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

क.पुविमं/शाखा क/दिव्यांग/८,१०८ पुणे 411005. दिनांक- ।। /10/2023

प्रति.

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

> विषय— माध्यमिक शालांत प्रमाणपत्र (इ.10 वी) परीक्षेस प्रविष्ठ होणाऱ्या दिव्यांग(Learning Disability) विद्यार्थ्यांच्या वैद्यकीय प्रमाणपत्र नमुन्यातील बदल व वैद्यकीय अधिकाऱ्यांच्या स्वाक्षरीबाबत.... संदर्भ—1.कमांक रा.म. परीक्षा—5/1650 पुणे दिनांक— 28/03/2022 चे पत्र.

2. कमांक रा.म. परीक्षा-5/2018 पुणे दिनांक-20/04/2022 चे पत्र.

3.कमाक पुविमं/शाखा क दिव्यांग 6806 दि.02/12/2021 चे परिपत्रक उपरोक्त संदर्भिय पत्रास अनुसरून आपणास कळविण्यात येते की,सन 2022—2023 या शैक्षणिक वर्षा पासून माध्यमिक शालांत प्रमाणपत्र (इ.10 वी) परीक्षेस प्रविष्ठ होणाऱ्या विशिष्ट शिकण्याची अक्षमता असलेल्या दिव्यांग(Specific Learning Disability) विद्यार्थ्यांसाठी देण्यात येणाऱ्या वैद्यकीय दाखल्यांच्या नमुन्यात बृन्हमुंबई महानगरपालिका बी.वाय.एल.नायर हॉस्पिटल मुंबई—08 यांनी बदल केलेला आहे.सदरच्या बदलाबाबतचे नमुने सोबत जोडले आहेत. तसेच संदर्भ क.2 च्या पत्रामध्ये नमुद केल्यानुसार स्वाक्षरीतील बदलाबाबतची योग्य ती नोंद घ्यावी. त्यानुसार सुधारित विहीत नमुन्यातील दिव्यांग विद्यार्थांचे वैद्यकीय दाखले योग्य त्या स्वाक्षरीसह मंडळाकडे सादर करण्याची कार्यवाही करावी. तसेच सदर बाब संबंधित विद्यार्थी व पालक आणि शालेय सर्व घटकांच्या निदर्शनास आणण्याची कार्यवाही आपणामार्फत करण्यात यावी.

सोबत-संदर्भ क 1 चे पत्र व त्यासोबतचे एकुण 6 पृष्ठे संदर्भ क 2 चे पत्र व त्यासोबतचे 2 पृष्ठे

(अनुराघा ओक) विभागीय सचिव, पुणे विभागीय मंडळ, पुणे411005.

प्रत -1. मा.शिक्षण उपसंचालक विभाग पुणे-1 2. शिक्षणाधिकारी (माध्य.) जिल्हा परिषद पुणे, अहमदनगर, सोलापूर Maharashtra State Board of Secondary & Higher Secondary Education, Pune S.R.No.832-A, Final Pl No. 178,179, Near Balchitrawani, Behind Agharkar Research Institute, Bhamburda, Shivajinagar, Pune-411004.



महाराष्ट्र राज्य

माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे स.न.८३२-ए, फा.प्लॉ.नं.१७८,१७९,बालचित्रवाणी शेजारी,आघारकर रिसर्च इन्स्टिटयूटच्या मागे, भांबुर्डा, शिवाजीनगर, पुणे ४११००४

E-Mail- secretary .stateboard @ gmail.com

क्र.रा.मं./परीक्षा-५/1650

प्रति.

विभागीय सचिव, महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, सर्व विभागीय मंडळे.

विषय— Intimation regarding change in signatory of certificate issued for children with Specific Learning Disability from Centre For Learning Disability And Autism Spectrum Disorder from Autism Dynamic Interventaion, Department Of Phychiatry, T. N. MEDICAL COLLAGE & B. Y. L. NAIR

संदर्भ—Dr. Henal Shah Professor (Addl.), Department Of Phychiatry, BRIHANMUMBAI MAHANAGAR PALIKA, B.Y.L. NAIR CH. HOSPITAL & T. N. MEDICAL COLLAGE, DEPARTMENT OF PHYCHIATRY CENTER FOR LEARNING DISABILITY Dr. A. L. Nair Road, Mumbai. PSY/189/2022, दि.—११७०२ १०२२ रोजीचे पत्र.

