महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ,
पुणे विभागीय मंडळ. पुणे-४११००५

MAHARASHTRA STATE BOARD OF SECONDARY & HIGHER SECONDARY EDUCATION, PUNE DIVISIONAL BOARD, PUNE - 411005

DIVISIONAL CHAIRMAN
25536722 (OFF)

DIVISIONAL SECRETARY
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क्रमांक-पुविमं/शाखा-माध्य.क/ 9140
पुणे-४११००५
दि.- २६/११/२०२५
01-12-2025

प्रति,

मुख्याध्यापक,
सर्व मान्यताप्राप्त माध्यमिक शाळा
जिल्हा:- पुणे/ अहिल्यानगर/ सोलापूर

विषय- मार्च-२०२६ मध्ये होणाऱ्या माध्यमिक शालांत प्रमाणपत्र (इयत्ता-१० वी) परीक्षेत प्रविष्ट होणाऱ्या दिव्यांग विद्यार्थ्यांच्या वैद्यकीय दाखला व सवलती बाबत.

संदर्भ- १) शासन निर्णय क्रमांक संकीर्ण-२०१७/(११८/१७) एस. डी.-६ दि.१६/१०/२०१८
२) शासन पूरक पत्र क्रमांक संकीर्ण -२०१७/(११८/१७)एस. डी.-६/भाग-१. दि.२६/१०/२०२३

उपरोक्त संदर्भीय विषयानुसार कळविण्यात येते की, फेब्रुवारी-मार्च-२०२६ मध्ये होणाऱ्या माध्यमिक शाळांत प्रमाणपत्र (इ-१०) परीक्षेत आपल्या शाळा/ विद्यालयामार्फत प्रविष्ट होणाऱ्या दिव्यांग विद्यार्थ्यांच्या बाबत मंडळाचे निर्धारित प्रपत्र सह त्यांचे वैद्यकीय प्रमाणपत्र सादर करणे आवश्यक आहे. सदर प्रमाणपत्रसह प्रस्ताव सादर करताना खालील बाबींची पूर्तता करणे आवश्यक आहे.

1. मंडळाच्या विहित फॉर्म / प्रमाणपत्रावर जिल्हा शैल्यचिकित्सक 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 अद्यावत फोटो प्रमाणपत्रावर लावून त्यावर मुख्याध्यापक व जिल्हा शल्य चिकित्सक रुग्णालय यांचा शिक्का घेण्यात यावा. तसेच दिव्यांग विद्यार्थ्यास महाराष्ट्र शासनाने दिलेली अधिकृत प्रमाणपत्राची प्रमाणित छायाप्रत जोडण्यात यावी.
2. ज्या विद्यार्थ्यांकडे दिव्यांगांचे स्वावलंबन प्रमाणपत्र UDID कार्ड (unique disability ID card) असेल अथवा विद्यार्थ्यांनी त्याची प्रमाणित UDID कार्ड ची छायाप्रदा सोडल्यास त्यांना जिल्हा शल्य चिकित्सक (civil surgeon) यांची प्रति स्वाक्षरी असलेले विहित नमुन्यातील वैद्यकीय प्रमाणपत्राची आवश्यकता नाही.
3. ज्या विद्यार्थ्यांनी मंडळाच्या विहित नमुन्यामध्ये वैद्यकीय प्रमाणपत्र सादर केले असतील अशा विद्यार्थ्यांच्या दिव्यांगाचा कोड क्रमांक ऑनलाईन आवेदनपत्र भरतांना टाकण्यात यावा. अन्यथा कोड क्रमांक ची दुरुस्ती फ्री लिस्ट मध्ये दर्शवण्यात यावी. दिव्यांग

दिव्यांग पोट बरोबर लिहावा (उदा.दिव्यांग कोड क्रमांक-०१ म्हणजे अंध विद्यार्थी) सोबत दिव्यांग प्रकारनिहाय कोड यादी जोडली आहे.

