

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



महाराष्ट्र राज्य माध्यमिक व उच्च  
माध्यमिक शिक्षण मंडळ, स.नं.  
८३२-ए, फा. प्लॉट नं. १७८, १७९,  
बालचित्रवाणी शेजारी, आधारकर रिसर्च  
इन्स्टिट्यूटच्या मागे, भांबुर्डा, शिवाजीनगर,  
पुणे-४११००४.



Tel : Chairman (P) : STD . (020)-25651751

Secretary(P) : 25651750 | EPABX -25705000 |

Email : secretary.stateboard@gmail.com

क्र.रा.मं./संशोधन/दिव्यांग / 3324

M. S. B. of Sec. & High Sec.  
Education Divl. Board, Nashik  
RECEIVED ON

पुणे - 411004

दिनांक - 7/10/2024

प्रति.

प्रति,  
विभागीय सचिव,  
सर्व विभागीय मंडळे

Inward No. 4368

Clerk

विषय - Intimation regarding change of format of certificate issued to children  
With borderline intellectual functioning and intellectual Disability (Mild,  
Moderate, Severe and Profound) from centre for learning disability, dept  
Of psychiatry, TNMC and BYL Nair ch. Hospital - 400008.

संदर्भ- Centre for Learning disability, Department of Psychiatry B.Y.L Nair Hospital &  
T.N. Medical College, Fr. A.L. Nair Road, Mumbai -400008 Dated - 13/09/2024

उपरोक्त विषयास अनुसरून कळविण्यात येते की, उपरोक्त संदर्भित विषयाचे पत्र या  
कार्यालयास प्राप्त झाले आहे. त्यानुषंगाने सदर हॉस्पिटलने दिव्यांग प्रमाणपत्राच्या नमुन्यात बदल केलेला  
आहे. तरी, बदललेल्या नमुन्याप्रमाणे प्रस्ताव स्विकारणे बाबत शाळा/ कनिष्ठ महाविद्यालये यांना  
कळविण्यात यावे. संदर्भित पत्रानुसार दिव्यांगांच्या प्रमाणपत्राबाबत कार्यवाही करावी.

सोबत- Centre for Learning disability, Department of Psychiatry B.Y.L Nair Hospital &  
T.N. Medical College, Fr. A.L. Nair Road, Mumbai -400008 Dated 13/09/2024 चे पत्र

(अनुराधा ओक)

सचिव,

राज्य मंडळ, -४.

मा.सहा.सचिव/सहा.सचिव/वि.सचिव/वि.अध्यक्ष

Form 'A'

ANNEXURE-2

MUNICIPAL CORPORATION OF GREATER MUMBAI

No. ....

Date ..... 20 .....

This is to certify that ..... was treated in the Outpatient  
Department of this Hospital from ..... to ..... and was admitted into this  
Hospital on ..... and discharged on ..... He/  
She is still under treatment.

He/She has been suffering from ..... and is unfit to resume his/  
her duties from/for a period of ..... He/She is advised light duty suitable  
work for a period of .....

Medical Officer



# ANNEXURE - 1

## Brihanmumbai Municipal Corporation

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

Dr. A. L. Nair Road, Mumbai - 400 008. Tel. 022 23020552



### OPINION CERTIFICATE

Date :

Name :

Age :

Sex :

Date of Birth :

Date of Registration :

UHID No. :

Father's Name : Mr.

Mother's Name : Ms.

Std. :

Name of School :

Psychological Assessment :

(Date : )

Test-

Verbal IQ

:

Performance IQ

:

Global IQ

:

Diagnosis :

Recommendation :

Dr. Sushama Sonavane  
Professor & Head  
Dept. of Psychiatry

Dr. Henal Shah  
Professor Additional  
Dept. of Psychiatry

Dr. Jahnavi Kedare  
Professor Additional  
Dept. of Psychiatry

Dr. Alka Subramanyam  
Associate Professor  
Dept. of Psychiatry