उपरोक्त विषयाबाबत आपणास कळविण्यात येते की, Dr. Henal Shah Professor (Addl.), Department Of Phychiatry, BRIHANMUMBAI MAHANAGAR PALIKA, B.Y.L. NAIR CH. HOSPITAL & T. N. MEDICAL COLLAGE, DEPARTMENT OF PHYCHIATRY CENTER FOR LEARNING DISABILITY Dr. A. L. Nair Road, Mumbai, यांनी सदर पत्रान्वये दिव्यांग विद्यार्थ्यांना देण्यात येणाऱ्या प्रमाणपत्रामध्ये ०१ एप्रिल २०२२ पासून होणाऱ्या बदलाबाबत माहिती पाठविलेली आहे व संबंधितांनी सदर पत्रासोबत दिव्यांग विद्यार्थ्यांना देण्यात येणाऱ्या LEARNING DISABILITY प्रमाणपत्राचा जुना व नवीन नमुना सादर केलेला आहे.

तरी सदर झालेला बदल विभागीय मंडळाला पुढील कार्यवाहीसाठी अवगत करण्यात येत आहे याची नोंद घ्यावी.

राज्य मंडळ, पुणे

सोबत — संदर्भिय पत्राची छायांकित प्रत . K.P. Exam 5/page - 104



MAR 2022

BRIHANMUMBAI MAHANAGARPALIKA

B. Y. L. NAIR CH. HOSPITAL & T. N. MEDICAL COLLEGE DEPARTMENT OF PSYCHIATRY

CENTRE FOR LEARNING DISABILITY

25/3 h Dr. A L. Nair Road, Mumbai - 400 008. Tel.: 022-2302 7659

Date: 11/03/2022

To,

Chairperson

Maharastra State Board of Secondary & Higher Secondary Education

Pune – 411005.

Sub: - Intimation regarding change in signatory of certificate issued for children with Specific Learning Disability from Centre for Learning Disability, Dept. of Psychiatry, TNMC & B.Y.L. Nair Ch. Hospital- 400 008.

Respected Sir,

We have already certified children with Specific Learning Disability and our certificates are acceptable to the Maharashtra State Board of Secondary & Higher Secondary Education Board.

We would like to add one signatory as follows:-

Name

Designation

Signature M. Monavane

Dr. Sushma Sonavane

Professor & Head Department of Psychiatry

Kindly make the necessary changes in your records.

I am enclosing a sample of the new certificate & the old certificates.

We wish to issue these from the 1st April, 2022. Signature of ANY ONE of the mentioned faculty is valid for certification)

Thanking you,

Yours sincerely,

Dr Henal Shah

Professor (Addl.)

Department of Psychiatry

Reg. No. 62427

Dr Alka Subramanyam

Associate Professor

Department of Psychiatry

Reg. No: 2000/02/1358

Dr. Jahnavi Kedare

Professor (Addl.)

Department of Psychiatry Reg. No: 66243

CENTRE FOR LEARNING DISABILITY **DEPARTMENT OF PSYCHIATRY** B.Y.L. Natr Hospital & T.N. Medical College, Dr. A. L. Neir Rozel, Mumbal-400 008. Tel: 23027659





Reg. No: 2000/02/1358

BRIHANMUMBAI MAHANAGARPALIKA

B. Y. L. NAIR CH. HOSPITAL & T. N. MEDICAL COLLEGE DEPARTMENT OF PSYCHIATRY

CENTRE FOR LEARNING DISABILITY

Dr. A. L. Nair Road, Mumbal - 400 008. Tel.: 022-2302 7659



Date:	OPINION CERTIFICATE			
Name:				
Date of Birth: Age:	Sex:			
Date of Registration: L. D. No.				
Father's Name:	OPD No. Mother's Name:			
Std: School Name:	and sivame:			
Physical & Neurologic Assessment: Neurological Assessment: Hearing:	[Date:			
Psychological Assessment:	Vision:			
Interpretation: -	[Date.]			
Educational Assessment:				
Diagnosis:	[Date:]			
Recommendations:				
Dr Henal Shah Professor (Addl.) Department of Psychiatry Reg. No: 62427 Dr Alka Subramanya Associate Professor Department of Psychiatry Reg. No: 2000 Psychiatry	m Dr. Jahnavi Kedare Professor (Addl.) Department of Pourly Professor			

Professor

Department of Pediatrics

Department of Psychiatry

(Signature of ANY ONE of the above faculty is valid for certification)





