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

क.पुविमं/शाखा क/दिव्यांग/3/0° पुणे 411005. दिनांक— || /10/2022.

प्रति

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

विषय—मार्च, २०२३ मध्ये होणा—या माध्यमिक शालान्त प्रमाणपत्र (इ.१० वी) परीक्षेस प्रविष्ठ होणा—या दिव्यांग विद्यार्थ्यांच्या वैद्यकीय दाखल्याबाबत....

मार्च, 2023 होणा—या माध्यमिक शालान्त प्रमाणपत्र (इ.10 वी) परीक्षेस आपल्या शाळा /विद्यालयामार्फत प्रविष्ठ होणा—या दिव्यांग विद्यार्थांच्याबाबत मंडळाचे निर्धारित प्रपत्रासह त्यांचे वैद्यकीय प्रमाणपत्र सादर करणे आवश्यक आहे. सदर प्रमाणपत्र सादर करतांना खालील बाबींची पुर्तता करणे आवश्यक 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 जिल्हा शल्य चिकित्सक रूग्णालय यांचा शिक्का घेण्यात यावा. तसेच दिव्यांग विद्यार्थ्यास महाराष्ट्र शासनाने दिलेले अधिकृत प्रमाणपत्राची प्रमाणित छायाप्रत जोडण्यात यावी.

2. मंडळाच्या विहित दिव्यांग फॉर्म परिपत्रकान्वये मागील बाजूस असलेल्या तपशीलामध्ये विद्यार्थ्याची संपुर्ण 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 विद्यार्थांचा दिव्यांगांचा कोड कमांक ऑनलाईन आवेदनपत्र भरतांना टाकण्यात यावा अथवा तशी दुरूस्ती प्री लिस्टमध्ये दर्शविण्यात यावी. दिव्यांग कोड बरोबर लिहावा.(उदा.दिव्यांग कोड क्.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 करावी. 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. सदर प्रस्तावासोबत मुख्याध्यापकाची शिफारस असलेले शाळा / विद्यालयाचे पत्र, दिव्यांग विद्यार्थी व त्याचा पालकाचा लेखनिक मिळणेबाबत विंनती अर्ज, संबंधित लेखनिक विद्यार्थाचा फोटो लावलेले बोनाफाईड प्रमाणपत्र, लेखनिक व त्याचा 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 रूग्णालयाचे प्रमाणपत्र तसेच अ.क.5 मध्ये नमूदनुसार प्रस्ताव सादर केल्याशिवाय सदर सवलत दिली जाणार नाही याची नोंद घ्यावी.(उदा.बोट/हात/पाय फॅक्चर होणे).संपुर्ण फोटोसह सादर करावे.

विद्यालयाचे पुस्ताव 21,नोव्हेंबर, 2022 अखेर पर्यंत मंडळ कार्यालयात समक्ष सादर करण्यात यावेत. या तारखेनंतर आलेले प्रस्ताव स्विकारले जाणार नाहीत, यामुळे विद्यार्थ्याच्या होणा—या संभाव्य शैक्षणिक नुकसानीस संबंधित शाळा / विद्यालयाचे मुख्याध्यापक जबाबदार राहतील.

