



महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, कोल्हापूर विभागीय मंडळ, कोल्हापूर

५३९,राजेंद्रनगर,कोल्हापूर-४१६ ००४.

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क्र.कोविम/माध्य.परीक्षा/4<u>3</u>2<u>3</u> दिनांक - 22 / 02 /2023

प्रति.

मुख्याध्यापक, सर्व मान्यताप्राप्त माध्यमिक शाळा, सातारा / सांगली / कोल्हापूर.

> विषय:- माध्यमिक शालान्त प्रमाणपत्र (इ.१०वी) व उच्च माध्यमिक प्रमाणपत्र (इ.१२वी) परीक्षा मार्च २०२३ दिव्यांग विद्यार्थ्यांस सवलती देणेबाबत..

संदर्भ :-१. शासन निर्णय संकिर्ण २०१७/(११८/१७) एम.डी.६ दि.१६ ऑक्टोबर २०१८

२. राज्यमंडळ, पुणे यांचे क्र.रा.मं./परीक्षा-५/८३५ दि.१७/०२/२०२३ चे पत्र

३. राज्यमंडळ, पुणे यांचे क्र.रा.मं./परीक्षा-५/६२१८ दि.१०/११/२०२२ चे पत्र

उपरोक्त संदर्भीय विषयास अनुसरुन आपणांस कळविण्यात येते की, उच्च माध्यमिक प्रमाणपत्र (इ.१२वी) व माध्यमिक शालान्त प्रमाणपत्र (इ.१०वी) फेब्रुवारी-मार्च २०२३ परीक्षेकरिता प्रविष्ठ होणाऱ्या दिव्यांग विद्यार्थांस जादा वेळ सवलत तसेच लेखनिक मिळणेबाबत शाळा / किनष्ठ महाविद्यालयामार्फत या कार्यालयास प्रस्ताव प्राप्त होतात.

शासन निर्णय संकिर्ण २०१७/(११८/१७) एम.डी.६ दि.१६ ऑक्टोबर २०१८ च्या शासन निर्णयानुसार दिव्यांग विद्यार्थ्यांना देय असणऱ्या सवलती देण्यात येतात. प्रचिलत पध्दतीमध्ये अंध विद्यार्थी, कर्णबधीर, मूकबधीर, अस्थिव्यंग/ बहूविकलांग, अध्ययन अक्षमता, आजार असलेल्या विद्यार्थ्यांकरीता विहित नमुता फॉर्म उपलब्ध आहेत, मात्र इतर आजार असलेल्या विद्यार्थ्यांकरीता नमुना फॉर्म उपलब्ध नसल्याने जिल्हा शल्य चिकित्सक, जिल्हा सामान्य रुग्णालय यांच्या स्वाक्षरी व शिक्का घेण्यासाठी दिव्यांग विद्यार्थी गेल्यास त्यांना स्वाक्षरी व शिक्का मिळण्यास अडचणी निर्माण होत आहेत.

दिव्यांग विद्यार्थांना विहित नमुना फॉर्म नसल्यामुळे सोयी, सवलती मिळण्यास अडचणी निर्माण होत आहेत त्यामुळे दिव्यांग व्यक्ती हक्क अधिनियम २०१६ नुसार दिव्यांगत्व तपासणी, मुल्यमापन व प्रमाणपत्र वितरणासाठीच्या मार्गदर्शक सुचना दि.१४ सप्टेंबर २०१८ च्या शासन निर्णयातील संस्थांनी दिव्यांग विद्यार्थांना दिव्यांगत्वाचे कायमस्वरुपाचे किंवा काही आजारात भविष्यात बदल होणार असेल तर विहीत मुदतीचे प्रमाणपत्र दिलेले असते, सदर प्रमाणपत्राची संबंधित मुख्याध्यापक / प्राचार्य यांनी प्रमाणित करुन प्रस्ताव सादर करणे आवश्यक आहे. केवळ विहीत नमुना फॉर्म नसल्याने कोणताही दिव्यांग विद्यार्थी सोयी सवलतीपासून वंचित राहणार नाही याची दक्षता घ्यावी.