BRIHANMUMBAI MAHANAGARPALIKA

B. Y. L. NAIR CH. HOSPITAL & T. N. MEDICAL COLLEGE DEPARTMENT OF PSYCHIATRY

CENTRE FOR LEARNING DISABILITY

Dr. A. L. Nair Road, Mumbai - 400 008. Tel.: 022-2302 7659



	Date:			<u>OPINIO</u>	N CERTIFIC	CATE	
	Name:						
	Date of Birth:	Age:		Sex:			. *
	Date of Registration	on:	L. D. No		OP	D No.	
ر ا	Father's Name:			Moti	her's Name:	/ · ·	
	Std: Sch	ool Name:					
	Physical & Neurole Neurological Asses Hearing:	ogic Asses sment:	sment;		[Dat	te:]	,
	Psychological Asses	ssment:			[Dat		
	Interpretation: -		,			>	
	Educational Assessi	ment:		\ e'	[Date	» / 1	
] 	Diagnosis:		/	2	/		
]	Recommendations:	· (3				
P. D	Pr. Sushma Sonavane rof. & Head ept. of Psychiatry eg. No. 63739	Keg. No:	(Addl.) Psychiatry 62427	Dept. of Ps	rolessor ychiatry 000/02/1358	Dr. Jahnavi Kedar Professor (Addl.) Dept. of Psychiatry Reg. No: 65243 is valid for certificat	Professor Dept. of Pediatrics





BRIHANMUMBAI MAHANAGA

B. Y. L. NAIR CH. HOSPITAL & T. N. MEDICAL COLLEGE DEPARTMENT OF PSYCHIATRY

AUTISM DIAGNOSTIC CLINIC. सन्तिव

Dr. A. L. Nair Road, Mumbai - 400 008. Tel.: 022-2302 7552



2022

Date: 11/03/2022

To.

Chairperson

Maharastra State Board of Secondary & Higher Secondary Education

Sub: - Intimation regarding change in signatory of certificate issued for children with Autism Spectrum Disorder from Autism Dynamic Intervention, Dept. of Psychiatry, TNMC & B.Y.L. Nair Ch. Hospital- 400 008.

Respected Sir,

We have already certified children with Specific Learning Disability and our certificates are acceptable to the Maharashtra State Board of Secondary & Higher Secondary

We would like to add one signatory as follows:-

Name

Designation

Dr. Sushma Sonavane

Professor & Head Department of Psychiatry

Kindly make the necessary changes in your records.

I am enclosing a sample of the new certificate & the old certificates.

We wish to issue these from the 1st April, 2022. Signature of ANY ONE of the mentioned faculty is valid for certification)

Thanking you,

Yours sincerely,

Dr Henal Shah Professor (Addl.)

Department of Psychiatry Reg. No. 62427

Dr Alka Silbramanyam Associate Professor

Department of Psychiatry Reg. No: 2000/02/1358

Dr. Jahnavi Kedare Professor (Addl.) Department of Psychiatry Reg. No: 66243

AUTISM DYNAMIC INTERVENTION (ADI) CENTRE FOR AUTISM DEPARTMENT OF PSYCHIATRY B.Y.L. Nair Ch. Hospital & T. N. Medical College, Dr. A. L. Nair Road, Mumbai-400 008







BRIHANMUMBAI MAHANAGARPALIKA

B. Y. L. NAIR CH. HOSPITAL & T. N. MEDICAL COLLEGE DEPARTMENT OF PSYCHIATRY

AUTISM DIAGNOSTIC CLINIC

Dr. A. L. Nair Road, Mumbai - 400 008. Tel.: 022-2302 7552



OPINION CERTIFICATE						
Date: Name: Age: Date of Birth: Father's Name: Std: Euation:	OPD Reg. No: Sex: ADC No: Mother's Name: School:					
1. Psychiatrist 2. Developmental Pediatrician 3. Occupational Therapist Scales Used For Assessment of Sever Indian Scale For Assessment Of Childhood Autism Rating Scale Diagnosis: Autism Spectrum Disorder Recommendations: ACADI	Autism · (स्वमग्रता).	4. Audiologist and Sp 5. Psychologist 6. Special Educator Date Score		Date		

Dr. Sushma Sonavane Dr. Henal Shah Prof. & Head

Prof.(Addl.)

Associate Professor

Prof.(Addl.)

