

दिव्यांग विद्यार्थ्यांबाबत मुख्याध्यापकांनी द्यावयाचे प्रमाणपत्र

शाळेचा सांकेतिक क्रमांक एस -

प्रमाणित करण्यात येते की, महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, नाशिक विभागीय मंडळातर्फे घेण्यात येणाऱ्या मार्च/जुलै-२०----- च्या माध्यमिक शालांत प्रमाणपत्र परीक्षेस खालील विद्यार्थी माझ्या शाळेतून नियमित /पुर्नपरीक्षार्थी विद्यार्थी म्हणून प्रविष्ट होत आहे/ आहेत.

१. विद्यार्थ्यांचे ऑनलाईन आवेदनपत्रावरील नाव व दिव्यांग प्रमाणपत्रावरील नाव सारखेच असून सदर दस्तावेजाची पडताळणी शालेय अभिलेखावरून करण्यात आलेली आहे.
२. विद्यार्थ्यांच्या दिव्यांग प्रमाणपत्रावरील दिव्यांगत्वाची २५ टक्के व त्याहून अधिक आहे याची मी खात्री केली आहे.
३. विद्यार्थ्यांचा चालू शैक्षणिक वर्षातील फोटो वैद्यकीय प्रमाणपत्रावर लावून प्रमाणित केलेला आहे.
४. अंध, मूकबधीर, शारिरीक दृष्ट्या दुर्बळ, बहुविकलांग, अध्ययन अक्षम व ऑटिझमग्रस्त विद्यार्थ्यांच्या सोबतच्या दिव्यांग प्रमाणपत्र नमुन्याच्या मागील पृष्ठावरील विषय योजनेचे मी वाचन केले असून त्यानुसार विषय घेणेबाबत संबंधित विद्यार्थ्यांस मार्गदर्शन केले आहे. तसेच मंडळामार्फत मुद्रित करण्यात आलेले, विशेष गरजा असलेल्या विद्यार्थ्यांसाठी सवलती, विशेष योजना, परीक्षा योजना अभ्यासक्रम व प्रश्नपत्रिका आराखडा इ.९वी व इ.१०वी हे पुस्तक शाळेच्या संग्रही असून त्यानुसार विद्यार्थ्यांना मार्गदर्शन करण्यात आलेले आहे.
५. दिव्यांग विद्यार्थ्यांस लेखनिक मंजूरीस्तव खालीलप्रमाणे दस्तऐवज आवश्यक आहेत याची मला जाणीव आहे.
 १. लेखनिक मिळणेसाठी दिव्यांग विद्यार्थी अर्ज, लेखनिक विद्यार्थ्यांचा अर्ज/ संमतीपत्र, लेखनिक विद्यार्थ्यांच्या पालकांची संमतीपत्र व मुख्याध्यापक /प्राचार्यांचे संमती /शिफारस पत्र प्रतिस्वाक्षरी करून मंडळाकडे विहित मुदतीत पाठविणे बंधनकारक आहे.
 २. ज्या दिव्यांग विद्यार्थ्यांसाठी लेखनिक प्रस्तावित केलेला आहे अशा दोन्ही विद्यार्थ्यांचे फोटो शाळेच्या लेटरहेडवर लावून प्रमाणित करणे आवश्यक आहे.
 ३. लेखनिकाची सुविधा फक्त अंध, हाताने दिव्यांग, बहुविकलांग, अध्ययन अक्षम व ऑटिझमग्रस्त विद्यार्थ्यांसाठीच आहे.
 ४. मूकबधीर विद्यार्थ्यांसाठी लेखनिक सुविधा नाही.
 ५. ज्या दिव्यांग विद्यार्थ्यांनी इ.७ वी चे अंकगणित हा विषय घेतलेला आहे अशा विद्यार्थ्यांनी सदर विषयासाठी इ.६ वी चा लेखनिक प्रस्तावित करणे अनिवार्य आहे.
 ६. ज्या दिव्यांग विद्यार्थ्यांस लेखनिकाची आवश्यकता असेल अशा विद्यार्थ्यांना इ. ९ वीत शिकत असलेला विद्यार्थी लेखनिक म्हणून घ्यावा.

