FORM-1

(अंध विद्यार्थी)

MEDICAL CERTIFICATE FOR BLIND

Regis	tration Nohav	ve this day of
	, examined the candidate whose particu	
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 :
Onse	t of blindness (Please State whether	
olindr been blindr of co	ness is from brith or acquired later. If it has caused afterwards, the age and cause of ness may be indicated. (For the purpose ncessions granted to blind candidates are those who suffer from either of the	
a)	Total absence of sight	
b)	Visual acquity not extceeding 6/60 or 20/200 (Snellen) in the better eye with correcting lenses.	
c)	Limitation of the field of vision substanding an angle of 20 degree or worse.)	
blind giving	se state clearly whether the Candidate is who can be considered for the purpose of g concession, granted by the Board to candidates.	
		(Signature of Opthalmologist)
,		
Sign	ature of Applicant.	
Sigil	ature or Applicant.	Designation:
		Office stamp:
Scho	ool stamp & Signature of Headmaster	Address:
Sch	ool No.	
יווטכ	JOI 140.	

MEDICAL CERTIFICATE FOR THE DEAF & DUMB

	Certified that I, Dr		
Regis	stration No.	have this	day of
200_	, examined the candidate who	ose particulars are giv	ven below.
1.	Name of the Candidate	i .	
2.	Father's Name	:	
3.	Sex	:-	
4.	Approximate Age	- :-	
5.	Identification Mark	:-	
6.	An estimate of the residual hearing any and the basis on which this emate 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 caus afterwards the age and cause of ness may be indicated) (For the purpose of concessions granted to deaf candidates, deaf those in whom the sense of hear non-functional for the ordinary puposes of life. Generally loss of heat 60 decibels or above at 500,1000,2000 frequencies will nesidual hearing non-functional)	deaf- are ing is ir- earing	
8.	Please state clearly whether the candidate is deaf for the purpose ing concessions granted by the b to deaf candidates.	of giv-	
9.	Please enclose audiogram chart.		
Sian	ature of Candidates	/ Signat	ure of ENT Specialist
Place			ure of ENT Specialist)
Date		Designa Office S	
		Office 3	tamp

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 whose who have physical defect of deformity which causes an interference with the normal functioning of bones, muscles and joints.

		ertificate that I, Dr		
Re	gistra	tion No.	(Signature	have this the bloom have this the bloom have the hard had been been also been been been been been been been bee
of_		200	examined the	applicant whose particulars are given
bel	ow ar	nd that he / she falls v		definition.
1.	Nam	ne of Candidate :	Full Address :	
2.	Inde	tification Mark :	s .	
3.	Sex	i		
4.	Fath	er's Name :		
5.	App	roximate Age :	enature of Civil	ie .
6.	(a)	Nature of disability: (Tick relevant from follow post-polio paralysis, hele quad rapleci-a, maluniti nerve paralysis, upper elower extremity limp, paralysis, upper elower extremity limp, paralysis, upper elower extremity limp, paralysis, congential and below knee, hop hemipel cheoparts, wrist, finger above elbow, shoulders bilateral.	OWING list) MIP-LECIA, IED FRACTURE, EXTREMITY, AINFUL, SHORTENING, CQUIRED, ABOVE KNEE LVECTOMY, SYMES, RS, BELOW ELBOW,	PHOTOGRAPH De ATTEST ON HERE Pu
	(b)	Extent of Disability :		
		Estimate in percentage	e (MC Bridge Scale)	
		On ANATOMICAL, FUNCTION (PATIENTS ASSESSMENT, EXPERCENTAGE		
		(Please state whether the per is 25 or above)		Centre No. :
	(C)	Use of applicant (Tick	relevant from follov	ving list)