सोबत १ ते २१ आजाराचे प्रमाणपत्र देणाऱ्या संस्थांची यादी असलेला तक्ता सुलभ संदर्भासाठी जोडण्यात आलेला आहे. तसेच दिव्यांग विद्यार्थी सोयी व सवलतीसाठी आवश्यक कागदपत्रांची यादी खालीलप्रमाणे आहे.

अक्र	लेखनिक, जादा वेळ, सवलतीचे गुण	जादा वेळ, सवलतीचे गुण
१	शाळेचे स्पष्ट शिफारस पत्र - कोणती सवलत हवी आहे	शाळेचे स्पष्ट शिफारस पत्र - कोणती सवलत
	याचा स्पष्ट उल्लेख पत्रात असावा.	हवी आहे याचा स्पष्ट उल्लेख पत्रात असावा.
2	दिव्यांग प्रमाणपत्राची प्रमाणित प्रत	दिव्यांग प्रमाणपत्राची प्रमाणित प्रत
3	मंडळाचा विहीत नमुन्यातील दिव्यांग फॉर्म भरुन	दिव्यांग नमुना फॉर्म १ ते ५ - जिल्हा
1	विद्यार्थ्याचा फोटो लावून त्यावर डॉक्टरांची स्वाक्षरी /	चिकित्सक यांची स्वाक्षरी असलेला
	शिक्यासह व सिव्हील सर्जन यांची प्रतिस्वाक्षरी	(a)
8	लेखनिक आवश्यक असल्यास इ.९ वीचा त्याच शाळेतील	
	विद्यार्थी घेणे आवश्यक	
	१. लेखनिकाचा फोटोसह बोनाफाईड प्रमाणपत्र	* *
	२. लेखनिक हमीपत्र	
	३. लेखनिकाच्या पालकाचे हमीपत्र इ.	

आपल्या शाळा व किनष्ठ महाविद्यालयातील दिव्यांग विद्यार्थांचे प्रस्ताव सादर करताना वरील निकषांव्यितिरिक्त अन्य कोणत्याही कागदपत्रांची मागणी करु नयेत तसेच दिव्यांग विद्यार्थी सवलतीपासून वंचित राहणार नाही याची आपण दक्षता घ्यावी.

> (डी.एस.पोवार) विभागीय सचिव,

कोल्हापूर विभागीय मंडळ, कोल्हापूर

प्रत माहितीस्तव तथा आवश्यक कार्यवाहीसाठी -

सर्व केंद्रसंचालक - इ.१० वी व इ.१२वी मार्च २०२३ परीक्षेसाठी परीक्षा सुरु होण्यापुर्वी ऐनवेळी एखादा दिव्यांग विद्यार्थी प्रविष्ठ होण्यासाठी आपल्या परीक्षा केंद्रावर उपस्थित राहीला तर वरील निकषानुसार त्याला देय असणाऱ्या सर्व सवलती देण्यात याव्यात व त्याचा दिव्यांग प्रस्ताव या कार्यालयास शाळेमार्फत यथावकाश सादर करण्यास सुचित करावे.

