

महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ,  
पुणे विभागीय मंडळ, पुणे ४११ ००५

कमांक.पुविम/शाखा क/दिव्यांग/ 5657  
पुणे-४११००५  
दिनांक-२१/१०/२०२४

प्रति,

मुख्याध्यापक,

सर्व मान्यता प्राप्त माध्यमिक शाळा/विद्यालय,  
जिल्हा-पुणे, अहमदनगर, सोलापूर.

विषय- मार्च-२०२५ मध्ये होणाऱ्या माध्यमिक शालांत प्रमाणपत्र (इ.१० वी) परीक्षेस  
प्रविष्ट होणाऱ्या दिव्यांग विद्यार्थ्यांच्या वैद्यकीय दाखल्याबाबत....

संदर्भ- १.शासन निर्णय क्र.संकीर्ण-२०१७/(११८/१७)एस.डी.-६ दि.१६/१०/२०१८


२.शासन पूरकपत्र क्र.संकीर्ण-२०१७/(११८/१७)एस.डी.-६/भाग.-१ दि.२६/१०/२०२३

मार्च-२०२५ मध्ये होणाऱ्या माध्यमिक शालांत प्रमाणपत्र (इ.१०वी) परीक्षेस आपल्या  
शाळा/ विद्यालयाभार्फत प्रविष्ट होणाऱ्या दिव्यांग विद्यार्थ्यांच्याबाबत मंडळाचे निर्धारित प्रपत्रासह  
त्यांचे वैद्यकीय प्रमाणपत्र सादर करणे आवश्यक आहे. सदर प्रमाणपत्रासह प्रस्ताव सादर करतांना  
खालील बाबींची पूर्तता करणे आवश्यक आहे.

- १- मंडळाच्या विहित फॉर्म/प्रमाणपत्रावर जिल्हा शल्यचिकित्सक रुग्णालय 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 अद्यायावत फोटो  
प्रमाणपत्रावर लावून त्यावर मुख्याध्यापक व जिल्हा शल्यचिकित्सक रुग्णालय यांचा शिक्का  
घेण्यात यावा. तसेच दिव्यांग विद्यार्थ्यांस महाराष्ट्र शासनाने दिलेले अधिकृत प्रमाणपत्राची प्रमाणित  
छायाप्रत जोडण्यात यावी.
- २- ज्या विद्यार्थ्यांकडे दिव्यांगाचे UDID CARD (UNIQUE DISABILITY ID CARD) असेल अथवा  
विद्यार्थ्यांनी त्यांचे प्रमाणीत UDID CARD ची छायाप्रत जोडल्यास त्यांना जिल्हा शल्यचिकित्सक  
(Civil Surgeon) यांची प्रतिस्वाक्षरी असलेले विहित नमुन्यातील वैद्यकीय प्रमाणपत्राची आवश्यकता  
नाही.
- ३- ज्या विद्यार्थ्यांनी मंडळाच्या विहित नमुन्यामध्ये वैद्यकीय प्रमाणपत्र सादर केली असतील अशा  
विद्यार्थ्यांचा दिव्यांगाचा कोड क्रमांक ऑनलाईन आवेदनपत्र भरतांना टाकण्यात यावा अन्यथा कोड  
क्रमांकाची दुरुस्ती प्री-लिस्टमध्ये दर्शविण्यात यावी. दिव्यांग कोड बरोबर लिहावा.(उदा.दिव्यांग  
कोड क्र.-०१ म्हणजे अंध विद्यार्थी ) सोबत दिव्यांग प्रकारनिहाय कोड यादी जोडलेली आहे.
- ४- मंडळाच्या विहित दिव्यांग फॉर्म परिपत्रकान्वये मागील बाजूस असलेल्या तपशीलामध्ये विद्यार्थ्यांची  
संपूर्ण माहिती तसेच सदर विद्यार्थी परीक्षेस घेत असलेल्या विषयांची माहिती/नोंद  
मुख्याध्यापकांच्या स्वाक्षरी व शिक्क्यासह सादर करावी. सोबत दिव्यांग प्रकाराचे विहित फॉर्म  
जोडलेले आहेत.
- ५- शाळा प्रतिनिधींनी सदर कागदपत्राची पूर्तता करून, सदर विद्यार्थ्यांस 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 प्रमुखांभार्फत अर्ज करावा.
- ६- दिव्यांग विद्यार्थ्यांस लेखनिकाची आवश्यकता असल्यास लेखनिक हा त्या शाळेतील ९ 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, संबधित लेखनिक विद्यार्थ्यांचा फोटो लावलेले बोनाफाईड प्रमाणपत्र,  
लेखनिक व त्याच्या पालकांचे संमतीपत्र सादर करावे. अंकगणित विषयाकरीता इ. ६ वी मधील