सोबत-विहित फॉर्म/प्रमाणपत्रांच नमुने

(अनुराधा ओक) 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. इ.	दिव्यांगाचा प्रकार	दिव्यांगाचा सांकेतांक	अ.क.	दिव्यांगाचा प्रकार	दिव्यांगाः सांकेतांव
3	अंशत:/पुर्णत:अंध (Blindness/Partial Blind)	१	१२	मञ्जासंस्थेचे तीव्र आजार (Chronic Neurological Conditions)	१३
3	जुष्टरोगातून बरे झालेले निवारित(Leprosy Cureci Persons)	7	१३	अध्ययन अक्षम (Specific Disabilities)	٤3
a	कर्णबधीर (Deaf and Dumb)	3 .	१४	गतीमंद(Slow Learner/Intellectual Disabllity Border Line)	१४
X	अस्थिव्यंग(Locomotor Disabilityincluding Orthopedic Disability)	. *	१५	मल्टीपल स्क्लेरॉलिस (Multiple Sclerosis)	84
4	शारीरिक वाढ खुंटणे (Dwarfism)	٩	१६	वाचा व भाषा अक्षमन्व (Speech and Language Disability)	₹ F,
Ε,	बौध्दिक अक्षम(मितमंद) (Intellectual Disabllity-Mentally challenged)	Ę	१७	र्थेलस्सेमिया (Thalassemia/Cancer)	\$ (3
16	यहुविकलांग (Multiple Disabilities)	G	१८	हिमोफिलिया (Hemophilia)	86
۷	मानसिक आजार (Mental Illness)	. د	१९	सिकल सेल (Sickle Cell Disease)	१९
0,	ऑटिस्टिक (खमग्न) [Autism Spectrum Disord)	٩	२०	ॲसिड ॲटॅक व्हिक्टिम (Acid Attack Victim)	20
10	मेरेवल पाल्सी (Cerebral Palsy)	१०	२१	पार्किनसन्स (Parkinoson Disease)	58
22	स्माधूनी विकृती (Muscular Dystrophy)	22	२२	इतर आजारामुळे शालेय शिक्षणात अङ्चणी येणा-या विदयार्थ्यांवायत (Other Disabilities) ।) एपिडरमोलिसिस चुलोसा (Epidermolysis Bullosa) ॥) HIV वाधित ॥।) Diabetes mellitus type, ।V) Pediatric cancer survivors V) Cancer afficted children on maintainance therapy VI) Children with epilepsy VII) Children with ADHD VIII) Children with neurological Wilson disease	÷ ÷



FORM - I MEDICAL CERTIFICATE FOR BLIND

9 25	INEC LITER		
LDc			<u> </u>
Resid	eration No.		Have this
			Day of
	ned the candidate whose particul	ars are giv	en below.
Carrie			
	Name of Cardidate		
2	Father's Name		
3	Seat Residence		Service of the servic
4	Action mate Age	中的	
-	identification Mark		in the second se
-	Extent of Residual:		
	The second of th		
	Vision, if any	nie Fe G	
	Tughteye		
	Terreve		
	Oeset of blindness (please state	· A Partie	
	ener blindness is from birth	OT:	
	Ter Unidities 13 in Oth Office		
	acquired later, if it has been caus		
	afterwards the age and cause		
	a a indness may be indicated)		
	Total absence of Sight.		
	Visual acquity not exceeding	e 6/60 or	
	and acquiry not show the hett	er eve will	
	20/200 (Snellen) in the bette		
	correcting lense		-dina
	e) Limitation of the field or vis	sion sub-st	anding
	and angle of 20 degree or w	orse	· · · · · · · · · · · · · · · · · · ·
3	Please state clearly whether the		
	candidate is blind who can be c	onsidered.	
	22.615.01111.01110.0110.010.0110.0110.0110.0110.0110.0110.0110.0110.0110.0110.0110.0110.010.0110.0110.0110.0110.0110.0110.0110.0110.0110.0110.0110.0110.010.0110.0110.0110.0110.0110.0110.0110.0110.0110.0110.0110.0110.010.0110.0110.0110.0110.0110.0110.0110.0110.0110.0110.0110.0110.010.0110.0110.0110.010.0110.010	on one ora	nted by the
	for the purpose of giving conce	5510115 614	The design and the second seco
	Board to blind candidates		4
			1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -
-	a ure of Candidate		Signature of Opthalmologist
345	Sand Of Canadate		Designation:
72	ME I		Office Stamp:
Do			
			Address:
		1	

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 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

- TO STATE OF THE PROPERTY OF	
d'sregulation 1 st Language 1. 2 nd Language	Grade Subjects School Subject (compulsory)
2. 3 rd Language	1. Physical Edu. P1
3. Mathematics	2. Water security R-
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
	4. Civil Defence/R.S.P. P5

Geo. Eco-----

Date:

Yours faithfully



FORM - II MEDICAL CERTIFICATE FOR DEAF DUMB

Cert	fied that I,
Dr	17
Regi	stration No
	Day of
exan	nined the candidate whose particulars are given below:
1	Name of Candidate
2.	Father's Name :
3.	Sex Approximate Age Identification Mark:
4.	Approximate Age
5.	Identification Mark:
6.	An estimac of Residual
	hearing, if any and the basis.
	on which this estimate has been
	arrived at
	i) Right car
	ii) Left ear
7:	Onset of deafness (Please state
1.	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
- 1	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 decibles of above at 500, 1000
	2000, frequencies willimake 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 autiogram chart
Sign	ature of Candidate Signature of ENT Specialist
Plac	Designation:
Date	Office Stamp:
	Address:
	Addison.