	ti		11	1)	11	TO	10	9	00	7	6		ù			4	Visibilities of Administration	ω	2	_			No.
	Specific Learning Disabilities		Conditions	Chronic Neurological	Mascular Dystrophy	Cerebidi Palsy	Speculal Disorder	Autism Spectary Di	Menta illness	Intellectual disability	Dwarfism		Locomotor Disabiliy		and hard of Hearing)	Hearing Impair		Leprosy Cured Patients	Low-vision		Blindness	portugue estad de estad de	Type of Disability
	Yes	And the second s	Yes	And the second s	Yes	Yes	Yes	Yes	Yes	res	ζ.		Yes		ā	Yar		Yes	Yes	Yes	Medical college	Govt/Mu nicipal	
	Yes	and the state of t	No	165	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Vac	Yes	Yes	Yes	Yes	And a second sec		Yes		Yes	<		Yes	Yes	Yes	Hospital	. 1	
	S		2	res	Sai	X	Yes	Yes	Yes	Yes	-	- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1	Yes ,		Yes			Y Do	Yes	Yes	General Hospital	And the first of the special of the	
)	2 o	- 10	2	No	No	ONE	2	No.	No	No		(Yps		No		INO	3	Yes	Yes	District Hospital	Suh	
	N _O	No		No	No	No	140	No	No	Nio		N	2		No		No		No	No	Rural Hospital*	Total Andrews of the Control of the	On account
	N _O	No		No	No	No	No	No	No			Yes			N _o		No	20	2	S	Orthopedic AYINIHI Hospital Bandra		Whether it is a will what the contribution of
	No	No	140	2	No	No	No	No	No	And the second supposed to the second supposed supposed to the second supposed supposed to the second supposed su		No		AND THE RESIDENCE OF PERSONS ASSESSMENT ASSE	Yes		No	No	NO		Bandra	or possio	bility co
	, S	No	NO	No.	200	S	No	No	No			Yes		The second secon	No	Total Comment of the	No	No	No		AliPMR	possible to issue cerificate?	ertificate
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olle icignostatio	3	Neurologist	The state of the s	***************************************	Physician	Dup remainster	Doughistrict		** Commissional Co	,		Orthopedic Surgeon For RH Orthopedic			ENT Surgeon/ Audiologist	The second secon	Physician/ Darmatologist	Opthalmic officer	Opthalmic officer	Certification	Specialist /Technician		ifferent disability type
Donastasas	Special Educator to be taken from Education		Announce of the second	issed these certificates.	i ilysicidn is must to	Physician	Psychiatrist and		nebutation	The change of	made available on:	For RH Orthopedic	AllPMR Haji Ali has	cases	AYJNIHI Bandra is final	Kondhwa Pune	Also at Leprosy Hospital		Opthalmologist should be compulsory		ian Romark if and	тем подпоснований подпоснован	

शासन निर्णय क्र.अप्रवि-२०18/५.क्र.४६/आरोग्य-६, दिनांक १४.०९.२०18 Annexure.:-6

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		Marine Commission of the Commi	-	Т	-[Dati		7 4	0.1	
1		to to				16	15	77		No.		
Parkinson's disease	Acid Attack victims	Multiple Disabilities including deaf blindness	rickie Cell Mieilild	Sich Coll Applica	Hampholia	Thalasemia	Speech and Language Disabiliy	Multiple Sclerosis		Type of Disability	Char	nin tekstora tilla esteriktyritet av de sammen kantileting propriet forsta vende de samteter ende de desemble
Yes	Yes	Yes	Yes	ies	2 2	Vac	Yes	Yes	Govt/Mu nicipal Medical college		t Showing	AND THE PERSON NAMED OF PERSONS AND ADDRESS OF THE PERSON NAMED OF
No	Yes ,	Yes	Yes	Yes	res	V	Yes	Yes	District Hospital		the ins	And the control of th
No	Yes	Yes	No	No	NO		No	No	District General Hospital Hospital		titutes t	
No	No	No	No	No	No		No .	No	Sub - District Hospital		o be des	
No	S _o	No	No	No	No		N _O	No	Rural Hospital*	and the	ignated to	Anı
No.	No	No	No	No	No		N _O	No	Orthopedic AYJNIHI Hospital Bandra	Whether	Chart Showing the institutes to be designated to issue disability certificate for d	Annexure.:-b
No	No	No	No	No	No		Yes	No	Bandra	it is possib	ability co	6
No	, No	No	No	No	No		No	No	AIIPMR HajiAli	Whether it is possible to issue cerifica	ertificate	THE THE CONTRACTOR AND ADDRESS AND A SECURITY OF THE
Yes No No No No No No No No No	No	Yes	No	No	No		No	No	Non Traching Municipal hospitals	cerificate?	for differe	en e
hysician	tic	Opthalmologist/ ENT Surgeon and others as the case may be		Physician		Inerapist	Audiologist/ Speech		Specialist /Technician necessary for Certification		ifferent disability type.	of the transcriptor from the state of the st
Neurologist / Physician Must be available.	Surgeon / plastic Surgeon needed to certify	Opthalmologist/ ENT Two or More Specialists of different specialities as the case may be must be available	test must be available	Electophoesis, Solubility		cases	ENT Surgeon/ AYJNIHI Bandra is final Audiologist/ Speech authority in dispute	Physician must be available	n Remark if any			

