v verter	(Multiple Sclerosis)	6.04
	Disability)			(**************************************	
4	शारीरिक वाढ खुंटणे	۹	१६	वाचा व भाषा अक्षमन्व	
	(Dwarfism)			(Speech and Language Disability)	ξ F.
٤,	बीध्दिक अक्षम(मतिमंद)	Ę	20	थॅलस्सेमिया	
	(Intellectual Disability-Mentally			(Thalassemia/Cancer)	8 /2
	challenged)			(Traidsserma) Carreer)	
ও	बहुविकलांग .	9	36	हिमोफिलिया	
	(Multiple Disabilities)			(Hemophilia)	86
2	मानसिक आजार	۷	१९	सिकल सेल	
	(Mental Illness)			(Sickle Cell Disease)	ર લ
9	ऑटिस्टिक (स्वमग्न)	8	30	ॲसिड ॲटॅक व्हिक्टम	7 0
	(Autism Spectrum Disord)			(Acid Attack Victim)	20
१०	सेरेवल पाल्सी	१०	२१	पार्किनसन्स	
	(Cerebral Palsy)			(Parkinoson Disease)	
११	रनायूंची विकृती	११	२२	इतर आजारामुळे शालेय शिक्षणात अडचर्णा	7 7
	(Muscular Dystrophy)	District Control of Co		येणा-या विदयार्थांवावत	4.4
				(Other Disabilities)	
				l) एपिडरमोलिसिस चुलोसा	
				(Epidermolysis Bullosa)	
				II)HIV वाधित	
. 1				III) Diabetes mellitus type,	
			F - V	IV) Pediatric cancer survivors	
				V) Cancer afficted children on	
				maintainance therapy	
				VI) Children with epilepsy	
				VII) Children with ADHD	
				VIII) Children with neurological	
				Wilson disease	

	No. NDB/Exam/S.S.C./B-1 Date:
TO, The Divisional Secretary, M.S.BoardOf Sec. & Higher Sec. Education, Nashik Divisional Board, Nashik-422003	dodi bëllin. 101.
Sub:- Concession for blind Candidate S.S.C. Examination as 1. The candidate will be given extra 20 minutes for e2. The candidate will be given writer (If necessary) 3. Being an Austistic candidate to offer and appear for Bord'sregulation	ate the candidate blind therefore, Please per Board's regulations. ach hour to solve the question paper.
1 st Language	<u>Grade Subjects</u> <u>School Subject</u> (compulsory)
2. 3'dLanguage	1. Physical Edu. P1
3. Mathematics	2. Water security
Geometry3. Science & Technology	one of the following School Sub Optional (Grade)
Or	Tick mark $√$ offered subject
Physiology Hygine	1. Scouting /Guiding P2
Horne sciences	2. NCC/SCC P3
4. History Civics	3. Defence Studies P4
D2101 d banahizna	4. Civil Defence/R.S.P. P5
Date:	Yours faithfully Head Master (School Stamp)
	A STATE OF THE STA

School Index No-----



FORM - I MEDICAL CERTIFICATE FOR BLIND

Certified that
L. Dr.
Registration No. Havethis
Day of 201
examined the candidate whose particulars are given below.
1. Name of Candidate
2 Father's Name
3. Sex
4. ApproximateAge
5 identification Mark
And Extent of Residual
Vision/Ifany
i) Rightieye
ozlugi ji). Left eye
Onset of blindness (please state
whether blindness is from birth or
acquired later, if it has been caused.
afterwards the age and cause
of blindness may be indicated)
a) Total absence of Sight.
b) Visual acquity not exceeding 6/60 or
20/200 (Spellen) in the better eye with
correcting lense
c) Limitation of the field or vision sub-standing
ลกบ่ angle of 20 degree or worse
3. Please state clearly whether the
candidate is blind who can be considered.
for the purpose of giving concessions granted by the
Board to blind candidates
Board to office a second secon
respectively.
Signature of Candidate Signature of Opthalmologist
Place: Designation:
Date: Office Stamp:
Address:



FORM - II MEDICAL CERTIFICATE FOR DEAF DUMB

Certified that I,	
Dr	Have this
Registration No	Day of201
examined the candidate whose particulars are gi	ven delow.
Name of Candidate	10.4
2. Fauler Straine	The second secon
3. Sex despute sniwollol and will used to be	
4. Approximate Age	The Land Company of the Land
5. Identification Mark:	
6. An estimae of Residual	1 ²⁰ lang 2 ⁰² lang 3 ²⁰ lang
hearing, if any and the basis.	La Company of the Com
on which this estimate has been	Or work eye substitution
arrived at.	Line File Land Consumer to the
i) Right car	Other charabove 1 - Lane & 20th
ii) Left ear	10
7. Onset of deafness (Please state	Work exp. St. , Othershan not?
whether deafness is from birth or	Notes the candidate with specific
acquired later, if it has been caused	Discondina three was effectively
afterwards the age and cause of deafness	With table over grown students.
may be indicated)	Seplect in liet of third language
(For the purpose of concessions	a majdar kallo ot vrozinamoz zi zi
granted to deaf candidates, deaf are	(edenduer puriting sägnäuer in
those in whom the sense of hearing is	
non-functional for the ordinary purpose	
of life. Generally loss of hearing	in a contract of the contract
at 60 decibles or above at 500, 1000	· · · · · · · · · · · · · · · · · · ·
2000, fréquencies willimake residual	
hearing non-functional).	29
8. Please state clearly whether the	enisyl vacionevit
candidate is deaf for the purpose of	29odalos amon
giving concessions granted by the	L Societ Sciences
Board to deaf candidates:	,
9. Please enclose autiogram chart	
Signature of Candidate	Signature of ENT Specialist
	Designation:
Place:	
Date	Office Stamp:
[14] [4] [4] [4] [4] [4] [4] [4] [4] [4] [Address:
	•

4/15

	No. NDB/Exam/S.S.C./B-1
TO,	• Date:
The Divisional Secretary,	
M.S.BoardOf Sec. & Higher Sec. Education,	MEDITCAL CUR
Nashik Divisional Board,	
Nashik-422003	
Sub:- Concession for Deaf/Dumb Candidate S.S.(C. Exam March/July-202
I have the honour to inform you that	ic
bonafide student of this school. As per medical certificatherefore, Please grant the following concession for SSC 1. The candidates will be given extra 20 minutes for eac 2. being a Deaf/Dumb candidate to offer and appear for	te the candidate isDeaf/Dumb Examination as per Board's regulations.
1. 1 st Language	Approximate Age
Any one Language out of the Languages mention 1 st lang, 2 nd lang 3 rd lang	under the leading
2. 2 nd Language	
Or work exp.sub.	
3. 3 rd Language	Grade Subjects
Other than above 1 st Lang & 2 nd lang Or	School Subject. (compulsory)
Work exp. Sub. Other than no.2	1. Physical Edu. P1
Note: the candidate with specific dysoexia,	2 water security R-8
Dysgraphia those who offer work exp.	one of the following School Sub
Subject in lieu of third language	Optional (Grade)
It is compulsory to offer subject English	Tick mark √ offered subject
(1 st Language or third Language)	1. Scouting / Guiding P2
4. Mathematics'	2. NCC/SCC P3
Algebra	3. Defence Studies P4
Geometry	4. Civil Defence/R.S.P. P5
5. Science & Technology	at 50 decibles of above 51 50
Or	Plandibarting and an and
	S . Please state clearly whether
	candidate is deal for the purp
History Civics	
	Piense enclose autogram chi
Geo. Eco	
Date: Izilaipoga TMSTa andangiz	Yours faithfully
Date.	Hood No.
Dostonation	Head Master
Office Stamu:	(School Stamp)

School Index No----

(12)