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

The Divisional Secretary,
and StandOF Sec. & Higher Sec. Education,
National Divisional Board,
Washib 422003

Home sciences

6. Social Sciences

Date:

History Civics------

Su Se	Concession for Deaf/Dumb Candidate	S.S.C. Exam	March/July-202	
therefore,	tudent of this school. As per medical cer Please grant the following concession for	tificate the c	andidate isDeaf/Dumb	/ ns.
l. being a	ndidates will be given extra 20 minutes f Deaf/Dumb candidate to offer and appr	or each hour ear for the fo	to solve the question paper. llowing subjects.	8
Any	Languageone Languages me one Language out of the Languages me ng, 2 nd lang 3 rd lang	ntion under t	he leading	
2. 2 nd l Or wo	anguageork exp.sub.			
	3 rd Language Other than above 1 st Lang & 2 nd lang Or Work exp. Sub. Other than no.2 Note: the candidate with specific dysoex	· kia,	Grade Subjects School Subject. (compulsory 1. Physical Edu. 2 Water Security	P1
	Dysgraphia those who offer work exp. Subject in lieu of third language It is compulsory to offer subject English (1 st Language or third Language)		one of the following School S <u>Optional (Grade)</u> Tick mark √ offered subject 1. Scouting /Guiding	iub
	Mathematics Algebra Geometry		 NCC/SCC Defence Studies Civil Defence/R.S.P. 	P3 P4 P5
	oce & Technology Or iology Hygine			

Yours faithfully



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.

of hones, muscles and joints, thereby size		Registration No.			
1 à F	201	examinedule			
Have this	ow and that	he/she falls within the	ibove definition	n.	

	Name of Candidate
	Identification Mark
?	Sex
 i	Father's Name
	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, SHORTEN INGDEFORMITY, 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) ON ANATOMICAL, FUNCTIONAL, (PATIENTS ASSESSMENT, EXAMINER'S ASSESSMENT) Percentage (Piease 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 Any operation done or indicated e) photograph (Attested) To show the nature of disability and any appliance if used.

signature of Applicant

Signature of Orthopedic Surgeon

Designation:

Office Stamp:

School Index No		
	No. NDB/Exam/S.S.C./B-1	
	Date:	
	Date.	
TO,		
The Divisional Secretary,		
M.S.BoardOf Sec. & Higher Sec. Education,		- 28
Nashik Divisional Board,		
Nashik-422003		
Sub's Concession for Spectia Co. 11.1		
Sub:- Concession for Spastic Candidate S.S.C. E Sir,	xam March/July-202	
I have the honour to inform you that		
bonafide student of this school. As per medical certific	cate the anadidate is governed in	
the following concession for SSC Examina	tion as nor Board's required	
2. The candidates will be given extra 20 minutes for p	each hour to solve the surest	
2. The candidate is unable to complete the course in !	Physical Education thorns	
candidate be exempted from appearing for Physical Ed	Jucation Examinations (School Subject)	
o. The candidate will be given writer (If necessary)		
The candidate to offer and appear for the following	subjects.	
1. 1" Language	Grade Subjects	
2. 2 nd Language	School Subject(compulsory)	
Candidate may offer any two languages	1. Physical Edu.	Pl
Falling under first language and second	2 water security	
Language however he shall not offer the		R-8
Same language for both the subjects	one of the following School Sub	
Work exp.sub *	Optional (Grade)	
3. 3 rd Language	Tick mark √ offered subject	
Candidate may offer than	 Scouting / Guiding NCC/SCC 	P2
Those subject offered under first and	3. Defence Studies	P3
Second language.	4. Civil Defence/R.S.P.	P4 P5
Or	or bereivedy his.i.	r 3
Work exp. Sub. Other than no.2	18	
4. Mathematics		
Algebra		
Geometry		
Arithmatic Std. 7th		
And		
Work exp. Sub. Other than no.2 & 3		
5. Science & Technology		
Or		
Physiology Hygine		
Home sciences		
6. Social Sciences		
History Civics		
Gen Eco		

7/15

Date:

Yours faithfully

FORM-III MEDICAL CERTIFICATE IN RESPECT OF AN

ORTHOPEDICALLY (PHYSICALLY) HANDICAPPED
For the purpose of concessions granted to orthopedically physically handicapped. The
Orthopedically (Physically) Handicaped are those who have physical defect or deformity which

caus	es on interference with the normal functioning of bones, muscles and joints
	Certified that I, Dr
Have	Certified that I, Dr
appli	cant whose particulars are given below and that he/she falls within the above definition.
12/20	violetine of Candidate
1 2	Identification Mark
٠, ڏ.	Sex
4	Father's Name
5	Approximate Age
3.	a) Nature of disability (Tick relevant from following Eist) POST-FOL ARALYSIS, HEMIPLEGIA, QUADRAPLEGIA, MALUNITED, FRACTURE, NERVE PARALYSIS, UPPER EXTREMITY, LOWEREXTREMITYLIMP, PAINFLL, SHORTENING DEFORMITY, CONGENTIAL, ACQUIRED, ABOVE KNEE, BELOW KNEE, HIP HEMIPEL VECTOMY, SYMES, CHEOPARTS, WRIST, FINGERS BELOW ELBOW, ABOVE ELBOW, SHOULDERS, FORE QUARTER, UNILATERIAL, BILATERAL. b) Extent of disability Estimate in percentage (me, Bridge Scale). ON ANATOMICAL FUNCTIONAL, (PATIENTS ASSESSMENT, EXAMINER'S ASSESSMENT) Percentage (Please's fall Which for the percentage of disability is 25 or above) c) Use of applicant: (Tick relevant from following list) CAULIPER, CRUTCHERSO VEXNEE, BELOW KNEE, PROSTHISIS, CANE, UNILATERAL, BILATERAL, ABOVE ELBOW, BELOW ELBOW, HEMIPEL VECTOMY, SHOULDER, DIS-ARTICULATION d) Any operation done or indicated e) photograph (Attested) To show the neture of disability and any appliance if used.
7.	Any other particulars to clarify that nature and extent of disability that the Surgeon
	might like to point out
ignati lace:	Besignation: Office Stamp:

	School Index	No	
M.S.Bo Nashik	visional Secretary, pardOf Sec. & Higher Sec. Education, Divisional Board,	No. NDB/Exam/S.S. Date:	.C./B-1
Sir, bonafic Orthop	I have the honour to inform you that de student of this school. As per medi	licap Candidate S.S.C. Exam March/July-202 ical certificate the candidate is Physically, se grant the following concession for SSC	
1. The 2. The cand Subj 3. The	candidates will be given extra 20 mir candidate is unable to complete the didate be exempted from appearing f ect) candidate to offer and appear for the	nutes for each hour to solve the question pa course in Physical Education, therefore the for Physical Education Examinations (School e following subjects.	
1. 2. 3.	1 st Language 2 nd Language3 rd Language	<u>Grade Subjects</u> <u>School Subject</u> (compulsory)	
4.	Mathematics	1. Physical Edu. 2. Witter Section ty	P1
	AlgebraGeometry	one of the following School Sub	RB
		Optional (Grade) Tick mark √ offered subject 1. Scouting /Guiding	P2
		 NCC/SCC Defence Studies 	P3
	ence & Technology Or ysiology Hygine	4. Civil Defence/R.S.P.	P5
6. His	me sciences tory Civics		
Don		Yours faithfully	

Head Master (School Stamp)

3.