10x

FORM -I MEDICAL CERTIFICATE FOR THE VISUALLY IMPAIRED CANDIDATE

Attested Photograph

	Certified that, I Dr		
Regis	tration No have this	day of	
	ined the candidate whose particulars are given below:	- day 01	- year 20 -
1.	Name of the Candidate		
2.	Sex .		
3.	Approximate Age :		
4.	Identification mark		
5.	(a) Father's Name		
	(b) Mother's Name		
6.	Extent of residual vision, if any	Dight area	
_	,	Right eye Left eye	
7.	On set of visual impairment (Please state	Letteye	
	whether visual impairment is from birth or acquired leter		
-	If it has been caused afterwards, the age and	* 1	
	cause of visual impairment may be indicated)		
	(For the purpose of concessions granted to		
	Visually impaired candidates, visually impaired are		
	those who suffer from either of the following)		
	(a) Iotal 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:		
8. 1	angle of 20 degrees or worse)		
	Please mention the percentage of disability and state		
	clearly whether the candidate is visually impaired who		
. 0	can be considered for the purpose of giving concessions,		
٤	granted by the Board to Visually Impaired Candidate.		
Signature	of Candidate Signature		
Place:	Signature of	Opthalmologist	
Date:	Desi	gnation:	
		ce Stamp:	
	Add	ress:	
Countersis	gned by Civil Surgeon and Date :		
School Inc	day No. / In C. 11		
Ci	dex No. / Jr. College Index No.		
Signature (of Head Master/Principal and Stamp:		

3

FORM -II MEDICAL CERTIFICATE FOR THE HEARING IMPAIRED CANDIDATE

Attested Photograph

	Certified that, I Dr		
	ration No have this	day of	year 20
examin	ed the candidate whose particulars are given below:		
1.	Name of the Candidate		
2.	Sex	:	
3.	Approximate Age	:	
4.	Identification mark	:	<u>.</u> 4 %
5.	(a) Father's Name	:	
	(b) Mother's name	:	
6.	An estimate of the residual hearing, if any, and the	: (a)	Right ear:
	basis on which this estimate has been arrived at -	(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 hearing impaired candidates, hearing impaired		
	are those, in whom the sence of hearing is non-functional	il	
	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 mention the percentage of disability and		
	state clearly whether the candidate is hearing impaired		
	for the purpose of giving concessions, granted by the		
	Board to hearing impaired Candidates	:	
9.	Please enclose audiogram chart	:	
Signatu	are of Candidate	Signature of E	NT Specialist
Place:		Designation:	
Date:		Office Stamp:	
		Address:	
		Tradition.	
Counte	rsigned by Civil Surgeon and Date :		
School	Index No. / Jr. College Index No. :		
Signatu	ure of Head Master/Principal and Stamp:		
i .			

(940)

FORM -III MEDICAL CERTIFICATE IN RESPECT OF AN ORTHOPEDICALLY (PHYSICALLY) HANDICAPPED OR SPASTIC CANDIDATE

For the purpose of concessions granted to orthopedically (physically) handicapped or spastic, the Orthopedically (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 that, I Dr	Registration
No.	have this day of year	20
-, exai	mined the candidate whose particulars are given below and that he/she falls wit	hin the above
definit	ition:	
1.	Name of the Candidate :	
2.	Sex :	
1		
3.	Approximate Age :	
4.	Identification mark:	
5.	(a) Father's Name :	
	(b) Mother's Name :	
6. 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, DEFORMITY, CONGENITAL, ACQUIRED,	
	ABOVE KNEE, BELOW KNEE, HIP HEMIPELVECTOMY, SYMES, CHEOPARTS, WRIST, FINGERS, BELOW ELBOW,	
	ABOVE ELBOW, SHOULDERS, FORE QUARTER,	
	UNILATERAL, BILATERAL	
B.		43.41
Ъ.	에 마른데 집에 어디에 어디에 가는 바람이 되었다. 그런 아이들이 되었다고 있었다고 있었다고 있었다면서 그래요? 그래요? 그래요? 그래요?	
	Estimate in percentage (mc.Bridge Scale)	
	On Anatomical, Functional, (Patients Assessment,	e a Fig. 1
	Examiner's Assessment)	
	Percentage (Please mention the percentage of disability	
	and state whether the candidate is Orthopaedically	
	(Physically) Handicapped or Spastic who can be	
	considered for the purpose of giving concessions	
to desire	granted by the Board to Physically Handicapped/	
	Spastic candidate :	
C.	Use of Applicant: (Tick relevant from following list):	
	Calliper, Crutch, Above Knee, Below Knee, Prosthesis,	
	Cane, Unilateral, Bilateral, Above Elbow, Below Elbow,	
	Hemipelvectomy, Shoulder, Dis-Articulation	* ;

