



**महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ,  
कोल्हापूर विभागीय मंडळ, कोल्हापूर  
५३९, राजेंद्रनगर, कोल्हापूर-४१६ ००४.**



दुरध्वनी क्र-०२३१-२६९६१०१/२/३ Website-www.sscboardkolhapur.in Email Id- divsec.kop@gmail.com

क्र.कोविमं/10-12 वी परीक्षा/2501  
दिनांक : 11/12/2023

प्रति,  
मुख्याध्यापक व प्राचार्य,  
सर्व मान्यताप्राप्त माध्यमिक शाळा व कनिष्ठ महाविद्यालय,  
सातारा/ सांगली/कोल्हापूर.

**विषय:-** माध्यमिक शालांत प्रमाणपत्र (इ.10 वी) व उच्च माध्यमिक प्रमाणपत्र (इ.12 वी) परीक्षा मार्च 2024  
करिता प्रविष्ट दिव्यांग विद्यार्थ्यांस सवलती देणेबाबत.....

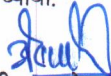
**संदर्भ:-** 1) शासन निर्णय क्र.संकीर्ण-2017/(118/17)/एस.डी.-6 दि.16/10/2018  
2) शासन पूरकपत्र क्र.संकीर्ण-2017/(118/17)/एस.डी.-6/भाग-1 दि.26/10/2018  
3) राज्य मंडळ, पुणे यांचे क्र.रा.मं./परीक्षा-5/5148 दि.23/11/2023 रोजीचे पत्र

आपल्या माध्यमिक शाळा व कनिष्ठ महाविद्यालयामार्फत माध्यमिक शालांत प्रमाणपत्र (इ.10 वी) व उच्च माध्यमिक प्रमाणपत्र (इ.12 वी) परीक्षा मार्च 2024 परीक्षेस प्रविष्ट दिव्यांग विद्यार्थ्यांना देण्यात येणाऱ्या सवलती मिळणेबाबतचे प्रस्ताव खालीलप्रमाणे मंडळ कार्यालयास सादर करावेत.

अ.क्र.	जादा वेळ व सवलतीचे गुण	लेखनिक, जादा वेळ व सवलतीचे गुण
1	शाळा/कनिष्ठ महाविद्यालयाचे स्पष्ट शिफारस पत्र - कोणती सवलत हवी आहे याचा स्पष्ट उल्लेख पत्रात असावा.	शाळा/कनिष्ठ महाविद्यालयाचे स्पष्ट शिफारस पत्र - कोणती सवलत हवी आहे याचा स्पष्ट उल्लेख पत्रात असावा.
2	दिव्यांग प्रमाणपत्राची प्रमाणित प्रत	दिव्यांग प्रमाणपत्राची प्रमाणित प्रत
3	मंडळाचा विहीत नमुन्यातील फॉर्म 1 ते 5 (जिल्हा शल्य चिकित्सक यांची स्वाक्षरी असलेला) अथवा/ आणि केंद्र शासनाचे दिव्यांग विद्यार्थ्यांसंदर्भात स्वावलंबन प्रमाणपत्र (Unique Disability ID Card) ची प्रमाणित प्रत	मंडळाचा विहीत नमुन्यातील फॉर्म 1 ते 5 (जिल्हा शल्य चिकित्सक यांची स्वाक्षरी असलेला) अथवा/ आणि केंद्र शासनाचे दिव्यांग विद्यार्थ्यांसंदर्भात स्वावलंबन प्रमाणपत्र (Unique Disability ID Card) ची प्रमाणित प्रत
4	--	लेखनिकाचा फोटोसह बोनाफाईड प्रमाणपत्र (इ.10 वी दिव्यांग विद्यार्थ्यांकरीता लेखनिक त्याच शाळेतील इ.9 वी चा विद्यार्थी असावा आणि इ.12 वी दिव्यांग विद्यार्थ्यांकरीता लेखनिक त्याच कनिष्ठ महाविद्यालयातील इ.11 वी चा विद्यार्थी असावा.)
5	--	लेखनिक हमीपत्र
6	--	लेखनिकाच्या पालकाचे संमतीपत्र

डायबेटीज (Diabetis Mellitus Type) आजार असलेल्या दिव्यांग विद्यार्थ्यांना प्रपत्र 22 मध्ये नमूद केलेल्या सवलती व्यतिरिक्त अधिकच्या सोयी सवलती देण्याबाबत शासन स्तरावरून उपरोक्त संदर्भित शासन शुद्धीपत्रक क्र.2 मध्ये नमूद केलेल्या आहेत. सदर सवलती आपल्या माध्यमिक शाळा व कनिष्ठ महाविद्यालयातील दिव्यांग विद्यार्थ्यांना अवगत करून द्यावी. तसेच ज्या विद्यार्थ्यांकडे मंडळाचा विहीत नमुन्यातील फॉर्म 1 ते 5 (जिल्हा शल्य चिकित्सक यांची स्वाक्षरी असलेला) उपलब्ध नसेल अशा विद्यार्थ्यांचे केंद्र शासनाचे दिव्यांग विद्यार्थ्यांसंदर्भात स्वावलंबन प्रमाणपत्र (Unique Disability ID Card) ची प्रमाणित प्रत प्रस्तावासोबत सादर करण्यात यावी.