- लेखनिक घेणे अनिवार्य आहे. ऐनवेळेस अपरिहार्य कारणास्तव निर्धारित लेखनिक बदल करावयाचा असल्यास मंडळाची पूर्वपरवागी घेणे आवश्यक राहिल.
- ७- ऐनवेळी हाताला दुखापत/अपघात झालेल्या विद्यार्थ्यास लेखनिक सवलत हवी असल्यास त्याने नजीकच्या सरकारी रुग्णालयाचे प्रमाणपत्र तसेच अ.क्र.५ मध्ये नमूदनुसार प्रस्ताव सादर केल्याशिवाय सदर सवलत दिली जाणार नाही याची नोंद घ्यावी. (उदा.बोट/हात/पाय फॅक्चर होणे). संपूर्ण फोटोसह प्रमाणित करून सादर करावे.
- ८- उपरोक्त संदर्भ क्र.२ च्या शासन निर्णय नुसार डायबेटीज (Diabetes Mellitus Type) आजार असल्यास विद्यार्थ्यांना सोई सवलती बाबत अवगत करून देण्यात यावे.
- ९- सदर प्रस्ताव दिनांक २९ नोव्हेंबर २०२४ अखेर पर्यंत मंडळ कार्यालयात समक्ष सादर करण्यात यावेत.

सोबत-विहित फॉर्म/प्रमाणपत्रांचे नमुने

  
(औदुंबर उकिरडे)  
विभागीय सचिव,  
पुणे विभागीय मंडळ, पुणे-५

प्रत माहितीसाठी तथा कार्यवाहीस्तव-

- १- विभागीय शिक्षण उपसंचालक, पुणे विभाग पुणे-१.
- २- शिक्षणाधिकारी (माध्य.) जिल्हा परिषद पुणे, अहमदनगर, सोलापूर

अ. क.	दिव्यांगाचा प्रकार	दिव्यांगाचा सांकेतिक	अ.क.	दिव्यांगाचा प्रकार	दिव्यांगाचा सांकेतिक
१	अंशतः/पुर्णतःअंध (Blindness/Partial Blind)	१	१२	मज्जासंस्थेचे तीव्र आजार (Chronic Neurological Conditions)	१२
२	कुष्ठरोगातून बरे झालेले निवारित(Leprosy Cured Persons)	२	१३	अध्ययन अक्षम (Specific Disabilities)	१३
३	कर्णबधीर (Deaf and Dumb)	३	१४	गतीमंद(Slow Learner/Intellectual Disability Border Line)	१४
४	अस्थिव्यंग(Locomotor Disability)including Orthopedic Disability)	४	१५	मल्टीपल स्क्लेरोसिस (Multiple Sclerosis)	१५
५	शारीरिक वाढ खुटणे (Dwarfism)	५	१६	वाचा व भाषा अक्षमत्व (Speech and Language Disability)	१६
६	बौद्धिक अक्षम(मतिमंद) (Intellectual Disability-Mentally challenged)	६	१७	थेलसेमिया (Thalassemia/Cancer)	१७
७	बहुविकलांग (Multiple Disabilities)	७	१८	हिमोफिलिया (Hemophilia)	१८
८	मानसिक आजार (Mental Illness)	८	१९	सिकल सेल (Sickle Cell Disease)	१९
९	ऑटिस्टिक (स्वमन) (Autism Spectrum Disord)	९	२०	अॅसिड अॅटॅक व्हिक्टिम (Acid Attack Victim)	२०
१०	सेरेब्रल पाल्सी (Cerebral Palsy)	१०	२१	पार्किंसन्स (Parkinson Disease)	२१
११	स्नायूची विकृती (Muscular Dystrophy)	११	२२	इतर आजारांमुळे शालेय शिक्षणात अडचणी येणा-या विद्यार्थ्यांवाद्यत (Other Disabilities) I) एपिडरमोलिसिस बुलोसा (Epidermolysis Bullosa) II) HIV बाधित III) Diabetes mellitus type, IV) Pediatric cancer survivors V) Cancer affected children on maintenance therapy VI) Children with epilepsy VII) Children with ADHD VIII) Children with neurological Wilson disease	२२

