

No.NDB/Exam/S.S.C./B-I
Nasik-422 001.

Date :-.

To,
The Divisional Secretary,
M.S.Board of Sec. & Higher Sec. Education,
Nasik Divisional Board,
Nasik-422 001.

**Sub :- Concession for Physically Handicap candidate
S.S.C. Exam March/Oct. 20**

Sir,

I have the honour to inform you that..... is bonafide student of this school. As per medical certificate the candidate is Physically, Orthopodically Handicapped therefore, please grant the following concession for SSC Examination as per Board's regulations.

1. The candidate will be given extra 20 minutes for each hour to solve the Question Paper.
2. The candidate is unable to complete the course in Physical Education, therefore the candidate be exempted from appearing for Physical Education Examination (School Subject)
3. The candidate to offer and appear for the following subjects.

1. 1st Language

(Grade)

2. 2nd Language

Work exp. Subject

1.....

School Subject

1. Physical Edu. (compulsory) P1

2. Self Development &
art Appreciation (compulsory) R7

one of the following School Sub
Optional (Grade)

Tick mark offered subject

1. Scouting /Guiding P2

2. NCC/SCC P3

3. Defence Studies P4

4. Civil Defence/R.S.P. P5

4. Mathematics.....

Algebra

Geometry

or

Gen.Maths Ist

Gen.Maths IInd.....

5. Science & Technology

or

Physiology Hygiene

Home Science

6. Social Sciences

History Civics

Geog. Eco

School Index No.

Date :

Yours faithfully,

Head Master/Principal
(School Stamp)

MEDICAL CERTIFICATE IN RESPECT OF AN ORTHOPEDICALLY (PHYSICALLY) HANDICAPPED

For the purpose of concessions granted to orthopedically physically handicapped. The Orthopedically (Physically) Handicaped are those who have physical defect or deformity which causes on interference with the normal functioning of bones, muscles and joints

Certified that I, Dr. Registration No.

Have this.....day of.....201..... 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.	<p>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 HEMPEL VECTOMY, SYMES, CHEOPARTS, WRIST, FINGERS, BELOW ELBOW, ABOVE ELBOW, SHOULDERS, FORE QUARTER, UNILATERAL, BILATERAL.</p> <p>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)</p> <p>c) Use of applicant: (Tick relevant from following list) CALLIPER, CRUTCH, ABOVE KNEE, BELOW KNEE, PROSTHESIS, CANE, UNILATERAL, BILATERAL, ABOVE ELBOW, BELOW ELBOW, HEMPEL VECTOMY, SHOULDER, DIS-ARTICULATION</p> <p>d) Any operation done or indicated</p> <p>e) photograph (Attested) To show the nature of disability and any appliance if used.</p>
7.	Any other particulars to clarify that nature and extent of disability that the Surgeon might like to point out

Signature of Applicant

Signature of Orthopedic Surgeon

Place:

Designation:

Date:

Office Stamp:

सादर प्रमाणपत्राचा नमुना हा फक्त त्वरित मार्गदर्शनासाठी उपयोगात आणावा. विद्यार्थ्यांकडे वैध मुदतीचे सिव्हील सर्जनचे प्रमाणपत्र सापडूचिच असल्यास फक्त त्या प्रमाणपत्राची साक्षांकित छायाप्रत मंडळास अपंग प्रस्तावासोबत सादर करावी.

No.NDB/Exam/S.S.C./B-I
Nasik-422 001

Date :-.

To,
The Divisional Secretary,
M.S.Board of Sec. & Higher Sec. Education,
Nasik Divisional Board,
Nasik-422 001.

Sub :- Concession for Autistic Candidate
S.S.C. Exam March/Oct. 2011

Sir,

I have the honour to inform you that..... is bonafide student of this school. As per medical certificate the candidate is Autistic therefore, please grant the following concessions for SSC Examination as per Board's regulations.

1. The candidate will be given extra 20 minutes for each hour to solve the Question Paper.
2. The candidate will be given writer (If necessary).
3. Candidate can use the Computer (if necessary), subject to condition, that, no previous data or information feeds in that Computer.
4. Candidate can use Calculator, Mobile Calculator is not allowed.
5. Being an Autistic candidate to offer and apperar for the following subjects as per the Board's regulation.

- | | |
|--------------------------|---|
| 1. 1st Language | (Grade) |
| 2. 2nd Language | 1. Work exp. Subject |
| or | <u>School Subject</u> |
| Composite course | 1. Physical Edu. (compulsory) P1 |
| | 2. <u>Self Development &</u> |
| 3. 3rd Language | <u>art Appreciation (compulsory)</u> R7 |
| | one of the following School Sub |
| | <u>Optional (Grade)</u> |
| | Tick mark \bar{O} offered subject |
| 4. Mathematics..... | 1. Scouting /Guiding P2 |
| Algebra | 2. NCC/SCC P3 |
| Geometry..... | 3. Defence Studies P4 |
| or | 4. Civil Defence/R.S.P. P5 |
| Gen.Maths Ist | |
| Gen.Maths IInd..... | |
| or | |
| Arithmetic Std. 7th..... | |
| And | |
| Work'exp. Sub..... | |
| 5. Science & Technology | |
| or | |
| Physiology Hygiene | |
| Home Science | |
| 6. Social Sciences | |
| History Civics | |
| Geog. Eco | |

Yours faithfully,

School Index No.

Date :

Head Master/Principal
(School Stamp)

GOVERNMENT OF INDIA
MINISTRY OF LABOUR
VOCATIONAL FOR HANDICAPPED
A.T.I. CAMPUS, V.N. PURAV MARG,
SION MUMBAI - 400022.



