

Attested  
Photograph

FORM - I

Medical Certificate for Blind Candidate

Certified that, I, Dr. \_\_\_\_\_  
Registration No. \_\_\_\_\_ have this \_\_\_\_\_  
day of \_\_\_\_\_ 20\_\_\_\_, 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 \_\_\_\_\_  
Right eye \_\_\_\_\_  
Left eye \_\_\_\_\_
7. On set 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.]  
[For the purpose of concessions granted to blind candidates, blind are those who suffer from either of the following :
  - a) Total absence of sight. \_\_\_\_\_ :
  - b) Visual acuity not exceeding 6/60 or 20/200 [Snellen] in the better eye with correcting lenses. \_\_\_\_\_ :
  - c) Limitation of the field of vision subtending angle of 20 degrees or worse]. \_\_\_\_\_
8. Please state clearly whether the candidate is blind who can be considered for the purpose of giving concession, granted by the Board to blind candidate.

Signature of Applicant

Place \_\_\_\_\_

Date \_\_\_\_\_

School Stamp & signature of Head Master:

School No. \_\_\_\_\_

(Signature of Ophthalmologist)

Designation \_\_\_\_\_

Office Stamp \_\_\_\_\_

Address \_\_\_\_\_

To,

The Divisional Secretary  
Maharashtra State Board of Secondary &  
Higher Secondary Education  
Pune Divisional Board  
Pune 411005

Sub: Concessions for Blind candidate

Sir,

I have the honour to inform you that \_\_\_\_\_  
(Application Sr.No. or Seat No. \_\_\_\_\_) is bonafied  
student of this school. As per Medical Certificate the Candidate is blind,  
therefore please grant the following concessions for S.S.C Examination as per  
Board's regulations.

1. The candidate be given extra 20 minutes per hour to solve the Question  
paper.

2. The candidate be given nearest examination centre as mentioned below

Name Of The Examination Place

Centre No

_____	_____
_____	_____

3. The candidate be given all types of concessions as per the Board's  
regulations.

4. Being a Blind candidate to offer and appear for the following subjects as  
per Board's regulations.

1. 1st Language \_\_\_\_\_ Optional Subject

2. 2nd Language \_\_\_\_\_ 1. \_\_\_\_\_

3. 3rd Language \_\_\_\_\_ School Subjects

4. \_\_\_\_\_ 1. Environmental Education (38)  
(Compulsory)

5. \_\_\_\_\_ 2. Health and Physical Education  
(Compulsory) (P1)

6. \_\_\_\_\_ 3. Personality Development (R6)  
(Compulsory)

4. One of the following

(Tick Mark "√" offered subject)

1. Scouting / Guiding (P2)

2. NCC / Sea Cadet Corps (P3)

3. Defence Studies (P4)

4. Civil Defence & Road Safety (P5)

5. Social Service (P6)

6. Vocational Guidance (R4)

School Index No \_\_\_\_\_

Head Master /Principal  
(School Stamp)

Date: \_\_\_\_\_



FORM - II

Medical Certificate for the Deaf Candidate

Certified that I, Dr. \_\_\_\_\_  
Registration No. \_\_\_\_\_ have this \_\_\_\_\_  
day of \_\_\_\_\_ 20\_\_\_\_ examined the candidate whose particular are given below :

1. Name of Candidate :-
2. Father's name :-
3. Sex :-
4. Approximate age :-
5. Identification mark :-
6. An estimate of the residual hearing, if any and the basis on which this estimate has been arrived at-
  - a) Right ear :-
  - b) 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 candidate, deaf are those in whom the sense of hearing is non-functional for the ordinary purposes 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 purpose of giving concessions granted by the Board to deaf candidates
9. Please enclose audiogram chart

Signature of Candidate  
Place :

{Signature of ENT specialist}  
Designation :

Date :  
Signature of Head Master  
& Stamp:

Office stamp :

School No. :

Address.

To,

The Divisional Secretary  
Maharashtra State Board of Secondary &  
Higher Secondary Education  
Pune Divisional Board  
Pune 411005

Sub : Concessions for Deaf -Dumb Candidate

Sir,

I have the honour to inform you that \_\_\_\_\_  
(Application Sr.No. or Seat No. \_\_\_\_\_) is bonafied  
student of this school .As per Medical Certificate the Candidate is Deaf/Dumb  
therefore please grant the following concessions for S.S.C Examination as per  
Board's regulations .

1. The candidate be given extra 30 minutes to solve the Question paper .
2. The candidate be given nearest examination centre as mentioned below.

Name Of The Examination Place

Centre No

\_\_\_\_\_

\_\_\_\_\_

3. The candidate be given all types of concessions as per the Board's  
regulations .

4. Being a Deaf/Dumb candidate to offer and appear for the following  
subject as per Board's regulations .

1. 1st Language \_\_\_\_\_ Optional Subject

2. 2nd Language \_\_\_\_\_ 1. \_\_\_\_\_

3. 3rd Language \_\_\_\_\_ School Subjects

4. \_\_\_\_\_ 1. Enviornmental Education (38)  
(Compulsory )
5. \_\_\_\_\_ 2. Health and Physical Education  
(Compulsory ) (P1)
6. \_\_\_\_\_ 3. Personality Development (R6)  
(Compulsory)
4. One of the following  
(Tick Mark "√" offered subject )
1. Scouting / Guiding (P2)
2. N.C.C / S.a Cadet Corps (P3)
3. Defence Studies (P4)
4. Civil Defence & Road Safety (P5)
5. Social Service (P6)
6. Vocational Guidance (R4)

School Index No \_\_\_\_\_

Head Master /Principal  
(School Stamp)