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School Index No-----

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

Date:

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

Sub:- Concession for blind 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 blind 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. Being an Austistic candidate to offer and appear for the following subjects as per the  
Bord's regulation

1<sup>st</sup> Language-----

1. 2<sup>nd</sup> Language-----

2. 3<sup>rd</sup> Language

3. Mathematics -----

Algebra -----

Geometry-----

3. Science & Technology

Or

Physiology Hygine

Horne sciences

4. History Civics-----

Grade Subjects

School Subject(compulsory)

1. Physical Edu. P1

2. Water security R-3

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. P5

Geo. Eco-----

Date:

Yours faithfully

Head Master  
(School Stamp)

3 / 15

35 88



FORM - I  
MEDICAL CERTIFICATE FOR BLIND

I certify that  
I, Dr. ....  
Registration No. .... Have this  
..... Day of ..... 201.....

examined the candidate whose particulars are given below:

1. Name of Candidate .....
2. Father's Name .....
3. Sex .....
4. Approximate Age .....
5. Identification Mark .....
6. Extent of Residual Vision, if any
  - i) Right eye .....
  - ii) Left eye .....
7. 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 acuity not exceeding 6/60 or 20/200 (Snellen) in the better eye with correcting lense. ....
  - c) Limitation of the field of vision sub-standing and angle of 20 degree or worse .....
8. 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 .....

Signature of Candidate

Place :

Date :

Signature of Ophthalmologist

Designation :

Office Stamp :

Address :

2/15

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# FORM - II MEDICAL CERTIFICATE FOR DEAF DUMB

Certified that I,  
Dr. ....  
Registration No. .... Have this  
..... Day of ..... 201.....

examined the candidate whose particulars are given below :

1. Name of Candidate : .....
2. Father's Name : .....
3. Sex : .....
4. Approximate Age : .....
5. Identification Mark : .....
6. An estimate of Residual hearing, if any and the basis on which this estimate has been arrived at :  
i) Right ear : .....
- ii) Left ear : .....
7. Onset of deafness (Please state whether deafness is from birth or acquired later, if it has been caused afterwards the age and cause of deafness may be indicated).  
(For the purpose of concessions granted to deaf candidates, deaf are those in whom the sense of hearing is non-functional for the ordinary purpose of life: Generally loss of hearing at 60 decibels or above at 500, 1000 2000 frequencies will make residual hearing non-functional): .....
8. Please state clearly whether the candidate is deaf for the purpose of giving concessions granted by the Board to deaf candidates : .....
9. Please enclose audiogram chart : .....

Signature of Candidate

Place :

Date :

Signature of ENT Specialist

Designation :

Office Stamp :

Address :

4/15



School Index No-----

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

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

Sub:- Concession for Deaf/Dumb 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 Deaf/Dumb 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. being a Deaf/Dumb candidate to offer and appear for the following subjects.

1. 1<sup>st</sup> Language-----

Any one Language out of the Languages mention under the leading  
1<sup>st</sup> lang, 2<sup>nd</sup> lang 3<sup>rd</sup> lang

2. 2<sup>nd</sup> Language-----

Or work exp. sub.

3. 3<sup>rd</sup> Language

Other than above 1<sup>st</sup> Lang & 2<sup>nd</sup> lang

Or

Work exp. Sub. Other than no.2

Note: the candidate with specific dysoexia,

Dysgraphia those who offer work exp.

Subject in lieu of third language

It is compulsory to offer subject English

(1<sup>st</sup> Language or third Language)

4. Mathematics-----

Algebra-----

Geometry-----

5. Science & Technology

Or

Physiology Hygiene

Home sciences

6. Social Sciences

History Civics-----

Geo. Eco-----

Date:

Grade Subjects

School Subject. (compulsory)

1. Physical Edu. P1

2. ~~Water~~ security R-8

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. P5

Yours faithfully

Head Master  
(School Stamp)

5/15

**FORM-III**  
**MEDICAL CERTIFICATE IN RESPECT OF SPASTIC CANDIDATE**

The spastics are those who are suffering from cerebral palsy. This is a disorder of movement and posture appearing in the early years of life due to damage to that part of the brain which controls his or her motor or physical functions or the failure to develop normally in a small part of brain controlling movement which causes an interference with the normal functioning of bones, muscles and joints, thereby affecting communication.

Certified that I, Dr. .... Registration No. ....  
 Have this ..... day of ..... 201... examined the  
 applicant whose particulars are given below and that he/she falls within the above definition.