FORM-1V MEDICAL CERTIFICATE FOR CANDIDATES HAVING LEARNING DISABILITY

Certified that We, Dr	
Certified that We, Dr	
And Dr./Special Educator	300
Reg. No./Licence No	9 8
examined the candidate whose particulars	
each other.	
1. NAMEOFTHE CANDIDATE	
2. FATHER'S NAME	
2 CEX	
4 AGEIN YEARS AND MUNITAR	
V → V → V → V → V → V → V → V → V → V →	
TO THE TOTAL TOTAL TOTAL OF THE LESIS GOLDEN	
inter of a neurologist, child psychologist	
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. We further recommend the following concessions to be permitted for the same.	d
We further recommend the following concessions to be permitted to with the use of a writer who will read DYSLEXIA: The Permission to conduct the examination with the use of a writer who will read DYSLEXIA: The Permission to conduct the examination with the use of a writer who will read DYSLEXIA:	2
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out the question paper and take a dictation of the answers and permission to each of three (one mothertongue/medium of instruction and the other Second Language) instead of three (one mothertongue/medium of instruction and the other Second Language) instead of three (one mothertongue/medium of instruction and the other Second Language) instead of three (one mothertongue/medium of instruction and the other Second Language) instead of three (one mothertongue/medium of instruction and the other Second Language) instead of three (one mothertongue/medium of instruction and the other Second Language) instead of three (one mothertongue/medium of instruction and the other Second Language) instead of three (one mothertongue/medium of instruction and the other Second Language) instead of three (one mothertongue/medium of instruction and the other Second Language) instead of three (one mothertongue/medium of instruction and the other Second Language) instead of three (one mothertongue/medium of instruction and the other Second Language) instead of three (one mothertongue/medium of instruction and the other Second Language) instead of three (one mothertongue/medium of instruction and the other Second Language) instead of three (one mothertongue/medium of instruction and the other Second Language) instead of three (one mothertongue/medium of instruction and the other Second Language) instead of three (one mothertongue/medium of instruction and the other Second Language) instruction (one mothertongue/medium of instruction and the other Second Language) instruction (one mothertongue/medium of instruction and the other Second Language) instruction (one mothertongue/medium of instruction and the other Second Language) instruction (one mothertongue/medium of instruction and the other Second Language) instruction (one mothertongue/medium of instruction and the other Second Language) instruction (one mothertongue/medium of instruction and the other (one mothertongue/medium of instruction and other other other	or.
(one mothertongue/medium of instruction and the other second Bangara languages. For Third language option of work experience according to scheme of subjects for	,,
languages. For Intro language of the	
these candidates. DYSGRAPHIA: The permission to use a writer for answering the paper and the permission to USE a writer for answering the paper and the permission to USE a writer for answering the paper and the permission to use a writer for answering the paper and the permission to use a writer for answering the paper and the permission to use a writer for answering the paper and the permission to use a writer for answering the paper and the permission to use a writer for answering the paper and the permission to use a writer for answering the paper and the permission to use a writer for answering the paper and the permission to use a writer for answering the paper and the permission to use a writer for answering the paper and the permission to use a writer for answering the paper and the permission to use a writer for answering the paper and the permission to use a writer for answering the paper and the permission to use a writer for answering the paper and the permission to use a writer for answering the paper and the permission to use a writer for answering the paper and the permission to use a writer for answering the paper and the permission to use a writer for answering the paper and the permission to use a writer for answering the paper and the permission to use a writer for answering the paper and the	, (
DYSGRAPHIA: The permission to use a minimum of instruction and the other Second language	c)
DYSGRAPHIA: The permission to use a writer for answering the paper that DYSGRAPHIA: The permission to use a writer for answering the paper that of languages (one mothertongue/medium of instruction and the other Second language of languages) of languages. For Third language option of work experience according to scheme instead of three language. For Third language option of work experience according to scheme	ni.
instead of three language. For I fird language op-	
enhierts for these candidates.	ice
DYSCALCULIA: The permission to opt, Arithmetic for Std. VII (75 marks) and Geometry or General Mathematics) instead of Mathematics (Algebra and Geometry or General Mathematics) instead of Mathematics (Algebra and Geometry or General Mathematics)	40
(75 marks) instead of Mathematics (Migos)	
Concession regarding any other subject.	

Signature of the examining neurologist and Date	
Signature of the examining paediatrician / Special	
Signature of the examining parameter and Date:	
and the second s	
Countersigned by Civil Surgeon and Dale:	

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----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. 1st Language-----Any one Language out of the Languages mention under the leading 1stlang, 2ndlang 3rdlang
 - 2. 2ndLanguage-----Or work exp.sub.
 - 3rdLanguag e

Other than above 1st Lang & 2nd lang

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 (1st Language or third Language)

- Mathematics -----Algebra -----Geometry-----
- 5. Science & Technology

Physiology Hygine Home sciences

6. Social Sciences History Civics----

Geo. Eco-----

Date:

Grade Subjects

School Subject. (compulsory) 1. Physical Edu.

2 Wester Security

one of the following School Sub Optional (Grade)

Tick mark √offered subject 1. Scouting / Guiding

2. NCC/SCC P3 3. Defence Studies P4 4. Civil Defence/R.S.P. P5

P2

Yours faithfully



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
*	
Regist Day of	hose particulars
are giv	ven below:
Partic	ulars of the AUTISTIC CANDIDATE.
1.	Name of the candidate
2	Father's Name
3.	Age
4.	Sex
5.	
h.	Signature or left hand thumb impression of the patient
7.	Nature of handicapped. Jemporary/Temanicit
6.	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.
Flace	
Pate	
Closs	Seal of Govt. Doctor/Officer Signature of Govt. Doctor/Officer
	D No and the Memoral
Seal	
	Doctor/Officer

