



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

५३९, राजेंद्रनगर, कोल्हापूर-४१६ ००४.

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क्र.कोविमं/माध्य.परीक्षा/3226
कोल्हापूर-४१६ ००४
दिनांक-१८/१०/२०२४

प्रति,

मुख्याध्यापक/प्राचार्य
सर्व मान्यताप्राप्त शाळा/ क.महाविद्यालय
सातारा/ सांगली / कोल्हापूर.

**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:- १) क्र.रा.मं./संशोधन /दिव्यांग/३९२४ दि.०७/१०/२०२४

२) Centre For Learning disability Department Of Psychiatry B.Y.L. Nair
Hospital & TN Medical College Fr.AL Nair Road Mumbai-400008
dated-13/09/2024

उपरोक्त संदर्भिय विषयास अनुसरुन या विभागीय मंडळाच्या कार्यक्षेत्रील सर्व मान्यताप्राप्त माध्यमिक शाळांच्या मुख्याध्यापक व क.महाविद्यालयाच्या प्राचार्य यांना कळविण्यात येते की, माध्यमिक शालांत प्रमाणपत्र (इ.१० वी) व उच्च माध्यमिक प्रमाणपत्र (इ.१२ वी) परीक्षेस प्रविष्ट होणा-या **borderline intellectual functioning and intellectual Disability (Mild, Moderate, Severe and Profound)** या प्रकारातील दिव्यांग विद्यार्थ्यांच्या प्रमाणपत्राच्या नमुन्यात बदल केलेला आहे. तरी बदललेल्या नमुन्याप्रमाणे प्रस्ताव मंडळ कार्यालयास पाठविण्यात यावे, याची सर्व शाळांनी व कनिष्ठ महाविद्यालय यांनी नोंद घ्यावी.

(सुभाष सी.चौगुले)

विभागीय सचिव,

कोल्हापूर विभागीय मंडळ, कोल्हापूर

सोबत:- Centre for Learning Disability Department of Psychiatry B.Y.L.Nair Hospital
& T.N. Medical College, Fr.A.L.Nair Road, Mumbai-400008 संबधित हॉस्पिटल चे
दिव्यांग प्रमाणपत्राचा नमुना १ व २

ANNEXURE-1

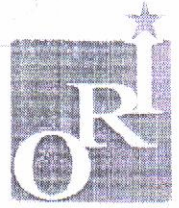
Brihanmumbai Municipal Corporation



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. Sushma Sonavane
Professor & Head
Dept. of Psychiatry

Dr. Henal Shah
Professor Additional
Dept. of Psychiatry

Dr. Jahnvi Kedare
Professor Additional
Dept. of Psychiatry

Dr. Alka Subramanyam
Associate Professor
Dept. of Psychiatry

B. Y. L. 1000

OFFICE

Form 'A'

ANNEXURE - 2

MUNICIPAL CORPORATION OF GREATER MUMBAI

HC-100

4244

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