FORM-III

MEDICAL CERTIFICATE IN RESPECT OF SPASTIC CANDIDATE

Have this......day of......201

examined the

İ	Name of Candidate
2	Identification Mark
3	Sex appearance to engage
	Father's Name
1	Approximate Age
6.	a) Nature of disability (Tick relevant from following List) CEREBRAL PALSY POST-POLIO-PARALYSIS, HEMIPLEGIA, QUADRAPLEGIA, MALUNITED, FRACTURE, NERVE PARALYSIS, UPPER EXTREMITY, LOWEREXTREMITY, LIMP, PAINFUL, SHORTENING DEFORMITY, CONGENITAL, ACQUIRED, ABOVE KNEE, BELOW KNEE, HIP HEMIPEL VECTOMY, SYMES, CHEOPARTS, WRIST, FINGERS, BELOW ELBOW, ABOVE ELBOW, SHOULDERS, FORE QUARTER, UNILATERAL, BILATERAL. b) Extent of disability Estimate in percentage (mc, Bridge Scale) ONANATOMICAL, FUNCTIONAL, (PATIENTS ASSESSMENT, EXAMINER'S ASSESSMENT) Percentage (Please state whether the percentage of disability is 25 or above) c) Use of applicant: (Tick relevant from following list) CALLIPER CRUTCH, ABOVE KNEE, BELOW KNEE, PROSTHESIS, CANE, UNILATERAL, BILATERAL, ABOVE ELBOW, BELOW ELBOW, HEMIPEL VECTOMY, SHOULDER, DIS-ARTICULATION d) Any operation done or indicated e) photograph (Attested)
	To show the nature of disability and any appliance if used. Any other particulars to clarify that nature and extent of disability that the Surgeon

Signature of Applicant

might like to point out

Signature of Orthopedic Surgeon

Pince;

Designation:

Late:

: Office Stamp :

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No. NDB/Exam/S.S.C./B-1 Date:

TO,
The Divisional Secretary,
M.S.BoardOf Sec. & Higher Sec. Education,
Nashik Divisional Board,
Nashik-422003

Sir,	Sub:- Concession for Spastic Candidate S.S.(C. Exam March/July-202	
511,	I have the honour to inform you that	movement and posture appearing in the carl	
bona	afide student of this school. As nor modical and	is a second of the second of t	
Plea	afide student of this school. As per medical cert se grant the following concession for SSC Exam	institute the candidate is Spastictherefore,	
1. 1	he candidates will be given extra 20 minutes for	reach hourts asked the	
2. T	he candidate is unable to complete the course	in Physical Education, therefore the	
cand	idate be exempted from appearing for Physica	I Education Evaminations (Calcade Line)	
3. T	he candidate will be given writer (If necessary)	· Ladestion Examinations (School Subject)	
4. T	he candidate to offer and appear for the follow	ving subjects	
1	1st Language		
2	. 2 nd Language	Grade Subjects	
	andidate may offer any two languages	School Subject (compulsory)	
F	alling under first language and second	1. Physical Edu.	P1
L	anguage however he shall not offer the	2. Water security	0.54
	ame language for both the subjects	one of the following School Sub	R-3
	S CEREBIALIALSY 10	Optional (Grade)	
V	Vork exp.sub * AlDEUSIN	Tick mark √ offered subject	
3	. 3 rd Language	1. Scouting / Guiding	P2
C	andidate may offer than	2.NCC/SCC	P3
T	nose subject offered under first and	3. Defence Studies	P4
S	econd language.	4. Civil Defence/R.S.P.	P5
	Or	V- ACQUIRED, ASOVEYOVER, BI	, 5
V	ork exp. Sub. Other than no.2	HIP REMIPEL VECTOMY, SYM	
	one exp. sub. Other than.no.z	MANUAL PROPERTY PROPERTY OF THE PROPERTY OF TH	
4.	Mathematics	NUMBER OF THE PROPERTY OF THE	
	Algebra	NOTIONAL TANGENT TO ME SALL TO MOTO TO ME	
	Geometry	(DYANGER'S ASSESSMENT)	
	Arithmatic Std. 7 th		
	And	anialings to cell (
	Work exp. Sub. Other than no.2 & 3	illightvoilei mon marcharaliti	
_			
5.	Science & Technology		
	Or MOTTA MUSTING A CORT CON		
	Physiology Hygine		
	Home sciences		
6.	Social Sciences Social Sciences	To show the name of disability and	
	tory Civics		
	맞게 하는 그리트를 가져왔다. 장에 이 소리를 받는데 없다.		
	Geo. Eco	sacrated a substitution	
	nonning of prescript (Vall suggested 2	Yours faithfully	
	Date:		
	Designation	Head Master	