आपल्या माध्यमिक शाळा व कनिष्ठ महाविद्यालयातील दिव्यांग विद्यार्थ्यांचे परीपूर्ण प्रस्ताव दि.10/01/2024 अखेर मंडळ कार्यालयास टपालाद्वारे अथवा हस्तपोहोच सादर करावेत. प्रस्ताव सादर करताना वरील निकषांव्यतिरिक्त अन्य कोणत्याही कागदपत्रांची मागणी करू नये तसेच कोणताही दिव्यांग विद्यार्थी सवलतीपासून वंचित राहणार नाही याची दक्षता घ्यावी.

  
(डी.एस.पवार)

विभागीय सचिव,  
कोल्हापूर विभागीय मंडळ, कोल्हापूर

सोबत :- मंडळाचा विहीत नमुना फॉर्म 1 ते 5

**प्रत माहितीस्तव तथा आवश्यक कार्यवाहीस्तव :**

सर्व केंद्रसंचालक - माध्यमिक शालांत प्रमाणपत्र (इ.10 वी) व उच्च माध्यमिक प्रमाणपत्र (इ.12 वी) परीक्षा मार्च 2024 परीक्षेसाठी परीक्षा सुरु होण्यापूर्वी ऐनवेळी एखादा दिव्यांग विद्यार्थी प्रविष्ट होण्यासाठी आपल्या परीक्षा केंद्रावर उपस्थित राहीला तर वरील निकषानुसार त्याला देय असणाऱ्या सर्व सवलती देण्यात याव्यात व त्याचा दिव्यांग प्रस्ताव या कार्यालयास माध्यमिक शाळा व कनिष्ठ महाविद्यालयामार्फत यथावकाश सादर करण्यास सुचित करावे.



**FORM - I**  
**MEDICAL CERTIFICATE FOR**  
**THE VISUALLY IMPAIRED CANDIDATE**

Attested  
Photograph

Certified that, I Dr. -----  
Registration No. ----- have this ----- day of ----- year 20 -----,  
examined the candidate whose particulars are given below :

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 : Right eye  
Left eye
7. On set of visual impairment (Please state  
whether visual impairment is from birth or acquired later.  
If it has been caused afterwards, the age and  
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) 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 :  
angle of 20 degrees or worse)
8. Please mention the percentage of disability and state  
clearly whether the candidate is visually impaired who  
can be considered for the purpose of giving concessions,  
granted by the Board to Visually Impaired Candidate. :

Signature of Candidate

Place :

Date :

Signature of Ophthalmologist

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 -II**  
**MEDICAL CERTIFICATE FOR**  
**THE HEARING IMPAIRED CANDIDATE**

Attested  
Photograph

Certified that, I Dr. \_\_\_\_\_  
Registration No. \_\_\_\_\_ have this \_\_\_\_\_ day of \_\_\_\_\_ year 20 \_\_\_\_\_,  
examined the candidate whose particulars are given below :

1. Name of the Candidate \_\_\_\_\_
2. Sex \_\_\_\_\_ :
3. Approximate Age \_\_\_\_\_ :
4. Identification mark \_\_\_\_\_ :
5. (a) Father's Name \_\_\_\_\_ :  
(b) Mother's name \_\_\_\_\_ :
6. An estimate of the residual hearing, if any, and the basis on which this estimate has been arrived at - :  
(a) Right ear :  
(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 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 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 :

Signature of Candidate  
Place :  
Date :

Signature of ENT Specialist  
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 -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 -----  
 - examined the candidate whose particulars are given below and that he/she falls within the above  
 definition :

1. Name of the Candidate :
2. Sex :
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,  
 MALUNITED, 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. Extent of disability :  
 Estimate in percentage (mc.Bridge Scale)  
 On Anatomical, Functional, (Patients Assessment,  
 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  
 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

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

Certified that, we, Dr. ----- Regd. No. ----- and Dr./  
 Special educator ----- Regd. 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. Sex :
3. Age in years and months :
4. a) Identification mark :
- b) Signature of the Candidate :
5. (a) Father's Name :
- (b) Mother's Name :
6. Nature and percentage 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

☐

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 answer and the permission to offer Two Languages (one mother tongue / medium of instructions and the other second language) instead of three languages. For third language option of Work Experience according to Scheme of Subjects for these candidates may be granted.

**Dysgraphia :**

The permission to use a writer for answering the paper and the permission to offer Two Languages (one mother tongue / medium of instructions and the other Second Language) instead of three languages. For third language option of Work Experience according to Scheme of Subjects for these candidates may be granted.

**Dyscalculia**

The permission to opt Arithmetic for Std. VII (75 marks) and Work Experience (75 Marks) instead of Mathematics (Algebra and Geometry). No concession regarding any other subjects.

Signature of the examining neurologist and date :

Signature of the examining Paediatrician / :

Special Educator and Date :

Countersigned by Civil Surgeon and Date :

Signature of Head Master/Principal and Stamp :

School Index No. / Jr. College Index No. :



## FORM - V

### Medical Certificate for the Austistic Candidate

Attested  
Photograph

Certified that, I Dr. \_\_\_\_\_

Registration No. \_\_\_\_\_ Dated \_\_\_\_\_ have

examined the candidate whose particulars are given 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 disability  
and state clearly whether the candidate is autistic  
and eligible to get concession granted  
by the Board to Autistic candidate :

Signature of the Candidate :

Place :

Date :

Countersigned by Civil Surgeon and Date :

School Index No. / Jr. College Index No. :

Signature of the Head Master / Principal and Stamp :

Signature of Specialized Doctor

Designation

Office Stamp

Address :

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(१६१)