1	Name of Candidate
2	Identification Mark
3	Sex
4	Father's Name
5	Approximate Age
6.	<p>a) Nature of disability                      (Tick relevant from following List) CEREBRAL PALSÝ                      POST-POLIO-PARALYSIS, HEMIPLEGIA,                      QUADRAPLEGIA, MALLUNITED, FRACTURE,                      NERVE PARALYSIS, UPPER EXTREMITY,                      LOWER EXTREMITY, 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.</p> <p>b) Extent of disability                      Estimate in percentage (mc, Bridge Scale).                      ON ANATOMICAL, FUNCTIONAL, (PATIENT'S ASSESSMENT,                      EXAMINER'S ASSESSMENT)                      Percentage (Please state whether the percentage of disability is 25 or above)</p> <p>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</p> <p>d) Any operation done or indicated</p> <p>e) photograph (Attested)                      To show the nature of disability and any appliance if used.</p>
7.	Any other particulars to clarify that nature and extent of disability that the Surgeon might like to point out

Signature of Applicant

Signature of Orthopedic Surgeon

Place:

Designation :

Date :

Office Stamp :



School Index No-----

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

Date:

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

Sub:- Concession for Spastic 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 Spastic 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 Subject)
3. The candidate will be given writer (If necessary)
4. The candidate to offer and appear for the following subjects.

1. 1<sup>st</sup> Language-----
  2. 2<sup>nd</sup> Language-----
- Candidate may offer any two languages Falling under first language and second Language however he shall not offer the Same language for both the subjects

Or

- Work exp. sub \*
3. 3<sup>rd</sup> Language-----
- Candidate may offer than Those subject offered under first and Second language..

Or

Work exp. Sub. Other than no.2

4. Mathematics-----

Algebra-----

Geometry-----

Arithmetic Std. 7<sup>th</sup>

And

Work exp. Sub. Other than no.2 & 3

5. Science & Technology

Or

Physiology Hygiene  
Home sciences

6. Social Sciences

History Civics-----

Geo. Eco-----

Date:

Grade Subjects

School Subject (compulsory)

1. Physical Edu.

P1

2. Water Security

R8

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.

P5

Yours faithfully

Head Master  
(School Stamp)

7/15

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BA

FORM-III  
**MEDICAL CERTIFICATE IN RESPECT OF AN  
 ORTHOPEDICALLY (PHYSICALLY) HANDICAPPED**

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

Certified that I, Dr. .... Registration No. ....

Have this ..... day of ..... 201..... examined the applicant whose particulars are given below and that he/she falls within the above definition.

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

Signature of Applicant

Signature of Orthopedic Surgeon

Place:

Designation

Date:

Office Stamp

8/15

School Index No-----

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

TO,  
The Divisional Secretary,  
M.S. Board Of 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, Orthopadically Handicapped 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 Subject)
3. The candidate to offer and appear for the following subjects.

1. 1<sup>st</sup> Language-----

2. 2<sup>nd</sup> Language-----

3. 3<sup>rd</sup> Language

4. Mathematics -----

Algebra -----

Geometry-----

Grade Subjects

School Subject (compulsory)

1. Physical Edu.

2. *Water Security*

.....

one of the following School Sub

Optional (Grade)

Tick mark  offered subject

1. Scouting /Guiding

2. NCC/SCC

3. Defence Studies

4. Civil Defence/R.S.P.

P1

R8

P2

P3

P4

P5

5. Science & Technology  
Or

Physiology Hygiene

Home sciences

6. History Civics-----

Geo. Eco-----

Date:

Yours faithfully

Head Master  
(School Stamp)

9/15

42  
30

# FORM-IV MEDICAL CERTIFICATE FOR CANDIDATES HAVING LEARNING DISABILITY



Certified that We, Dr..... Reg. No.....  
And Dr./Special Educator.....  
Reg. No./Licence No..... have  
examined the candidate whose particulars are given below on the following dates independent of  
each other.

1. NAME OF THE CANDIDATE .....
2. FATHER'S NAME .....
3. SEX .....
4. AGE IN YEARS AND MONTHS .....
5. IDENTIFICATION MARK .....
6. NATURE OF THE DISABILITY : (Based on the tests devised by the board

comprising of a neurologist, child psychologist and special Educator)  
Please indicate the disability with a (Tickmark)

- a) DYSLEXIA
- b) DYSGRAPHIA
- c) DYSCALCULIA

We further recommend the following concessions to be permitted for the same.