7/15

(School Stamp)

Applications, S.C. (34) Control

FORM-III

MEDICAL CERTIFICATE IN RESPECT OF AN ORTHOPEDICALLY (PHYSICALLY) HANDICAPPED

For the purpose of concessions granted to orthopedically physically handicapped. The
The consistence to orthopedicarly physically handicapped. The
Orthopedically (Physically) Handicaped are those who have physical defect or deformity which
Sausas on interference with the
causes on interference with the normal functioning of bones, muscles and joints

100 100	cant whose particulars are given below and that he/she falls within the above definition
912	Vin Native of Candidate
Z	Identification Mark
ِ ذِ ِ۔	Sex 2003 1000 Visit 10
-4	Father's Name
5	Approximate Age
6. of the second	a) Nature of disability (Tick relevant from following List) POST-FOL ARALYSIS, HEMPLEGIA, QUADRAPLEGIA, MALUNITED, FRACTURE, NERVE PARALYSIS, UPPER EXTREMITY, LOWEREXTREMITYLIMPRAINFLL, SHORTENING DEFORMITY, CONGENTIAL, ACQUIRED, ABOVE KNEE, BELOW KNEE, HIP FIEMIPEL VECTOMY, SYMES, CHEOPARTS, WRIST, FINGERS BELOW ELBOW, ABOVE ELBOW, SHOULDERS, FORE QUARTER, UNILATERIAL, BILATERAL. b) Extent of disability Estimate in percentage (mic. Bridge Scale) ON ANATOMICAL FUNCTIONAL, (PATIENTS ASSESSMENT, EXAMINER'S ASSESSMENT) Percentage (Please state which for the percentage of disability is 25 or above) c) Use of applicant: (Tick relevant from following list) CALLIPER, CRUTCH ABOVE KNEE, BELOW KNEE, PROSTHESIS, CANIE, UNILATERAL, BILATERAL, ABOVE ELBOW, BELOW ELBOW, HEMPEL VECTOMY, SHOULDER, DIS-ARTICULATION d) Any operation done or indicated e) photograph (Attested) To show the nature of disability and any appliance in used.
; <u> </u>	Any other particulars to clarify that nature and extent of disability that the Surgeon might like to point out

Flace: Designation: Office Stamp:

School I	ndex	No
		140

No. NDB/Exam/S.S.C./B-1 Date:

TO, The Divisional Secretary, M.S.BoardOf Sec. & Higher Sec. Education, Nashik Divisional Board, Nashik-422003

Sub:- Concession for Physically Handicap Candidate S.S.C. Exam March/July-202

Sir, I have the honour to inform you that----is bonafide student of this school. As per medical certificate the candidate is Physically, OrthopadicallyHandicapped therefore, Please grant the following concession for SSC Examination as per Board's regulations.

- 1. The candidates will be given extra 20 minutes for each hour to solve the question paper.
- 2. The candidate is unable to complete the course in Physical Education, therefore the candidate be exempted from appearing for Physical Education Examinations (School

3. The candidate to offer and appear for the following subjects. 1st Language-----Grade Subjects 2ndLanguage----2. School Subject(compulsory) 3rdLanguage 3. 1. Physical Edu. P1 Mathematics ----2. with security Algebra -----RB Geometry---one of the following School Sub Optional (Grade) Tick mark √offered subject 1. Scouting / Guiding P2 2. NCC/SCC P3 3. Defence Studies P4 4. Civil Defence/R.S.P. 5. Science & Technology P5 Physiology Hygine Home sciences