Dr. Alka Subramanyam Dr. Jahnavi Kedare Dr. Prashant Shah Dr. Aparna Kondekar Chief Co-ordinator Associate Professor

Dept. of Psychiatry

Dept. of Psychiatry

Dept. of Psychiatry

Dept. of Psychiatry

ADI, Dept. of Psy. Dept. of Pediatrics

(Signature of ANY ONE of the above faculty is valid for certification)

New conficate co





BRIHANMUMBAI MAHANAGARPALIKA

B. Y. L. NAIR CH. HOSPITAL & T. N. MEDICAL COLLEGE DEPARTMENT OF PSYCHIATRY

AUTISM DIAGNOSTIC CLINIC

Dr. A. L. Nair Road, Mumbai - 400 008. Tel.: 022-2302 7552



OPINION CERTIFICATE (REASSESSMENT)

Date:

Name:

OPD Reg. No:

Age:

Date of Birth:

Sex:

Father's Name:

ADC No:

Std:

Mother's Name: School:

Evaluation:

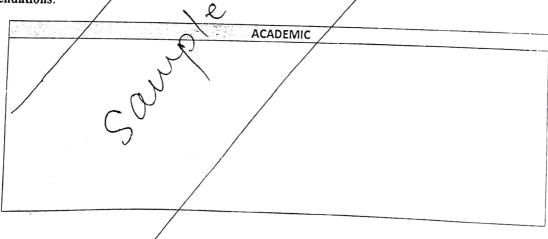
	Date		
1. Psychiatrist		4 Audiologist and 6	Date
2. Developmental Pediatrician		4. Audiologist and Speech Therapist	
3. Occupational Therapist		5. Psychologist	
- · · · · · · · · · · · · · · · · · · ·		6. Special Educator	

Scales Used For Assessment of Severity of Autism:

		\mathcal{I}		
Indian Scale For Assessment Of	Date	core	Severity	
Childhood Autism Rating Scale	Autism		/	
78				

Diagnosis: Autism Spectrum Disorder (स्वमग्रता).

Recommendations:



Prof. & Head

Dr. Sushma Sonavane Dr. Henal Shah Prof.(Addl.)

Associate Professor

Prof.(Addl.)

Dr. Alka Subramanyam Dr. Jahnavi Kedarc Dr. Prashant Shah Dr. Aparna Kondeka Chief Co-ordinator Associate Professor

Dept. of Psychiatry

Dept. of Psychiatry Dept. of Psychiatry

Dept. of Psychiatry ADI, Dept. of Psy. Dept. of Pediatrics

(Signature of ANY ONE of the above faculty is valid for certification)

Maharashtra State Board of Secondary & Higher Secondary Education, Pune S.R.No.832-A, Final Pl No. 178,179, Near Balchitrawani, Behind Agharkar Research Institute, Bhamburda, Shivajinagar, Pune-411004.



महाराष्ट्र राज्य

माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, पुणे स.न.८३२-ए, फा.प्लॉ.नं.१७८,१७९,बालचित्रवाणी शेजारी,आघारकर रिसर्च इन्स्टिटयूटच्या मागे, भासुडा, शिवाजीनगर, पुणे ४११००४

E-Mail- secretary .stateboard @ gmail.com

क्र.रा.मं./परीक्षा-५/2016 पुणे – ४११००४

प्रति,

विभागीय सचिव, महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, सर्व विभागीय मंडळे.

विषय—सेंटर फॉर लर्निंग डिसॅबिलिटी, K. E. M. Hospital, Parel, Mumbai व्दारे जारी केलेल्या विशिष्ट शिकण्याची अक्षमता असलेल्या (दिव्यांग) विद्यार्थ्यासाठी प्रमाणपत्राच्या स्वाक्षरीतील बदलाबाबत

संदर्भ—Dr. Sunil Karande, Professor & Head of Department, Department of Pediatirics, Seth G. S. Medical college & K. E. M. Hospital, Parel, Mumbai. No.Ped/MED/99/2022, दि.०४/०४/२०२२ रोजीचे पत्र.

उपरोक्त विषयास अनुसरून कळविण्यात येते की, Dr. Sunil Karande, Professor & Head of Department, Department of Pediatirics, Seth G. S. Medical college & K. E. M. Hospital, Parel, Mumbai यांनी सदर पत्रान्वये दिव्यांग विद्यार्थ्यांना देण्यात येणाऱ्या प्रमाणपत्रामध्ये अधिकृत स्वाक्षरी अधिकारी बदलाबाबत माहिती पाठविलेली आहे. सदर प्रमाणपत्रावर डॉ. सुनील कारंडे, बालरोग विभाग प्राध्यापक, डॉ. राजवती के. वासवानी, बालरोग विभाग प्राध्यापक आणि डॉ. मिलींद तुल्लू, बालरोग शास्त्र प्राध्यापक इ. वैद्यकीय अधिकारी यांच्या स्वाक्षरीने यापुढील प्रमाणपत्रे देण्यात येणार आहेत.

तरी सदर झालेला हा बदल सर्व विभागीय मंडळाना पुढील कार्यवाहीसाठी अवगत करण्यान येत आहे याची नोंद घ्यावी.

राज्य मंडळ, पृणे

सोबत – संदर्भिय पत्राची छायांकित प्रत.