Date :-  
appl\_form\_blind07



**MEDICAL CERTIFICATE IN RESPECT OF AN ORTHOPAEDICALLY  
{ PHYSICALLY } HANDICAPPED OR SPASTIC CANDIDATE**

For the purpose of concessions granted to orthopaedically physically handicapped or spastic, the Orthopaedically {Physically} Handicapped or spastic 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 ..... 20  
have this ..... day of ..... 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 :</p> <p>{ Tick relevant from following List }</p> <p>POST - POLIO- PARALYSIS, HEMIPLEGIA, QUADRAPLEGIA, MALUNITIED, 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</p> <p>Estimate in percentage [mc, Bridge Scale] ON ANATOMICAL, FUNCTIONAL, [ PATIENTS ASSESSMENT, EXAMINER'S ASSESSMENT ]</p> <p>Percentage [ Please state whether the percentage of disability is 25 or above ]</p> <p>c] Use of applicant :</p> <p>[ Tick relevant from following list ]</p> <p>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]</p> <p>To show the nature of disability and any appliance if used.</p> <p>7. Any other particulars to clarify that nature and extent of disability that the Surgeon might like to point out.</p>	

Signature of Applicant

Place :

Date :

Signature of Orthopaedic Surgeon

Designation :

Office Stamp :

Address :

School Stamp and Signature of Head Master

School No.



To,

The Divisional Secretary  
Maharashtra State Board of Secondary &  
Higher Secondary Education  
Pune Divisional Board  
Pune 411005

Sub : Concessions For Physically Disabled Or Spastic Candidate

Sir,

I have the honour to inform you that \_\_\_\_\_  
(Application Sr.No. or Seat No. \_\_\_\_\_) is bonafied  
student of this school. As per Medical Certificate the above Candidate is  
Physically Orthopaedically Handicapped / Spastic therefore please grant the  
following concessions for S.S.C Examination as per Board's regulations

1. The candidate be given extra 30 minutes 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 Examination (School Subject)
3. The candidate be given nearest examination centre as mentioned below

Name Of The Examination Place

Centre No

4. The candidate be given all types of concessions as per the Board's  
regulations.

5. The candidate is to offer and appear for the following subjects

1. 1st Language \_\_\_\_\_ Optional Subject

2. 2nd Language \_\_\_\_\_ 1. \_\_\_\_\_

3. 3rd Language \_\_\_\_\_ School Subjects

4. \_\_\_\_\_ 1. Environmental Education (38)  
(Compulsory)

5. \_\_\_\_\_ 2. Health and Physical Education  
(Compulsory) (P1)

6. \_\_\_\_\_ 3. Value Education {Compulsory} (P7)  
4. General Knowledge {Compulsory} (P.8)

One of the following

(Tick Mark "√" offered subject)

1. Scouting / Guiding (P2)

2. NCC / Sea Cadet Corps (P3)

3. Defence Studies (P4)

4. Civil Defence (P5)

5. Social Service (P6)

6. Sarvodaya Vichar (P9)

School Index No \_\_\_\_\_

Head Master /Principal

MEDICAL CERTIFICATE FOR CANDIDATES HAVING  
LEARNING DISABILITY

Certified that we, Dr.----- Regd No.-----  
and Dr./ Special educator----- Regd No. / Licence No-----  
has 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 [  $\sqrt{\quad}$  ] [ 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 answer and the permission to offer Two Languages [ one mother tongue/ 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 mother tongue/ 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.

DYSCALCULIA -

The permission to opt Arithmetic for Std.VII [ 50 Marks] and Work Experience [50 Marks] instead of Mathematics [ Algebra and Geometry ]. No concession regarding any other subjects.

Signature of the examining neurologist and Date :

Signature of the examining paediatrician /  
Special educator and Date :-

Countersigned by Civil Surgeon and Date :



To,

The Divisional Secretary  
Maharashtra State Board of Secondary &  
Higher Secondary Education  
Pune Divisional Board  
Pune 411005

Sub : Concessions For Learning Disabled Candidate

Sir,

I have the honour to inform you that \_\_\_\_\_  
(Application Sr.No. or Seat No. \_\_\_\_\_) is bonafied  
student of this school .As per Medical Certificate (as above) is learning disabled  
candidate is therefore please grant the following concessions for S.S.C  
Examination as per Board's regulations .

1. The candidate be given 25 % extra times to solve the Question paper .
2. The candidate be given nearest examination centre as mentioned below

Name Of The Examination Place

Centre No'

_____	_____
_____	_____

3. The candidate be given all types of concessions as per the Board's  
regulations .

4. The candidate is to offer and appear for the following subjects .

1. 1st Language _____	<u>Optional Subject</u>
2. 2nd Language _____	1. _____
3. 3rd Language _____	<u>School Subjects</u>

- |          |                                                       |
|----------|-------------------------------------------------------|
| 4. _____ | 1. Enviornmental Education (38)<br>(Compulsory)       |
| 5. _____ | 2. Health and Physical Education (P1)<br>(Compulsory) |
|          | 3. Personality Development (R6)<br>(Compulsory)       |
|          | 4. One of the following                               |
|          | (Tick Mark "√" offered subject)                       |
|          | 1. Scouting / Guiding (P2)                            |
|          | 2. NCC / Sea Cadet Corps (P3)                         |
|          | 3. Defence Studies (P4)                               |
|          | 4. Civil Defence & Road Safety (P5)                   |
|          | 5. Social Service (P6)                                |
|          | 6. Vocational Guidance (R4)                           |

School Index No \_\_\_\_\_

Head Master /Principal  
(School Stamp)

Date :-

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