4. मंडळाच्या विहित दिव्यांग फॉर्म परिपत्रकांवर मागील बाजूस असलेल्या तपशिलामध्ये विद्यार्थ्यांची मुख्याध्यापकाची स्वाक्षरी व शिक्क्यासह सादर करावी. सोबत दिव्यांग प्रकाराचे विहित फॉर्म जोडलेले आहेत.
5. शाळा प्रतिनिधी यांनी सदर कागदपत्रांची पूर्तता करून, सदरच्या विद्यार्थ्यास आवश्यक सवलती 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 प्रमुखामार्फत अर्ज करावा.
6. दिव्यांग विद्यार्थीस लेखनिकाची आवश्यकता असल्यास लेखनिक हा त्या शाळेतील-९ वी मध्ये शिकत असलेला विद्यार्थी/विद्यार्थिनी असावा/ असावी. सदर प्रस्तावासोबत मुख्याध्यापकाची शिफारस असलेली शाळा/ विद्यालयाचे पत्र, दिव्यांग विद्यार्थी व त्याच्या पालकांचा लेखनिक मिळणे बाबत विनंती अर्ज संबंधित लेखनिक विद्यार्थ्यांचा फोटो लावलेले बोनाफाईड प्रमाणपत्र मिळणे बाबत विनंती अर्ज, संबंधित लेखनिक विद्यार्थ्यांचा फोटो लावणे बोनाफाईड प्रमाणपत्र लेखनिक व त्यांच्या पालकाचे सहमती पत्र सादर करावे. अंकगणित विषयाकरिता इयत्ता-६ वी लेखनिक घेणे अनिवार्य आहे. ऐनवेळी अपरिहार कारणास्तव निर्धारित लेखनिक बदल करावयाचा असल्यास मंडळाची पूर्वपरवानगी घेणे आवश्यक राहील.
7. एनवेळी हाताला हाताला दुखापत/अपघात झालेल्या विदयार्थीस लेखनिक सवलत हवी असल्यास त्यांनी नजीकच्या सरकारी रुग्णालयाचे प्रमाणपत्र तसेच अनुक्रमांक ०५ मध्ये नमूदनुसार प्रस्ताव सादर केल्याशिवाय सदर सवलत दिली जाणार नाही याची नोंद घ्यावी.(उदा. बोट/हात/पाय फ्रॅक्चर होणे). संपूर्ण फोटोसह प्रमाणित करून सादर करावे.
8. उपरोक्त संदर्भ क्रमांक.०२ च्या शासन निर्णयानुसार डायबेटीस (Diabetes Mellitus Type) आजार असल्यास विद्यार्थ्यांना सोयी सवलती बाबत अवगत करून देण्यात यावे.
9. सदर प्रस्ताव दिनांक १५ डिसेंबर २०२५ अखेरपर्यंत मंडळ कार्यालयात समक्ष सादर करण्यात यावा.

सोबत:- विहित फॉर्म/ प्रमाणपत्रांचे नमुने

MBRaut
1.12.25

(मीनाक्षी राऊत)
विभागीय सचिव (प्र.)
पुणे विभागीय मंडळ,
पुणे-४११००५

प्रत माहितीसाठी तथा कार्यवाहीस्तव-

०१- विभागीय शिक्षण उपसंचालक, पुणे विभाग पुणे-०१

०२- शिक्षणाधिकारी (माध्य) जिल्हा परिषद पुणे, अहिल्यानगर, सोलापूर

अ. क्र.	दिव्यांगाचा प्रकार	दिव्यांगाचा सांकेतांक	अ.क्र.	दिव्यांगाचा प्रकार	दिव्यांगाचा सांकेतांक
१	अंशत:/पुर्णत:अंध (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 Disabllity Border Line)	१४
४	अस्थिव्यंग(Locomotor Disabilityincluding Orthopedic Disability)	४	१५	मल्टीपल स्क्लेरॉसिस (Multiple Sclerosis)	१५
५	शारीरिक वाढ खुंटणे (Dwarfism)	५	१६	वाचा व भाषा अक्षमत्व (Speech and Language Disabllity)	१६
६	बौध्दिक अक्षम(मतिमंद) (Intellectual Disabllity-Mentally challenged)	६	१७	थॅलस्सेमिया (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 (स्वमग्न) (Autism Spectrum Disord)	९	२०	ॲसिड ॲटॅक व्हिक्टिम (Acid Attack Victim)	२०
१०	सेरेबल पाल्सी (Cerebral Palsy)	१०	२१	पार्किनसन्स (Parkinoson Disease)	२१
११	स्नायूंची-विकृती (Muscular Dystrophy)	११	२२	इतर आजारामुळे शालेय शिक्षणात अडचणी येणा-या विदयार्थ्यांचावत (Other Disabilities) I) एपिडरमोलिसिस बुलोसा (Epidermolysis Bullosa) II)HIV बाधित III) Diabetes mellitus type, 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	२२

