Attested Photograph

FORM - I Medical certificate for Blind Candidate

:Certified that,I,Or	
Registration No	
day of	: e
qiven below:	
보고 지원이 아이에 이번째 나는 아이에 나는 이 이 사람들이 되었다.	
1. Name of Candidate	
2. Father's Name	
3. Şex 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 acquity not exceeding	
6/60 or 20/200[Snellen] in the better eye with correcting	
lenses.	-
c] . Limitation of the field of	
vision substanding angle of	*
20 degrees or worse):	i
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.	33.
	-

Signature of Applicant
Place
Date
School Stamp & signature of Head Master:
School No.

[Signature of Optnalmologist]
Designation
Office Stamp
Address

To,

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

Sub: Concessions for Bl		
Sir, I have the honor to inform you th	nat	
(Application Sr. No. or Seat No.	nat is bonafied student	
of this school .As per Medical Certific	eate the Candidate is blind, therefore please	
grant the following concessions for H.	S.C Examination as per Board's regulations	
	20 minutes per hour to solve the Question	
2. The candidate be given neares	st examination centre as mentioned below	
Name Of The Examination Place	Centre No	
regulations.	pes of concessions as per the Board's	
4. Being a Blind candidate to of per Board's regulations.	fer and appear for the following subjects as	
1. 1st Language 2. 2nd Language		
Optional Subject		
3		
4.	7. Enviornmental Education (31) (Compulsory)	
5.	8. Health and Physical Education (Compulsory) (30)	
6		
Tie	<u> </u>	
Jr.Co lege Index No	Principal (Jr.College Stamp)	
Date:-		
appl form blind07		

FORM - II Medical Certificate for the Deaf Candidate

1	Certified that I, Dr	
	istration Nohave th	
day	of20 examined the c	andidate whose particular are giver, belo
× n f al	Vame of Candidate :-	
	ather's name	
	ex -	
	pproximate age :-	
	dentification mark :-	
	An estimate of the residual hearing,	
	fany and the basis on which this	
	estimate has been arrived at-	Note I to a second
	al Right ear	
ď,	b] Left ear :-	
e e		
7.	Onset of deafness (Please state whether	
	Jeafness is from birth or acquired	
	later, If it has been caused afterwords	
19 21 .5	the age and cause of deafness may be	
-ç.	indicated]	
ંં.	[For the purpose of concessions grante	ed: :
华	to deaf candidate, deaf are those in	
88	whom the sense of hearing is non-func	tional
	for the ordinary purposes of life. Gener	ally
	loss of hearing at 60 decibels or above	t at
	500,1000,2000 frequencies will make	
w fil	residual hearing rion-functional)	
٠,۵	Please staticlearly whether the	
X .	candidate is deaf for purpose of	
	giving concessions granted by the	
. 6	Board to deaf candidates	
0.860	9. Please enclose audiogram chart	
j#	Signature of Candidate	[Signature of ENT specialist]
	Place:	Designation : *
·	Date :	Office stamp:
	Signature of Head Master	
	& Stamp:	9 15 IAMAD
	School No.	Address.
	WOOTE HEACH CENTRELIE	
	WOOTE VERIOR TOUR	

Form II /Page 2	Date :-
To, The Divisional Secretary Maharashtra State Board of S Higher Secondary Education Pune Divisional Board Pune 411005	-
Sir, I have the honor to inform you (Application Sr. No. or Seat student of this school .As per Mediatherefore please grant the following Board's regulations. 1. The candidate be given expected.	r Deaf -Dumb Candidate ou that No is bonafied cal Certificate the Candidate is Deaf/Dumb concessions for H.S.C Examination as per stra 30 minutes to solve the Question paper . arest examination centre as mentioned below.
Name Of The Examination Place	Centre No
regulations. 4. Being a Deaf/Dumb cand subject as per Board's regulations. 1. 1st Language	I types of concessions as per the Board's lidate to offer and appear for the following 2. 2nd Language
Optional Subject 3. 4. 5. 6.	7. Enviornmental Education (31) (Compulsory) 8. Health and Physical Education (Compulsory) (30)
Jr.College Index No Date :-	Principal (Jr.College Stamp)
appl_form_blind07	

FORM - III (南)

MEDICAL CERTIFICATE IN RESPECT OF AN ORTHOPAEDICALLY (THYSICALLY) 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.

1	Name of Candidate
2	Identification Mark
3	Sex
	Father's Name
5	Approximate Age
)	A] Nature of disability:
	{ Tick relevant from following List }
	POST - POLIO- PARALYSIS ,HEMIPLEGIA ,
	QUADRAPLEGIA, MALUNITIED,
	FRACTURE, NERVE PARALYSIS, UPPER
	EXTREMITY, LOWER EXTREMITY, LIMP,
	PAINFUL, SHORTENING,
ř.	DEFORMITY, CONGENITAL, ACQUIRED,
	ABOVE KNEE ,BELOW KNEE,
	HIP HEMIPELVECTOMY, 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,
15	BILATERAL ,ABOVE ELBOW ,BELOW ELBOW ,
	HEMIPELVECTOMY, SHOULDER-
	DIS-ARTICULATION AND AND AND AND AND AND AND AND AND AN
-	D] Any operation done or indicated
	E Photograph [Attested]
Ð,	To show the nature of disability and any applience
	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