दिनांक -

ठिकाण-

मुख्याध्यापकांची स्वाक्षरी
शाळेचा शिक्षा

अ. क्र.	दिव्यांग विद्यार्थ्यांचे नांव	दिव्यांगाचा प्रकार	दिव्यांग टक्केवारी	दिव्यांग कोड
१				
२				
३				
४				
५				

दिव्यांग विद्यार्थ्यांचा अर्ज

विद्यार्थ्यांचा
सध्याचा फोटो

प्रति,

मुख्याध्यापक,

विषय :- माध्यमिक शालान्त प्रमाणपत्र परीक्षा मार्च/जुलै-ऑगस्ट-२०२२ परीक्षेकरिता लेखनिक
मिळणेबाबत...

वरील विषयास अनुसरून विनंती अर्ज करिते/करीतो की, मी -----
इ.१०वी तुकडी ----- मध्ये आपल्या शाळेमध्ये शिक्षण घेत आहे. मी दिव्यांग असल्यामुळे मला माध्यमिक
शालान्त प्रमाणपत्र परीक्षा मार्च/जुलै-ऑगस्ट-२०२२ साठी लेखनिकाची आवश्यकता आहे

लेखनिक विद्यार्थी/विद्यार्थीनीचे नांव -----
इयत्ता ----- तुकडी ----- मध्ये ----- या शाळेमध्ये
शिक्षण घेत असून सदर विद्यार्थी मला लेखनिक म्हणून घेण्यास परवानगी मिळावी ही विनंती.

दिनांक :-

ठिकाण :-

विद्यार्थ्यांची/विद्यार्थीनीची स्वाक्षरी

मुख्याध्यापकांचे शिफारसपत्र

प्रमाणित करण्यात येते की,
सदर विद्यार्थी/विद्यार्थीनी चे नाव ----- 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 विद्यार्थ्यांचे संमतीपत्र

लेखनिकाचा
सध्याचा फोटो

मी लेखनिक नाव कुमार/कुमारी -----

शाळेचे नाव -----

या शाळेचा विद्यार्थी/विद्यार्थीनी असून सन ----- या शैक्षणिक वर्षात इयत्ता ----- तुकडी ----- या
वर्गात शिकत आहे.

मी परिक्षार्थी नाव ----- इयत्ता ----- तुकडी ----- या वर्गात शिकत

असलेल्या दिव्यांग विद्यार्थ्यांस/विद्यार्थीनीस माध्यमिक शालान्त प्रमाणपत्र परीक्षा मार्च/जुलै-२०२ -----
परीक्षेकरीता लेखनिक म्हणून काम करण्यास माझी संमती आहे, असे लिहून देते/देतो.

दिनांक :-

ठिकाण :-

लेखनिक विद्यार्थी/विद्यार्थीनीची 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 दिव्यांग विद्यार्थी/विद्यार्थीनीस 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 चे नाव -----

-- हा/ही -----

या शाळेतील विद्यार्थी/विद्यार्थीनी असून सन -----

-- या शैक्षणिक वर्षात इयत्ता ----- तुकडी ----- या वर्गात शिकत आहे.

वर नमूद केल्याप्रमाणे माझ्या शाळेतील विद्यार्थी/विद्यार्थीनी चे नाव -----

- यास लेखनिक म्हणून देण्यास माझी संमती/शिफारस आहे.

दिनांक :-

ठिकाण :-

मुख्याध्यापकांची स्वाक्षरी
व शाळेचा शिक्का

Date :

To,
The Divisional Secretary,
 M.S.Board of 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 is Deaf/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.

3. 1st Language _____

Any One Language out of the Languages mention under the leading

1st lang, 2nd lang, 3rd lang

3. 2nd Language _____

Or work exp. sub.