**DYSLEXIA:** The Permission to conduct the examination with the use of a writer who will read out the question paper and take a dictation of the answers and permission to offer Two Languages (one mothertongue/medium of instruction and the other Second Language ) instead of three languages. For Third language option of work experience according to scheme of subjects for these candidates.

**DYSGRAPHIA:** The permission to use a writer for answering the paper and the permission to offer Two languages (one mothertongue/medium of instruction and the other Second language) instead of three language. For Third language option of work experience according to scheme of subjects for these candidates.

**DYSCALCULIA:** The permission to opt, Arithmetic for Std. VII (75 marks) and Work Experience (75 marks) instead of Mathematics (Algebra and Geometry or General Mathematics) No Concession regarding any other subject.

Signature of the examining neurologist and Date .....

Signature of the examining paediatrician / Special Educator and Date : .....

Countersigned by Civil Surgeon and Date : .....

10/15

School Index No-----

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

TO,  
The Divisional Secretary,  
M.S. Board Of. 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 DisableCandidte,  
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. 1<sup>st</sup> Language-----

Any one Language out of the Languages mention under the leading  
1<sup>st</sup>lang, 2<sup>nd</sup>lang 3<sup>rd</sup>lang

2. 2<sup>nd</sup> Language-----

Or work exp.sub.

3. 3<sup>rd</sup> Language

Other than above 1<sup>st</sup> Lang & 2<sup>nd</sup>lang  
Or

Work exp. Sub. Other than no.2  
Note: the candidate with specific dysoexia,  
Dysgraphia those who offer work exp.  
Subject in lieu of third language  
It is compulsory to offer subject English  
(1<sup>st</sup> Language or third Language)

4. Mathematics -----

Algebra -----

Geometry-----

5. Science & Technology

Or

Physiology Hygine  
Home sciences

6. Social Sciences

History Civics-----

Geo. Eco-----

Date:

Grade Subjects

School Subject. (compulsory)

1. Physical Edu. P1

2. Water security

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. P5

Yours faithfully

Head Master  
(School Stamp)

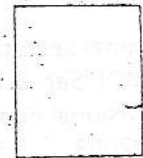
11/15



43 (20)

15

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



CERTIFICATE FOR AUTISTIC

Certified that I Dr.....  
Registration No..... have this.....  
Day of.....201 Examined the Candidate whose particulars  
are given below:

Particulars of the AUTISTIC CANDIDATE.

1. Name of the candidate .....
2. Father's Name .....
3. Age .....
4. Sex .....
5. Address .....
6. Signature or left hand thumb impression of the patient:.....
7. Nature of handicapped. Temporary/Permanent.....
8. Causes of lost in functional capacity .....
9. Please state clearly whether the candidate is Autistic who can be considered for the purpose of giving concessions, granted by the Board to Autistic candidates.  
.....

Place :-

Date :-

Clear Seal of Govt. Doctor/Officer

Signature of Govt. Doctor/Officer

Seal of Govt. Institution.

Reg. No. and the Name of

Doctor/Officer

12/15



School Index No-----

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

Date:

TO,  
The Divisional Secretary,  
M.S. Board Of 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 calclater, Mobile Calclater is not allowed.
5. Being an Austistic candidate to offer and appear for the following subjects as per the Bord's regulation

Grade Subjects

1. 1<sup>st</sup> Language-----
2. 2<sup>nd</sup> Language-----
3. 3<sup>rd</sup> Language-----
4. Mathematics -----  
Algebra -----  
Geometry-----

School Subject (compulsory)

1. Physical Edu. P1
2. R2

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. P5

5. Science & Technology

Or

Physiology Hygine  
Home sciences

6. History Civics-----

Geo. Eco-----

Date:

Yours faithfully

Head Master  
(School Stamp)

13/15

45

(3-9)

दिव्यांग विद्यार्थ्यांचा अर्ज

विद्यार्थ्यांचा  
सध्याचा फोटो

प्रति,

मुख्याध्यापक

-----  
-----

विषय:- माध्यमिक शालान्त प्रमाणपत्र परीक्षा मार्च/जुलै-ऑगस्ट-२० परीक्षेकरीता लेखनिक मिळणेबाबत...