School Index No----No. NDB/Exam/S.S.C./B-1 TO, Date: The Divisional Secretary, M.S.BoardOf Sec. & Higher Sec. Education, Nashik Divisional Board, Nashik-422003 Sub:- Concession for Austistic Candidate 3.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-----2. 2ndLanguage-----School Subject(compulsory) 1. Physical Edu. 3. 3rdLanguag 4. Mathematics -----2. Algebra -----R. one of the following School Sub Geometry-----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 Physiology Hygine Home sciences 6. History Civics-----Geo. Eco-----Yours faithfully Date: Head Master (School Stamp)

13/15

दिव्यांग विद्यार्थ्याचा अर्ज



विद्यार्थ्याचा सध्याचा फोटो

प्रति,				
मुख्याध्यापक				
विषय:- माध्यमिक शालान्त प्रमाणपत्र परीक्षा मार्च/जुलै-ऑगस्ट-२० परीक्षेकरीता लेखनिक मिळणेवाबत				
वरील विषयास अनुसरून विनंती अर्ज करीतों की, भीइ.१०				
वी तुकडी मध्ये आपल्या शाळेमध्ये शिक्षण घेत आहे. मी दिव्यांग असल्यामुळे मला माध्यमिक				
शालान्त प्रमाणपत्र परीक्षा मार्च / जुलै-ऑगस्ट-२०. साटी लेखनिकाची आवश्यकता आहे.				
लेखनिक विदयार्थी /विदयार्थीनीचे नांवइयत्ताइयत्तातुकडी				
मध्ये या शाळेमध्ये शिक्षण घेत असून सदर विदयार्थी				
मला लेखनिक म्हणून घेण्यास परवानगी मिळावी ही विनंती.				
दिनांक -				
टिकाण -				
विद्यार्थ्याची/विद्यार्थीनीची स्वाक्षरी				
मुख्याध्यापकांचे शिफारसपत्र				
प्रमाणित करण्यात येते की, सदर विद्यार्थी/विद्यार्थीनी नांव ——————————————या शाळतील				
असून सन : या शैक्षणिक वर्षात इयत्ता : नुकडी: या वर्गान शिक्षण				
घेत असून त्यास वरील लेखनिक नाव — - घेण्याबा				
शिफारस करण्यात येत आहे.				
दिनांक —				
विकाण —				

मुख्याध्यापकांची स्वाक्षरी व शाळेचा शिक्का

14/15

लेखनिक विदयार्थ्यांचे संमतीपत्र



	लेखनिकाचा सध्याचा फ	नेटो	
मी लेखनिक नांव व्	ुमार/कुमारी :		
शाळेचे नाव			
: तुकडी :	या वर्गात शिकत आहे.	————या शैक्षणिक वर्षात इयन्त ———————————————————-इय	
: तुकडी	:——— या वर्गात शिकत असलेल्य	या दिव्यांग विद्यार्ध्यास/विद्यार्थीनीस माध्यि लेखनिक म्हणून काम करण्यास माझी सम	
दिनांक —			
ठिकाण— लेखनिक विद्यार्थी/विद्यार्थ्यानीची स्वाक्षरी			
कुमार/कुमारी	लेखनिकाच्या पालकांचे स	माझा पाल्य या	
 कुमार /कुमारी		या शाळेतील इयत्ता :वकटी :	
या वंगात शिकत असलेल	या दिव्यांगविदयार्थी ⁄विदयार्थीनीस माध्यमिक रीक्षेकरीता माझ्या पाल्यास लेखनिक म्हणून	६ शालान्त प्रमाणपत्र परीक्षा	
दिनांक - ठिकाण-		लेखनिकाच्या पालकांची स्वाक्षरी	
	• 7.5		
	मुख्याध्यापकांचे शिफारस पत्र	7	
प्रमाणित करण्यात रे	ाते की, सदर लेखनिक विद्यार्थी/विद्यार्थीनी हा/ही	नांव	
या		न : या शैक्षणिक वर्षात इयत्न	
	ो माझ्या शाळेतील विदयार्थी/विदयार्थीनी न	ांच **	

दिनांक -दिकाण-

मुख्याध्यापकांची स्वाक्षरी व शाळेचा शिक्का

यास लेखनिक म्हणून देण्यास माझी संमती/शिफारस आहे.