FORM IV MEDICAL CERTIFICATE FOR CANDIDATES HAVING LEARNING DISABILITIY

Certified that we Dr.	Neg. 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 board comprising of a neurologist, child indicate the disability with a ✓ (tickmar	psychologist and special educator) Please			
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 विभागीय मंडळाचे नांत्र : -----विभागीय मंडळ:----परिशिष्ट - अ-प्रकरणिका क्रमांक-----विद्यार्थ्याची मुदतबाह्य आवेदनपत्रे स्वीकारण्याबाबत शिफारस इ. १२वी २) उ.मा.शाळा/कनिष्ठ महाविद्यालयाचे नांव व पत्ता ------३) उ.मा.शाळा/कनिष्ठ महाविद्यालयाचा सांकेतांक क्रमांक -----४) विद्यार्थ्याना आवेदनपत्रे सादर करता आली नाहीत त्या बाबत खालील कारणासमोर () खूण करावी. ब () विद्यार्थ्याच्या पालकाचे आकस्मिक निधन ह () या खेरीज अन्य रास्त व योग्य कारण असल्यास अ () विद्यार्थ्याचा प्रलंबित आजार इ () अनपेक्षित कारणामुळे विद्यार्थ्यास बऱ्याच कालावधीसाठी परगावी/परदेशी जाणे भाग पडल्यास. क () नैसर्गिक आपत्ती ५) उपरोक्त कारणाचे अनुष्गाने सादर केलेला पुरावा. 8)-----६) उ.मा.शाळा/कनिष्ठ महाविद्यालय प्रमुखांची शिफारस :-प्राचार्य स्वाक्षरी व शिक्का अ) अतिविलंबाचे एकूण दिवस- ----- ब) अतिविलंबाच्या दंडाची खकम-----क) दंड कशा प्रकारे भरला - रोख / धनाकर्ष (डी.डी.) / चलन क्रमांक--------(0) ड) विभागीय अध्यक्षांची 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 करण्यासाठी दिलेले कारण योग्य आहे. केवळ अपवादात्मक प्रकरण म्हणूनच मंडळ विनियम क्रमांक ४६ व ९३ मधील करण्यासाठी दिलेले कारण योग्य आहे. केवळ अपवादात्मक प्रकरण म्हणूनच मंडळ विनियम क्रमांक ४६ व ९३ मधील करण्यासाठी दिलेले कारण योग्य आहे. केवळ अपवादात्मक प्रकरण म्हणूनच मंडळ विनियम क्रमांक ४६ व ९३ मधील करण्यासाठी दिलेले कारण योग्य आहे. केवळ अपवादात्मक प्रकरण महणूनच मंडळ विनियम क्रमांक ४६ व ९३ मधील करण्यासाठी दिलेले कारण योग्य आहे. केवळ अपवादात्मक प्रकरण महणूनच मंडळ विनियम क्रमांक ४६ व ९३ मधील करण्यासाठी दिलेले कारण योग्य आहे. केवळ अपवादात्मक प्रकरण महणूनच मंडळ विनियम क्रमांक ४६ व ९३ मधील करण्यासाठी दिलेले कारण योग्य आहे. केवळ अपवादात्मक प्रकरण महणूनच मंडळ विनियम क्रमांक ४६ व ९३ मधील करण्यासाठी दिलेले कारण योग्य आहे. केवळ अपवादात्मक प्रकरण महणूनच मंडळ विनियम क्रमांक ४६ व ९३ मधील करण्यासाठी दिलेले कारण योग्य आहे. केवळ अपवादात्मक प्रकरण महणूनच मंडळ विनियम क्रमांक ४६ व ९३ मधील करण्यासाठी दिलेले कारण योग्य आहे. केवळ अपवादात्मक प्रकरण महणूनच मंडळ विनियम क्रमांक ४६ व ९३ मधील करण्यासाठी दिलेले कारण योग्य आहे.

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

স্ভৱা No. নিক ক্লদাক	Name of Candidate विद्यार्थ्याचे नाव	Orignal/Incorrect Position in the College List/Hall Ticket किनष्ठ महाविद्यालय यादीतील/ प्रवेशत्रिकावरील नोंद	Correct Position as per the College Record क.महाविद्यालयाच्या अभिलेखाप्रमाणे आवश्यक दुरूस्ती

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