Date: Yours faithfully

6. History Civics----Geo. Eco----

> Head Master (School Stamp)

FORM-1V MEDICAL CERTIFICATE FOR CANDIDATES HAVING LEARNING DISABILITY

Reg. No	
Certified that We, Dr	
and Dr./Special Educator	have
Reg. No./Licence Noexamined the candidate whose particulars are given below on the following dates indepe	ndent of
each other. NAME OF THE CANDIDATE	
2. FATHER'S NAME	
2 SEX	
4. AGEIN YEARS AND MONTHS	
5. IDENTIFICATION MARK 6. NATURE OF THE DISABILITY: (Based on the tests devised by the board	
6. NATURE OF THE DISABILITY: (based on the standard of the comprising of a neurologist, child psychologist and special Educator) comprising of a neurologist, child psychologist and special Educator)	
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Please indicate the disability with a (Tickmark)	4
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b) DYSGRAPHIA	in the second
c) DYSCALCULIA We further recommend the following concessions to be permitted for the same when the further examination with the use of a writer who	ic.
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Signator - Special	
Signature of the examining paediatrician / Special	
Educator and Date:	,
Countersigned by Civil Surgeon and Date:	
Commission	
107.	

School Index No----No. NDB/Exam/S.S.C./B-1 TO, The Divisional Secretary, M.S.BoardOf, Sec. & Higher Sec. Education, Nashik Divisional Board, Nashik-422003 Sub:- Concession for Learning Disable Candidate S.S.C. Exam March/July-202 Sir. I have the honour to inform you that----is bonafide student of this school. As per medical certificate (as above) is Learning Disable Candidte, therefore, Please grant the following concession for SSC Examination as per Board's regulations. 1. The candidates will be given extra 20 minutes for each hour to solve the question paper. 2. The candidate will be given writer (If necessary) 3. The candidate to offer and appear for the following subjects. 1. 1st Language-----Any one Language out of the Languages mention under the leading 1stlang, 2ndlang 3rdlang 2. 2ndLanguage-----Or work exp.sub. 3rdLanguag e Grade Subjects Other than above 1st Lang & 2nd lang School Subject. (compulsory) 1. Physical Edu. PI Work exp. Sub. Other than no.2 2 Wester Security Note: the candidate with specific dysoexia, Dysgraphia those who offer work exp. one of the following School Sub Subject in lieu of third language Optional (Grade) It is compulsory to offer subject English Tick mark √offered subject (1st Language or third Language) 1. Scouting / Guiding P2 Mathematics ----2. NCC/SCC P3 Algebra ----3. Defence Studies P4 Geometry----4. Civil Defence/R.S.P. PS 5. Science & Technology Physiology Hygine Home sciences

Yours faithfully

Head Master (School Stamp)

6. Social Sciences

Date:

History Civics-----

19

GOVERNMENT OF INDIA MINISTRY OF LABOUR VOCATIONAL FOR HANDICAPPED A.T.I. CAMPUS, V.N. PURAV MARG, SION MUMBAI - 400022.

CERTIFICATE FOR AUTISTIC

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Day of	Candidate whose particulars
are given below:	
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1. Name of the candidate	a, is general electric retoluzionen en escetab
2 Father's Name	
3. Age	
4. Sex (1020 4 mo.) 125 1	Δ
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Address	ssion of the patient
6. Signature or left hand thumb impre	551011-02-011-01
7. Nature of handicapped. Temporary	/Permanent
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Causes of lost in functional capacity Please state clearly whether the cai the purpose of giving concessions, Place:-	ndidate is Autistic who can be considered for granted by the Board to Autistic candidates.