K.P. Exam 5/page - 129



DEPARTMENT OF PEDIATRICS

Seth G. S. Medical College & K.E.M. Hospital

Acharya Donde Marg, Parel, Mumbai - 400 012 İNDIA Tel. 2410 7559 • Email : infopediatrics@kem.edu • Website : www.kem.edu

Date: 04/04/2022

γo,

The Secretary,

Maharashtra State Board of Secondary & Higher Secondary Education,

Bhamburda, Near Balchitrawani

Shivaji Nagar, Punc- 411004.

Sub: Change in authorized signatory for certificates issued by "Learning Disability Clinic" K.E.M. Hospital, Mumbai.

The Learning Disability Clinic at Department of Pediatrics, Seth G.S. Medical College & K.E.M. Hospital, Parel, Mumbai is diagnosing and certifying children with learning disability since 1st April 2010, (Ref. No. Ped/Med/301/2010

Dr. Sunil Karande has been recognized as a competent authority by your board to certify children with learning disability since the year 2003 (when he was Associate Professor of Pediatrics at the L.D. Clinic, LTG Medical College & LTM

Dr. C.T. Deshmukh was earlier an authorized signatory has stepped down from the post of Professor & Head of Dept. of Pediatrics and in his place, Dr. Sunil Karande has joined as Professor & Head of Dept. of Pediatrics.

Hence, please note that the certificates issued from Seth G.S. Medical College & K.E.M. Hospital will now be signed by Dr. Sunil Karande, Professor & Head of Dept of Pediatrics or by Dr. Rajwanti K. Vaswani, Professor of Pediatrics or by Dr. Milind Tullu, Professor (Additional) of Pediatrics (signatures as appended below). Kindly acknowledge receipt of our letter.

Yours sincerely,

Dr. Sunil Karande

Professor & Head of Department,

Dr Sunil Karande Professor & HOD Department of Pediatrics, In-Charge LD Clinic Seth G.S.Medical College & K.E.M. Hospital, Parel Reg No 55524 Seth GSMC & KEM Hospital

Or

4)

Dr. Rajwanti K. Vaswani

Professor of Pediatrics,

Department of Pediatrics

DEPARTMENT OF PEDIATRICS SETH G. S. MEDICAL COLLEC

K.E.M. HOSPITAL,

PAREL. MUMBA1 - 400 012.

Or

5)

Professor (Additional) of Pediatrics,

Department of Pediatrics

DEPARTMENT OF PEDIATRIC SETH G. S. MEDICAL COLLE

K.E.M. HOSPITAL,

PAREL MUMBAI - 400 012.

Encl:

1) Photocopy of Ref. No. Ped/Med/106/2020

2) Photocopy of Ref. No. R. M./Exam - 5/1331

म.रा.मा. वं उ.मा.शिक्षण सह

सहा. स्रांचेट

निष यम

शाखा:--



DEPARTMENT OF PEDIATRIC

Seth G. S. Medical College & K.E.M. Hospital

Acharya Donde Marg, Parel, Mumbai - 400 012. INDIA Tei. 2410 7559 » Email : infopediatrics@kem.edu » Website : www.kem.edu

> No.Ped/Med/106/2020 Date: 14.12.2020

To. The Secretary, Maharashtra State Board of Secondary & Higher Secondary Education, Bhamburda, Near Balchitravani, Shivaji Nagar, Pune - 411004.

Sub: Change in authorized signatory for certificates issued by "Learning Disability Clinic".

Sir/ Madam,

The Learning Disability Clinic at Department of Pediatrics, Seth G.S. Medical College & K.E.M. Hospital, Parel, Mumbai is diagnosing and certifying children with learning disability since i* April 2010 (Ref. No. Ped/Med/ 301 /2010 dated 6.5.2010).

Dr. Sunil Karande has been recognized as a competent authority by your board to certify children with learning disability since the year 2003 (when he was Associate Professor of Pediatrics at the L.D. Clinic, LTM Medical College & LTM General Hospital, Sion, Mumbai).

Dr. Mukesh Agrawal who was earlier an authorized signatory has stepped down from the post of Professor & Head of Dept. of Pediatrics and in his place, Dr. C. T. Deshmukh has joined as Professor & Head of Dept. of Pediatrics.

Hence, please note that the certificates issued from Seth G.S. Medical College & K.E.M. Hospital will now be signed by Dr. Sunil Karande, Professor of Pediatrics or by Dr. C. T. Deshmukh, Professor of Pediatrics & Head of Dept. of Pediatrics (signatures as appended below).

Kindly acknowledge receipt of our letter.

Yours sincerely,

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