(2)

FORM - I

MEDICAL CERTIFICATE FOR BLIND

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. 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 or 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 Opthalmologist

Designation :

Office Stamp :

Address :

(3)

School Index No----------

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 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'sregulation

1st Language----------
1. 2nd Language----------
2. 3rd Language
3. Mathematics ----------
Algebra ----------
Geometry----------
3. Science & Technology
Or
Physiology Hygine
Home sciences
4. History Civics----------

Grade Subjects
School Subject(compulsory)
1. Physical Edu. P1
2.Self Development & ArtAppriciation R7
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)

(4)

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 decibles or above at 500, 1000 2000, frequencies willmake 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 : .....

Signature of Candidate

Place :

Date :

Signature of ENT Specialist

Designation :

Office Stamp :

Address :

(5)

School Index No----------

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 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 isDeaf/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. 1st Language----------
   Any one Language out of the Languages mention under the leading 1st lang, 2nd lang 3rd lang
2. 2nd Language----------
   Or work exp.sub.
3. 3rd Language
   Other than above 1st Lang & 2nd 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 (1st Language or third Language)
4. Mathematics ----------
   Algebra ----------
   Geometry----------
5. Science & Technology
   Or
   Physiology Hygine
   Home sciences
6. Social Sciences
   History Civics----------
   Geo. Eco----------

Grade Subjects
School Subject. (compulsory)
1. Physical Edu. P1
2. Self Development & ArtAppriciation R7

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

Date:

Head Master
(School Stamp)

FORM-III

MEDICAL CERTIFICATE IN RESPECT OF SPASTIC CANDIDATE

The spastics are thsoe 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.	a) Nature of disability (Tick relevant from following List) CEREBRAL PALSY POST-POLIO-PARALYSIS, HEMIPLEGIA, QUADRAPLEGIA, MALUNITED, 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. b) Extent of disability Estimate in percentage (mc, Bridge Scale) . ON ANATOMICAL, 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 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:

(7)

TO,
The Divisional Secretary,
M.S.BoardOf 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 Spastictherefore, 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. 1st Language----------
2. 2nd 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. 3rd Language----------

Candidate may offer than Those subject offered under first and Second language

Or

Work exp. Sub. Other than no.2

Grade Subjects	
School Subject(compulsory)	
1. Physical Edu.	P1
2.Self Development & art Appriciation	R7
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

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----------

Geo. Eco----------

Yours faithfully

Date:

Head Master
(School Stamp)

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 causes on interference with the normal functioning of bones, muscles and joints

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

Have this ..... day of ..... 20 ..... 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.	a) Nature of disability (Tick relevant from following List): POST-POLIO-PARALYSIS, HEMIPLEGIA, QUADRAPLEGIA, MALUNITED, FRACTURE, NERVE PARALYSIS, UPPER EXTREMITY, LOWEREXTREMITY,LIMP,PAINFLL, SHORTENINGDEFORMITY,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 (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.
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:

9

School Index No----------

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 Subject)
3. The candidate to offer and appear for the following subjects.
   1. 1st Language----------
   2. 2nd Language----------
   3. 3rd Language
   4. Mathematics ----------
      Algebra ----------
      Geometry----------
   5. Science & Technology
      Or
      Physiology Hygine
      Home sciences
   6. History Civics----------
      Geo. Eco----------

Grade Subjects

School Subject(compulsory)

1. Physical Edu. P1
2. Self Development & ArtAppriciation R7

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

Date:

Yours faithfully

Head Master
(School Stamp)

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 : .....

(11)

School Index No----------

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 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. 1st Language----------
   Any one Language out of the Languages mention under the leading
   1st lang, 2nd lang 3rd lang
2. 2nd Language----------
   Or work exp.sub.

