

FORM - 1

(अंध विद्यार्थी)

MEDICAL CERTIFICATE FOR BLIND

Certified that I, Dr. _____

Registration No. _____ have this _____ day of _____

200_____, examined the candidate whose particulars are given below.

1. Name of the Candidate :-
2. Father's Name :-
3. Sex :-
4. Approximate Age :-
5. Identification Mark :-
6. Extent of Residual Vision, if any :-

Right Eye :

Left Eye :

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. (For the purpose of concessions granted to blind candidates blinds are those who suffer from either of the following.

- 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 an angle of 20 degree or worse.)

Please state clearly whether the Candidate is blind who can be considered for the purpose of giving concession, granted by the Board to blind candidates.

(Signature of Ophthalmologist)

Signature of Applicant.

Designation :

Office stamp :

School stamp & Signature of Headmaster

Address :

School No.

F O R M - 2

(मुक व बधीर विद्यार्थी)

MEDICAL CERTIFICATE FOR THE DEAF & DUMB

Certified that I, Dr. _____

Registration No. _____ have this _____ day of _____

200_____, examined the candidate whose particulars are given below.

1. Name of the 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. :-
 - i) Right Ear :
 - ii) Left Ear :
7. Onset of deafness (please state whether deafness if 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 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 the purpose of giving concessions granted by the board to deaf candidates.
9. Please enclose audiogram chart.

Signature of Candidates

(Signature of ENT Specialist)

Place :-

Designation :-

Date :-

Office Stamp :-

School stamp & Signature of Headmaster

School No.

School Index :

FORM - III

MEDICAL CERTIFICATE IN RESPECT OF AN ORTHOPAEDICALLY (PHYSICALLY) HANDICAPPED OR SPASTIC CANDIDATE

For the purpose of concession granted to orthopaedically (Physically), Handicapped or spastic. The orthopaedically (Physically) Handicapped or spastic are those who have physical defect of deformity which causes an interference with the normal functioning of bones, muscles and joints.

Certificate that I, Dr. _____

Registration No. _____ 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. (a) Nature of disability :

(Tick relevant from following list)

POST-POLIO PARALYSIS, HEMIP-LECIA,
QUAD RAPLECI-A, MALUNITIED FRACTURE,
NERVE PARALYSIS, UPPER EXTREMITY,
LOWER EXTREMITY LIMP, PAINFUL, SHORTENING,
DEFORMITY, CONGENTIAL ACQUIRED, ABOVE KNEE
BELOW KNEE, HOP HEMIPELVECTOMY, SYMES,
CHEOPARTS, WRIST, FINGERS, BELOW ELBOW,
ABOVE ELBOW, SHOULDERS, FORE QUARTER, UNILATERAL,
BILATERAL.

(b) Extent of Disability :

Estimate in percentage (MC Bridge Scale)

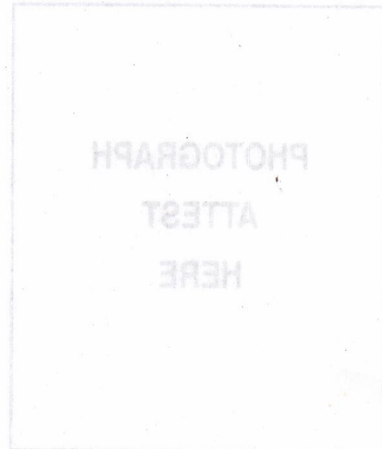
On ANATOMICAL, FUNCTIONAL,

(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)



FORM IV
MEDICAL CERTIFICATE FOR CANDIDATES
HAVING LEARNING DISABILITY

Certified that We Dr.

Reg. No.

and Dr./Special educator

Reg. 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

Date :

Signature of the examining
neurologist

Date :

Signature of the examining
pediatrician/special educator

महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ पुणे

-परिशिष्ट - अ-

परीक्षेचे नांव:-----

विभागीय मंडळाचे नांव:-----

विभागीय मंडळ:-----

प्रकरणिका क्रमांक-----

विद्यार्थ्यांची मुदतबाह्य आवेदनपत्रे स्वीकारण्याबाबत शिफारस

इ. १२वी

१) विद्यार्थ्यांचे नांव

२) उ.मा.शाळा/कनिष्ठ महाविद्यालयाचे नांव व पत्ता

३) उ.मा.शाळा/कनिष्ठ महाविद्यालयाचा सांकेतिक क्रमांक

४) विद्यार्थ्यांना आवेदनपत्रे सादर करता आली नाहीत त्या बाबत खालील कारणासमोर () खूण करावी.

अ () विद्यार्थ्यांचा प्रलंबित आजार

क () नैसर्गिक आपत्ती

इ () अनपेक्षित कारणामुळे

ब () विद्यार्थ्यांच्या पालकांचे आकस्मिक निधन

ड () या खेरीज अन्य रास्त व योग्य कारण असल्यास

५) उपरोक्त कारणांचे अनुक्रमाने सादर केलेला पुरावा.

१)-----२)-----

३)-----४)-----

५)-----

६) उ.मा.शाळा/कनिष्ठ महाविद्यालय प्रमुखांची शिफारस :-

प्राचार्य स्वाक्षरी व शिक्का

७) अ) अतिविलंबाचे एकूण दिवस-----

ब) अतिविलंबाच्या दंडाची रक्कम-----

क) दंड कशा प्रकारे भरला - रोख / घनाकर्ष (डी.डी.) / चलन क्रमांक-----

ड) विभागीय अध्यक्षीय शिफारस-----

मी या प्रकरणी सादर करण्यात आलेल्या सर्व कागदपत्रांची छाननी केली असून, उमेदवाराने आवेदनपत्र उशीरा सादर करण्यासाठी दिलेले कारण योग्य आहे. केवळ अपवादात्मक प्रकरण म्हणूनच मंडळ विनियम क्रमांक ४६ व ९३ मधील तरतुदीनुसार उमेदवारांचा अर्ज स्वीकारावा अशी माझी शिफारस आहे. सादर विद्यार्थ्यांचे आवश्यक ते अतिविलंब शुल्क कार्यालयात जमा केले आहे.

विभागीय अध्यक्षीय स्वाक्षरी,
विभागीय मंडळाचे नांव व शिक्का.

प्रवेशपत्रिकेतील / कनिष्ठ महाविद्यालय यादीतील चुकांच्या दुरुस्तीसाठी कळविण्याचे प्रपत्र

To be Submitted Before Examination

प्रपत्र परीक्षेपूर्वी दोन दिवसांपर्यंत समक्ष सादर करणे आवश्यक आहे.

क. महाविद्यालयाचा क्रमांक :-

J

HSC Examination of Feb.-March /Sept.-Oct. _____

Proforma Indicating Errors in the Seat No. Wise College List of Candidates

Sr.No. अ.क्र.	Application- NO. आवेदनपत्र क्र.	Seat No. बैठक क्रमांक	Name of Candidate विद्यार्थ्याचे नाव	Original/Incorrect Position in the College List/Hall Ticket कनिष्ठ महाविद्यालय यादीतील/ प्रवेशत्रिकावरील नोंद	Correct Position as per the College Record क. महाविद्यालयाच्या अभिलेखाप्रमाणे आवश्यक दुरुस्ती

(प्रपत्र इंग्रजीमध्ये भरणे आवश्यक आहे.)

स्थळ -

दिनांक-

प्राचार्य