Place :

Date

Signature of Orthopadic Surgeon

Designation

Office Stamp

Address

Jr.Coll. Stamp and Signature of Principal Application Sr.No.

medical_certificate_formili

Form III /Page 2	Date :-	
To, The Divisional Secretary Maharashtra State Board of Se Higher Secondary Education Pune Divisional Board Pune 411005	econdary &	
Control of the Contro	r Physically Disabled Or Spastic Candidat	te
student of this school .As per Medic Physically Orthopaedically Handica following concessions for H.S.C Ex 1. The candidate be given ext paper . 2. The candidate is unable to therefore the candidate be Education Examination (S	cal Certificate the above Candidate is capped / Spastic therefore please grant the amination as per Board's regulations. It a 20 minutes per hour to solve the Quest of complete the course in Physical Educate exempted from appearing for Physical	ion ion,
	2	
Name Of The Examination Place	Centre No	
1	3	
regulations. 5. The candidate is to offer a	types of concessions as per the Board's and appear for the following subjects. 2. 2nd Language	
Optional Subject 3.	59 25	
4.	7. Enviornmental Education (Compulsory)	(31)
5.	1.01	(30)
6.		
Jr.College Index No	Principal (Jr.College Stamp))
Date :-	ø	

FORM IV

MEDICAL CERTIFICATE FOR CANDIDATES HAVING LEARNING DISABILITY

Certi:	fied that we, Dr.	Regd No
	or or other state of the state	Read No / Licence No
nas e	xamined the candidate whose particulars are give	in below on the following dates independent
or ead	ch other.	
1=	NAME OF THE CANDIDATE :	
7		
2.	FATHER'S NAME	
2	OTIVE	
3.	SEX	
4	AGE IN YEARS AND MONTHS :	r serge a substitution of the service of the servic
*		n de saj graf esta la julija da j
5.	IDENTIFICATION MARK :	
, .		
б: "	NATURE OF THE DISABILITY	[Based on the tests devised by the
31	board comprising of a neurologist, child psycindicate the disability with a [\dagger] [tickmark].	nologist and special educator Please
1	maioto no distributo mara [1] [rioldinara].	
[a] =	DYSLEXIA -	
6		
[p]	DYSGRAPHIA -	
[c]	DYSCALCULIA -	
[0]	DISCALCOLIA -	
7(8	We further recommend the following concess:	ions to be nermitted for the same
DYS	SLEXIA -	
	out the question paper and take a dictation of Languages [one mother tongue/ medium of instead of three languages. For third language scheme of subjects for these candidates.	astruction and the other second language]
JO 8 6	A	
8		
DYS	SGRAPHIA -	
	The permission to use a writer for a	nswering the paper and the permission to offer
	Two Languages [one mother tongue/ mediur	n of instruction and the other Second language
- 60	instead of three languages. For Third langua	ige option of work experience according to
9 B. J.	scheme of subjects for these candidates.	
nv	SCALCULIA	
42.2	The permission to opt Arithmatic for	Std. VII [50 Marks] and Work Experience
		ra and Geometry]. No concession regarding
	any other subjects.	
4.0	Signature of the examining neurologist and	Date:
294 294		
2 a a	en e	
	Signature of the examining paedinviolan / Special educator, and Date:-	
* *		
0 ×0	Countersigned by Civil Surgeon and Date:	
56 S	T. DELICA DI ITV	

10,	
	The Divisional Secretary
	Maharashtra State Board of Secondary &
	Higher Secondary Education
	Pune Divisional Board
	Pune 411005

appl_form_blind07

Sir,	Sub: Concessions For Le		
(Applic of this disable Examin	I have the honor to inform you the cation Sr. No. or Seat No. school Jr College. As per Medical candidate. Therefore please gramation as per Board's regulations 1. The candidate be given extra 62. The candidate be given neares 3. The candidate is to offer and a	nt the following on the following on the following on the following of	concessions for H.S.C we the Question paper. Introduce in real method in the concessions for H.S.C
1. 1st I	Language <u>English</u>	2.	
Comp	ulsary Subject		
3			
4			
5.			
6.			
Jr Col	lege Index No	(.	Principal Jr. College Stamp)
Date:	er.	٠.,	

OPINION CERTIFICATE

	Date :	o a Karati a	
5	Name :	Gender:	
* /	Age		
	Date of Birth		
	Date of Registration:	L.D. No:	
	Father's Name :		
	Std.	School Name:	
	Physical & Neurologic Assessment Neurological Assessment:	t:	
	Hearing:	Vision:	
	Psychological Assessment: WISC Verbal IQ Performance IQ Full Scale IQ	[Date: \	н
19	Interpretation:		
	interpretation.		
	Educational Assessment: Woodcock Johnson III Tes	[Date : ts of Achievement Indicat] tive of
(15.40)	Diagnosis: Learning Disability		
	rs commendations: -Remedial Education		
	-Provisions for Learning D	isability	
		.sasmity	
5			
	Department of Psychiatry	Department of Psychiatry	Department of Paediatrics
ě			The state of the s
39	OPINION CERTIFICATE-I		