3. 3rd Languag e

   Other than above 1st Lang & 2nd 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 (1st Language or third Language)

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

   Or

   Physiology Hygine
   Home sciences

6. Social Sciences

History Civics----------

Geo. Eco----------

Grade Subjects

School Subject. (compulsory)
1. Physical Edu. P1

2.Self Development & ArtAppriciation R7
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

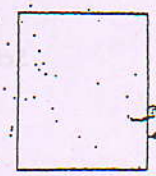
Date:

Yours faithfully

Head Master
(School Stamp)

(12)

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

Seal of Govt. Institution.

Signature of Govt. Doctor/Officer

Reg. No. and the Name of Doctor/Officer

(13)

School Index No----------

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 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

1. 1st Language----------
2. 2nd Language----------
3. 3rd Languag----------
4. Mathematics ----------
   Algebra ----------
   Geometry----------

Grade Subjects

School Subject(compulsory)

1. Physical Edu.	P1
2.Self Development & ArtAppriciation	R7

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)

(14)

दिव्यांग विद्यार्थ्याचा अर्ज

विद्यार्थ्याचा
सध्याचा फोटो

प्रति,

मुख्याध्यापक

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

वरील विषयास अनुसरून विनंती अर्ज करीतो की, मी ----------इ.१० वी तुकडी --------- मध्ये आपल्या शाळेमध्ये शिक्षण घेत आहे. मी दिव्यांग असल्यामुळे मला माध्यमिक शालान्त प्रमाणपत्र परीक्षा मार्च/ जुलै-ऑगस्ट-२०. साठी लेखनिकाची आवश्यकता आहे.

लेखनिक विदयार्थी/विदयार्थीनीचे नांव ----------इयत्ता------तुकडी---------

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

दिनांक -

ठिकाण -

विद्यार्थ्याची/विद्यार्थीनीची स्वाक्षरी

मुख्याध्यापकांचे शिफारसपत्र

प्रमाणित करण्यात येते की, सदर विद्यार्थी/विद्यार्थीनी नांव ----------या शाळेतील 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

लेखनिक विदयार्थ्यांचे संमतीपत्र

लेखनिकांचा सध्याचा फोटो

मी लेखनिक नांव कुमार/कुमारी :----------
शाळेचे नाव
:----------
----------या शाळेचा विद्यार्थी/विदयार्थीनी असून सन :----------या शैक्षणिक वर्षात इयत्ता :---------- तुकडी :---------- या वर्गात शिकत आहे.

मी परिक्षार्थी नांव :----------इयत्ता :---------- तुकडी :---------- या वर्गात शिकत असलेल्या दिव्यांग विद्यार्थ्यास/विद्यार्थीनीस माध्यमिक शालान्त प्रमाणपत्र परीक्षा मार्च/जुलै–२० ---------- परीक्षेकरीता लेखनिक म्हणून काम करण्यास माझी संमती आहे, असे लिहून देतो.

दिनांक –
ठिकाण–

लेखनिक विद्यार्थी/विद्यार्थ्यानीची स्वाक्षरी

लेखनिकाच्या पालकांचे संमतीपत्र

मी श्री/श्रीमती :----------माझा पाल्य
कुमार/कुमारी----------इयत्ता :---------- तुकडी :---------- या
वर्गात----------या शाळेमध्ये शिक्षण घेत आहे.

----------या शाळेतील
कुमार/कुमारी----------इयत्ता :----------तुकडी :----------
या वर्गात शिकत असलेल्या दिव्यांगविदयार्थी/विदयार्थीनीस 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/विद्यार्थीनी नांव
----------हा/ही----------
----------या शाळेतील विदयार्थी/विदयार्थीनी असून सन :---------- या शैक्षणिक वर्षात इयत्ता :---------- तुकडी :---------- या वर्गात शिकत आहे.

वर नमूद केल्याप्रमाणे माझ्या शाळेतील विदयार्थी/विदयार्थीनी नांव
---------- यास लेखनिक म्हणून देण्यास माझी संमती/शिफारस आहे.

दिनांक –
ठिकाण–

मुख्याध्यापकांची स्वाक्षरी
व शाळेचा शिक्का