वरील विषयास अनुसरून विनंती अर्ज करितो की, मी ----- या शाळेमध्ये शिक्षण घेत आहे. मी दिव्यांग असल्यामुळे मला माध्यमिक शालान्त प्रमाणपत्र परीक्षा मार्च/ जुलै-ऑगस्ट-२० साठी लेखनिकाची आवश्यकता आहे.

लेखनिक विद्यार्थी/विद्यार्थीनीचे नांव ----- इयत्ता ----- तुकडी -----

मध्ये ----- या शाळेमध्ये शिक्षण घेत असून सदर विद्यार्थी मला लेखनिक म्हणून घेण्यास परवानगी मिळावी ही विनंती.

दिनांक -

ठिकाण -

विद्यार्थ्यांची/विद्यार्थीनीची स्वाक्षरी

मुख्याध्यापकांचे शिफारसपत्र

प्रमाणित करण्यात येते की, सदर विद्यार्थी/विद्यार्थीनी नांव ----- या शाळेमध्ये असून सन ----- या शैक्षणिक वर्षात इयत्ता ----- तुकडी: ----- या वर्गात शिक्षण घेत असून त्यास वरील लेखनिक नाव ----- घेण्याबाबतची शिफारस करण्यात येत आहे.

दिनांक -

ठिकाण -

मुख्याध्यापकांची स्वाक्षरी  
व शाळेचा शिक्का

14/15

47  
83

लेखनिक विद्यार्थ्यांचे संमतीपत्र



लेखनिकाचा सध्याचा फोटो

मी लेखनिक नांव कुमार/कुमारी : \_\_\_\_\_  
शाळेचे नाव \_\_\_\_\_

\_\_\_\_\_या शाळेचा विद्यार्थी/विद्यार्थिनी असून सन : \_\_\_\_\_ या शैक्षणिक वर्षात इयत्ता  
\_\_\_\_\_ तुकडी : \_\_\_\_\_ या वर्गात शिकत आहे.

मी परिक्षार्थी नांव \_\_\_\_\_ इयत्ता  
\_\_\_\_\_ तुकडी : \_\_\_\_\_ या वर्गात शिकत असलेल्या दिव्यांग विद्यार्थ्यांस/विद्यार्थिनींस माध्यमिक  
शालान्त प्रमाणपत्र परीक्षा मार्च/जुलै-२० \_\_\_\_\_ परीक्षेकरीता लेखनिक म्हणून काम करण्यास माझी संपूर्ण  
आहे, असे लिहून देतो.

दिनांक -  
ठिकाण-

लेखनिक विद्यार्थी/विद्यार्थिनीची स्वाक्षरी

लेखनिकाच्या पालकांचे संमतीपत्र

मी श्री/श्रीमती : \_\_\_\_\_ माझा पालक  
कुमार/कुमारी \_\_\_\_\_ इयत्ता : \_\_\_\_\_ तुकडी : \_\_\_\_\_ या  
वर्गात \_\_\_\_\_ या शाळेमध्ये शिक्षण घेत आहे.

\_\_\_\_\_ या शाळेतील  
कुमार/कुमारी \_\_\_\_\_ इयत्ता : \_\_\_\_\_ तुकडी : \_\_\_\_\_  
या वर्गात शिकत असलेल्या दिव्यांगविद्यार्थी/विद्यार्थिनींस माध्यमिक शालान्त प्रमाणपत्र परीक्षा  
मार्च/जुलै-२० \_\_\_\_\_ परीक्षेकरीता माझ्या पाल्यास लेखनिक म्हणून देण्यास मी संमती देत आहे.

दिनांक -  
ठिकाण-

लेखनिकाच्या पालकांची स्वाक्षरी

मुख्याध्यापकांचे शिफारस पत्र

प्रमाणित करण्यात येते की, सदर लेखनिक विद्यार्थी/विद्यार्थिनी नांव  
\_\_\_\_\_ हा/ही \_\_\_\_\_  
\_\_\_\_\_ या शाळेतील विद्यार्थी/विद्यार्थिनी असून सन : \_\_\_\_\_ या शैक्षणिक वर्षात इयत्ता  
\_\_\_\_\_ तुकडी : \_\_\_\_\_ या वर्गात शिकत आहे.

वर नमूद केल्याप्रमाणे माझ्या शाळेतील विद्यार्थी/विद्यार्थिनी नांव  
\_\_\_\_\_ यास लेखनिक म्हणून देण्यास माझी संमती/शिफारस आहे.

दिनांक -  
ठिकाण-

मुख्याध्यापकांची स्वाक्षरी  
व शाळेचा शिक्षक

15/15