

Medical Certificate for Blind Candidate

| | |
|--------------------------------------|-----------------------|
| 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 |

- 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].

Address

Date :-

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 honor 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 H.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 _____ 2. 2nd Language _____

Optional Subject

3. _____

4. _____

5. _____

6. _____

7. Enviornmental Education (31)
(Compulsory)

8. Health and Physical Education (30)
(Compulsory)

Jr.College Index No _____

Principal
(Jr.College Stamp)

Date :-

appl_form_blind07

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 :

Date :

Signature of Head Master
& Stamp:

School No. :

(Signature of ENT specialist)

Designation :

Office stamp :

Address.

XXXXXX MEDICAL CERTIFICATE

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 honor 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 H.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 _____ 2. 2nd Language _____

Optional Subject

3. _____

4. _____

5. _____

6. _____

7. Enviornmental Education (31)
(Compulsory)

8. Health and Physical Education (30)
(Compulsory)

Jr.College Index No _____

Principal
(Jr.College Stamp)

Date :-

FORM - III (क)

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 I, Dr Registration No 200
have this day of 200.... 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> | |
| 7 | Any other particulars to clarify that nature and extent of disability that the Surgeon might like to point out. | |

Signature of Applicant

Place :

Date :

Signature of Orthopaedic Surgeon

Designation :

Office Stamp :

Address :

Jr.Coll. Stamp and Signature of Principal
Application Sr.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 honor 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 H.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 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 _____ 2. 2nd Language _____

Optional Subject

3. _____

4. _____

5. _____

6. _____

7. Enviornmental Education (31)
 (Compulsory)

8. Health and Physical Education (30)
 (Compulsory)

Jr.College Index No _____

Principal
 (Jr.College Stamp)

Date :-

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 [☒] [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 :

LEARNING DISABILITY

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 honor to inform you that _____
(Application Sr. No . or Seat No. _____) is bonafied student
of this school Jr College. As per Medical Certificate the candidate is learning
disabled candidate. Therefore please grant the following concessions for H.S.C
Examination as per Board's regulations .

1. The candidate be given extra 60 minutes to solve the Question paper .
2. The candidate be given nearest examination centre as mentioned below
3. The candidate is to offer and appear for the following subjects .

1. 1st Language English

2. _____

Compulsary Subject

3. _____

4. _____

5. _____

6. _____

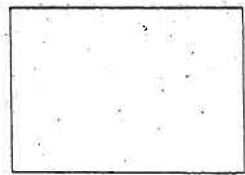
Jr College Index No _____

Principal
(Jr. College Stamp)

Date :-

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OPINION CERTIFICATE



Date :

Name :

Gender :

Age :

Date of Birth :

Date of Registration :

L.D. No:

Father's Name :

Std. :

School Name:

Physical & Neurologic Assessment:

Neurological Assessment:

Hearing :

Vision :

Psychological Assessment:

[Date:]

WISC

Verbal IQ

Performance IQ

Full Scale IQ

Interpretation:

Educational Assessment:

[Date :]

Woodcock Johnson III Tests of Achievement Indicative of

Diagnosis : Learning Disability

Recommendations:

-Remedial Education

-Provisions for Learning Disability

Department of Psychiatry

Department of Psychiatry

Department of Paediatrics