- D. Any operation done or indicated
- E. Photograph (Attested) to be pasted below to show the nature of disability and any appliance if used.
- 7. Any other particulars to clarify that nature and extent of disability that the Surgeon might like to point out.:

Post Card Size (Full Body Photograph)

Signature	of	Candidate
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Place:

Date:

Signature of Orthopaedic Surgeon

Designation:

Office Stamp: "

Address:

Countersigned by Civil Surgeon and Date

School Index No. / Jr. College Index No.

Signature of Head Master/Principal and Stamp:

FORM-IV MEDICAL CERTIFICATE FOR THE CANDIDATES HAVING LEARNING DISABILITY

Attested Photograph

1			1.4		A second of the second	
	Certified	that, we, Dr		Regd.	No	and Dr./
Special	educator -		Regd. N	o./Licence No	ha	ave, examined
the can	didate, who	ose particulars are giv	en below, on the	following dates in	ndependent of e	ach other:
1.		the Candidate		:		
2.	Sex			:		
2. 3. 4. a)		ars and months		:		
1	Identificat			:		
b)		of the Candidate			12	
5.		ather's Name		•		
	. ,	lother's Name		•		
6.		d percentage of the dis			:	
	(Based on	the tests devised by t	he Board compr	ising of		
		gist, Child Psychologi				1.2
The second second	Please ind	icate the disability wi	th a (V) (tickmarl	c)		
and the second	(a) D	YSLEXIA		1		
	(b) D	YSGRAPHIA	4 1 2 3	j		
	(c) D	YSCALCULIA				
	Dyslexia The permit paper and tongue / m third langu may be gra Dysgraph The permit guages (on three langu for these ca Dyscalculi The permit	ssion to conduct the extake a dictation of the addition of the addition of the addition of work Extanted. ia: ssion to use a writer for the mother tongue / mediages. For third langual andidates may be grantaked.	amination with the parameter and the other second and the other second for answering the dium of instruction of Wornted.	ne use of a writer vermission to offer ond language) in ing to Scheme of e paper and the pons and the other sek Experience according to Scheme of the Scheme	who will read ou Two Language istead of three la Subjects for the ermission to of Second Language ording to Schem	es (one mother anguages. For ese candidates effer Two Lange) instead of the of Subjects
Signature	e of the exa	mining neurologist an	d date		M.	
		mining Paediatrician				
	Educator ar	_				
Counters	igned by C	ivil Surgeon and Date				
		Master/Principal and S				
		Jr. College Index No.				
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FORM - V

Medical Certificate for the Austistic Candidate

Attested Photograph

Certified that, I Dr.	Thotograph
Registration No Dated -	have
examined the candidate whose particulars are given	ven below:
1. Name of the Candidate:	
2. Sex :	
3. Age/Approximate Age:	
4 Identification Mark :	
5. (a) Father's Name:	
(b) Mother's Name:	
6. Extent of autism	
7. Please mention the percentage of disabilit	
and state clearly whether the candidate is	autistic
and eligible to get concession granted	
by the Board to Autistic candidate	
Signature of the Candidate:	
.ce:	
Date:	
	•
Countersigned by Civil Surgeon and Date	Signature of Specialized Doctor
chool Index No. / Jr. College Index No.	Designation
	: Office Stamp
ignature of the Head Master / Principal and Stan	mp: Address:
*	**
74	50)