4. 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. Health and Physical Edu. P1
2. Water Security R8

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 : / /202

Head Master
(School Stamp)

4.3 FORM - II
MEDICAL CERTIFICATE FOR DEAF DUMB

Certified that I,

Dr. have this

Registration No.

..... Day of 202.....

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 Ratio hearing, if any and the basis on which this estimate has been arrived at.
 - i) Right ear
 - ii) Left ear
7. Onset of deafness..... state whether deafness from birth acquired later, if i..... been caused afterwards the age..... cause of deafness may be indicated)
(For the purpose of concessions granted of 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 decibels or above at 500, 1000 2000, frequencies will make 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 audiogram chart :

Signature of Candidate

Place :

Date :

Signature of ENT Specialist

Designation :

Office Stamp :

Address :

सदर प्रमाणपत्राचा नमुना हा फक्त त्वरित मार्गदर्शनासाठी उपयोगात आणावा. विद्यार्थ्यांकडे वैध मुदतीचे सिव्हील सर्जनचे प्रमाणपत्र यापूर्वीच असल्यास फक्त त्या प्रमाणपत्राची साक्षांकित छायाप्रत मंडळास दिव्यांग प्रस्तावासोबत सादर करावी.

School Index No. _____

No.NDB/Exam/S.S.C./B-1

Date :

To,

The Divisional Secretary,
M.S.Board of Sec. & Higher Sec. Education,
Nashik Divisional Board,
Nashik - 422003.

Sub. :- Concession for Learning Disable Candidate S.S.C. 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 Learning Disable Candidate, 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 Language _____

Grade Subjects

Other than above 1st Lang & 2nd lang

School Subject(Compulsory)

Or

1. Health and Physical Edu. P1

Work exp. Sub. Other than No.2

2. Water Security R8

Note : The candidate with specific dysoexia,

Dysgraphia those who offer work exp.

One of the following School sub.

Subject in lieu of third language

Optional (Grade)

It is compulsory to offer subject English

Tick mark ✓ offered subject

(1st Language or third Language)

1. Scouting / Guiding P2

4. Mathematics _____

2. NCC/SCC P3

Algebra _____

3. Defence Studies P4

Geometry _____

4. Civil Defence / R.S.P. P5

5. Science & Technology

Or

Physiology Hygiene

Home Sciences

6. Social Sciences

History Civics _____

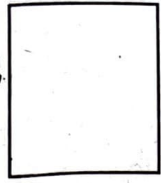
Geo. Eco. _____

Yours faithfully,

Date :

Head Master
(School Stamp)

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 (Tick mark)

a) DYSLEXIA

b) DYSGRAPHIA

c) DYSCALULIA

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 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 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.

DYSCALCULA : 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 :

सदर प्रमाणपत्राचा नमुना हा फक्त त्वरित मार्गदर्शनासाठी उपयोगात आणावा. विद्यार्थ्यांकडे वैध मुदतीचे सिव्हील सर्जनचे प्रमाणपत्र यापूर्वीच असल्यास फक्त त्या प्रमाणपत्राची साक्षांकित छायाप्रत मंडळास दिव्यांग प्रस्तावासोबत सादर करावी.

Date :

To,

The Divisional Secretary,
M.S.Board of Sec. & Higher Sec. Education,
Nashik Divisional Board,
Nashik - 422003.

Sub. :- Concession for Spastic Candidate S.S.C. 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 Spastic 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 will be given writer (if necessary).
4. The candidate to offer and appear for the following subjects.

1. 1st Language _____**Grade Subjects**2. 2nd Language _____

School Subject(Compulsory)

Candidate may offer any two languages

1. Health and Physical Edu. P1

Falling under first language and second

2. Water Security R8

Language however he shall not offer the

Same language for both the subjects

One of the following School Sub

Or

Optional (Grade)

Work exp. sub.