No. NDB/Exam/S.S.C./B-1 TO, The Divisional Secretary, M.S.BoardOf Sec. & Higher Sec. Education, Nashik Divisional Board, Nashik-422003 Sub:- Concession for Austistic Candidate S.S.C. Exam March/July-202 Sir, I have the honour to inform you that----is bonafide student of this school. As per medical certificate the candidate is Austistic therefore, Please grant the following concession for SSC Examination as per Board's regulations. 1. The candidates will be given extra 20 minutes for each hour to solve the question paper. 2. The candidate will be given writer (If necessary) 3. Candidate can use the computer (If necessary) subject to condition that no previous data or information feed the computer. 4. Candidate can use calculeter, Mobile Calculater is not allowed. 5. Being an Austistic candidate to offer and appear for the following subjects as per the Bord'sregulation ... Grade Subjects 1. 1st Language-----School Subject (compulsory) 2. 2ndLanguage-----1. Physical Edu. P1 3. 3rdLanguag 2. 4. Mathematics -----RT Algebra ----one of the following School Sub Geometry----Optional (Grade) Tick mark √ offered subject 1. Scouting / Guiding P2 2. NCC/SCC Р3 3. Defence Studies 4. Civil Defence/R.S.P. 5. Science & Technology Physiology Hygine Home sciences 6. History Civics----Geo. Eco-----Yours faithfully Date:

School Index No----

Head Master (School Stamp)

दिव्यांग विद्यार्थ्याचा अर्ज

विद्यार्थ्याचा सध्याचा फोटो

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विषय:- माध्यमिक शालान्त प्रमाणपत्र प्ररीह	क्षा मार्च /जुलै-ऑगस्ट-२० परीक्षेकरीता लेखनिक मिळणेवावत
	रीतो की, भीइ.१
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शालान्त प्रमाणपत्र परीक्षा मार्च/ जुलै-ऑगस्ट-	२०. साठी लेखनिकाची आवश्यकता आहे.
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THE STATE OF THE S	ख्याध्यापकांची स्वाक्षरी
3	व शाळेंचा शिक्का

लेखनिक विदयार्थ्यांचे संमतीपत्र लेखनिकाचा सध्याचा फोटो मी लेखनिक नांव कुमार/कुमारी :----शाळेचे नाव ------या शाळेचा विद्यार्थी/विदयार्थीनी असून सन :-----या शौक्षणिक वर्षात इयत्ना ---- गुकडी :---- या वर्गात शिकत आहे. मी परिक्षार्थी नांव :----- तुकडी :---- या वर्गात शिकत असलेल्या दिव्यांग विद्यार्थ्यास/विद्यार्थीनीस माध्यमिक शालान्त प्रमाणपत्र परीक्षा मार्च/जुलै—२० ——— परीक्षेकरीता लेखनिक म्हणून काम करण्यास माझी यमना आहे, असे लिहून देतो. दिनांक --ठिकाण-लेखनिक विद्यार्थी/विद्यार्थ्यानीची स्वाक्षरी लेखनिकाच्या पालकांचे संमतीपत्र कुमार /कुमारी----- दुकडी :----- या वर्गात-----या शाळेमध्ये शिक्षण घेत आहे. _____या शाळेतील या वर्गात शिकत असलेल्या दिव्यांगविदयार्थी /विदयार्थीनीस माध्यमिक शालान्त प्रमाणपत्र परीक्षा मार्च / जुलै - २०---- परीक्षेकरीता माझ्या पाल्यास लेखनिक म्हणून देण्यास मी संमर्ता देत आहे. दिनांक -टिकाण-लेखनिकाच्या पालकांची स्वाक्षरी मुख्याध्यापकांचे शिफारस पत्र प्रमाणित करण्यात येते की, सदर लेखनिक विद्यार्थी/विद्यार्थीनी नाव .____हा/ही-----:----- तुकडी :---- या वर्गात शिकत आहे. वर नमूद केल्याप्रमाणे माझ्या शाळेतील विदयार्थी/विदयार्थीनी नांव ------ यास लेखनिक म्हणून देण्यास माझी संमती/शिफारस आहे.

दिनांक -

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15/15

व शाळेचा शिक्का

मुख्याध्यापकांची स्वाक्षरी