Tick mark ✓ offered subject

3. 3rd Language _____

1. Scouting / Guiding P2

Candidate may offer than

2. NCC/SCC P3

Those subject offered under first and

3. Defence Studies P4

Second language

4. Civil Defence / R.S.P. P5

Or

Work exp. Sub. Other than no.2

4. Mathematics _____

Algebra _____

Geometry _____

Arithmetic Std. 7th

And

Work exp. Sub other than No.2 & 3

5. Science & Technology

Or

Physiology Hygiene

Home Sciences

Yours faithfully,

6. Social Sciences

History Civics _____

Geo. Eco. _____

**Head Master
(School Stamp)**

Date :

FORM - III
MEDICAL CERTIFICATE IN RESPECT OF SPASTIC CANDIDATE

The spastics are those 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.

Certifies that I, Dr. Registration No.....

Have this day of202 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 (Tick relevant from following List) CEREBRAL PALSY POST-POLIO-PARALYSIS, HEMIPLEGIA, QUADRAPLEGIA, MALUNITED, FRACTURE, NERVEPARALYSIS, UPPER EXTREMITY, LOWER EXTREMITY, LIMP, PAINFUL, SHORTENING, DEFORMITY, CONGENITAL, ACQUIRED, ABOVE KNEE, BELOW KNEE, HIPHEMPEL VECTOMY, SYMES, CHEOPARTS, WRIST, FINGERS, BELOW ELBOW, ABOVE ELBOW, SHOULDERS, FORE QUARTER, UNILATERAL, BILATERAL</p> <p>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)</p> <p>c) Use of applicant : (Tick relevant from following list) CALLIPER CRUTCH, ABOVE KNEE, BELOW KNEE, PROSTHESIS, CANE, UNILATERAL, BILATERAL, ABOVE BELOW, BELOW ELBOW, HEMPEL VECTOMY, SHOULDER, DIS-ARTICULATION</p> <p>d) Any operation done or indicated</p> <p>e) photograph (Attested) 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

Signature of Orthopedic Surgeon

Place :

Designation :

Date :

Office Stamp :

सदर प्रमाणपत्राचा नमुना हा फक्त त्वरित मार्गदर्शनासाठी उपयोगात आणावा. विद्यार्थ्यांकडे वैध मुदतीचे सिव्हील सर्जनचे प्रमाणपत्र यापूर्वीच असल्यास फक्त त्या प्रमाणपत्राची साक्षांकित छायाप्रत मंडळास दिव्यांग प्रस्तावासोबत सादर करावी.

Date :

To,

The Divisional Secretary,

M.S.Board of Sec. & Higher Sec. Education,

Nashik Divisional Board,

Nashik - 422003.

Sub. :- Concession for blind Candidate S.S.C. 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 Board's regulation.

1st Language _____1. 2nd Language _____2. 3rd Language _____

3. Mathematics _____

Algebra _____

Geometry _____

4. Science & Technology

Or

Physiology Hygine

Home Sciences

5. History Civics _____

Geo. Eco. _____

Grade Subjects

School Subject (Compulsory)

1. Health and Physical Edu. P1

2. Water Security R8

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)**

4.2 FORM - II
MEDICAL CERTIFICATE FOR BLIND

I Certified that,

I Dr. have this

Registration No.

..... Day of 202.....

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 ear :

ii) Left ear :

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 Ophthalmologist

Designation :

Office Stamp :

Address :

सदर प्रमाणपत्राचा नमुना हा फक्त त्वरित मार्गदर्शनासाठी उपयोगात आणावा. विद्यार्थ्यांकडे वैध मुदतीचे सिव्हील सर्जनचे प्रमाणपत्र यापूर्वीच असल्यास फक्त त्या प्रमाणपत्राची साक्षांकित छायाप्रत मंडळास दिव्यांग प्रस्तावासोबत सादर करावी.

School Index No. _____

No.NDB/Exam/S.S.C./B-1

Date :

To,
The Divisional Secretary,
M.S.Board of Sec. & Higher Sec. Education,
Nashik Divisional Board,
Nashik - 422003.

Sub. :- Concession for Autistic 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 Autistic 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 calculator, Mobile Calculator is not allowed.
5. Being an Autistic candidate to offer and appear for the following subjects as per the Board's regulation.

Grade Subjects

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

School Subject (Compulsory)

1. Health and Physical Edu. P1
2. Water Security R8

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. Social Sciences

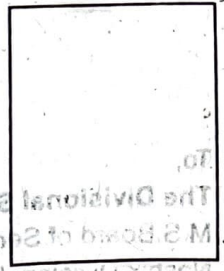
History Civics _____
Geo. Eco. _____

Yours faithfully,

Date :

Head Master
(School Stamp)

**GOVERNMENT OF INDIA
MINISTRY OF LABOUR
VOCATIONAL FOR HANDICAPPED
A. T. L. CAMPUS, V. N. PURAV MARG,
SION MUMBAI - 400022.
CERTIFICATE FOR AUTISTIC**



Certified that, I Dr.

Registration No. have this

..... Day of 202.....

examined the candidate whose particulars are given below :

Particulars of the AUTISTIC CANDIDATE

1. Name of 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

Signature of Govt. Doctor/Officer

Seal of Govt. Institution

Reg. No. and the Name of

Doctor Officer

सदर प्रमाणपत्राचा नमुना हा फक्त त्वरित मार्गदर्शनासाठी उपयोगात आणावा. विद्यार्थ्यांकडे वैध मुदतीचे सिव्हील सर्जनचे प्रमाणपत्र यापूर्वीच असल्यास फक्त त्या प्रमाणपत्राची साक्षांकित छायाप्रत मंडळास दिव्यांग प्रस्तावासोबत सादर करावी.

To,
The Divisional Secretary,
M.S.Board of 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, Orthopadically Handicapped 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. 1 st Language _____ | Grade Subjects | |
| 2. 2 nd Language _____ | School Subject (Compulsory) | |
| 3. 3 rd Language _____ | 1. Health and Physical Edu. | P1 |
| 4. Mathematics _____ | 2. Water Security | R8 |

Algebra _____
 Geometry _____
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 Hygiene

Home Sciences

6. 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) Handicapped are those who have physical defect or deformity which cause an interference with the normal functioning of bones, muscles and joints.

Certified that I, Dr. Registration No.

have this day of202 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 (Tick relevant from following List) POST-POLIO-PARALYSIS, HEMIPLEGIA, QUADRAPLEGIA, MALUNITED, FRACTURE, NERVEPARALYSIS, UPPER EXTREMITY, LOWER EXTREMITY, LIMP, PAINFUL, SHORTENING, DEFORMITY, CONGENITAL, ACQUIRED, ABOVE KNEE, BELOW KNEE, HIPHEMPEL VECTOMY, SYMES, CHEOPARTS, WRIST, FINGERS, BELOW ELBOW, ABOVE ELBOW, SHOULDERS, FORE QUARTER, UNILATERAL, BILATERAL</p> <p>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)</p> <p>c) Use of applicant : (Tick relevant from following list) CALLIPER, CRUTCH, ABOVE KNEE, BELOW KNEE, PROSTHESIS, CANE, UNILATERAL, BILATERAL, ABOVE ELBOW, BELOW ELBOW, HEMPEL VECTOMY, SHOULDER, DIS-ARTICULATION</p> <p>d) Any operation done or indicated</p> <p>e) Photograph (Attested) 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

Signature of Orthopedic Surgeon

Place :

Designation :

Date :

Office Stamp :

सदर प्रमाणपत्राचा नमुना हा फक्त त्वरित मार्गदर्शनासाठी उपयोगात आणावा. विद्यार्थ्यांकडे वैध मुदतीचे सिव्हील सर्जनचे प्रमाणपत्र यापूर्वीच असल्यास फक्त त्या प्रमाणपत्राची साक्षात्कृत छायाप्रत मंडळास दिव्यांग प्रस्तावासोबत सादर करावी.