CERTIFICATE FOR AUTISTIC

Certified that, I Dr.....

Registration No..... have this.....

Day of.....201 Examined the Candidate whose particulars
are given below.

Particulars of the AUTISTIC CANDIDATE.

1. Name of the candidate
2. Father's Name
3. Age
4. Sex
5. Address
6. Signature or left hand thumb impression of the patient.....
7. Nature of handicapped. Temporary/Permanent.....
8. Causes of lost in functional capacity
9. Please state clearly whether the candidate is Autistic who can be considered for
the purpose of giving concessions, granted by the Board to Autistic candidates.

Place :-

Date :-

Clear Seal of Govt. Doctor/Officer

Signature of Govt. Doctor/Officer /

Seal of Govt. Institution.

Reg. No. and the Name of

Doctor/Officer

सदर प्रमाणपत्राचा नमुना हा फक्त त्वरित मार्गदर्शनासाठी उपयोगात आणावा. विद्यार्थ्यांकडे वैध मुदतीचे सिव्हील सर्जनचे प्रमाणपत्र यापूर्वीच असल्यास फक्त त्या प्रमाणपत्राची साक्षांकित छायाप्रत मंडळास अपंग प्रस्तावासोबत सादर करावी.

No.NDB/Exam/S.S.C./B-1
Nasik-422 001

Date :-

To,
The Divisional Secretary,
M.S.Board of Sec. & Higher Sec. Education,
Nasik Divisional Board,
Nasik-422 001.

**Sub :- Concession for Spastic Candidate
S.S.C. Exam March/Oct. 20**

Sir,

I have the honour to inform you that..... is bonafide student of this school. As per medical certificate the candidate is Spastic therefore, please grant the following concession for SSC Examination as per Board's regulations.

1. The Spastic candidate will be given extra 90 minutes to solve the Question Paper.
2. The candidate is unable to complete the course in Physical Education, therefore the candidate be exempted from appearing for Physical Education Examination. (School Subject)
3. The candidate will be given writer (if necessary).
4. The candidate to offer and appear for the following subjects.

1. 1st Language
2. 2nd Language.....
Candidate may offer any two Language falling under First Language and second Language however, he shall not offer the same Language for both the subjects.

(Grade)

Work exp. Subjects

School Subject

School Subject

3. 3rd Language
4. Mathematics.....
Algebra
5. Science & Technology
or
Physiology/Hygiene
Home Science
6. Social Sciences
History Civics

1. Physical Edu. (compulsory) P1
2. Self Development & art Appreciation (compulsory) R7
one of the following School Sub
Optional (Grade)
Tick mark \bar{O} offered subject
1. Scouting /Guiding P2
2. NCC/SCC P3
3. Defence Studies P4
4. Civil Defence/R.S.P. P5

School Index No.

Date :

Yours faithfully,

Head Master/Principal
(School Stamp)

FORM-III**MEDICAL CERTIFICATE IN RESPECT OF SPASTIC CANDIDATE**

The spastics are those who are suffering from cerebral palsy. This is a disorder of movement and posture appearing in the early years of life due to damage to that part of the brain which controls his or her motor or physical functions or the failure to develop normally in a small part of brain controlling movement which causes an interference with the normal functioning of bones, muscles and joints, thereby affecting communication.

Certified that I, Dr. Registration No.
Have this.....day of.....201..... 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) CEREBRAL PALSY POST-POLIO-PARALYSIS, HEMIPLEGIA, QUADRAPLEGIA, MALUNITED, FRACTURE, NERVE PARALYSIS, UPPER EXTREMITY, LOWER EXTREMITY, LIMP, PAINFUL, SHORTENING, DEFORMITY, CONGENITAL, ACQUIRED, ABOVE KNEE, BELOW KNEE, HIP HEMPEL VECTOMY, 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, (PATIENT'S 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) CALLIPER, CRUTCH, ABOVE KNEE, BELOW KNEE, PROSTHESIS, CANE, UNILATERAL, BILATERAL, ABOVE ELBOW, BELOW ELBOW, HEMPEL VECTOMY, SHOULDER, DIS-ARTICULATION d) Any operation done or indicated e) photograph (Attested) 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

Signature of Applicant

Signature of Orthopedic Surgeon

Place:

Designation :

Date :

Office Stamp :

सदर प्रमाणपत्राचा नमुना हा फक्त त्वरित मार्गदर्शनासाठी उपयोगात आणावा. विद्यार्थ्यांकडे वैध मुदतीचे सिव्हील सर्जनचे प्रमाणपत्र यापूर्वीच असल्यास फक्त त्या प्रमाणपत्राची साक्षांकित छायाप्रत मंडळास अपंग प्रस्तावासोबत सादर करावी.

No.NDB/Exam/S.S.C./B-1
Nasik-422 001

Date :-

To,
The Divisional Secretary,
M.S.Board of Sec. & Higher Sec. Education,
Nasik Divisional Board,
Nasik-422 001.

Sub :- Concession for Learning Disabled Candidate
S.S.C. Exam March/Oct. 20

Sir,

I have the honour to inform you that..... is bonafide student of this school. As per medical certificate (as above) is learning disabled Candidate, therefore, please grant the following concessions for SSC Examinations as per Board's regulations.

1. The candidate will be given extra 15 minutes for each hour to solve the Question Paper.
2. The candidate will be given writer (if necessary)
3. The candidate to offer and appear for the following subjects.

1. 1st Language
Any one Language out of the Languages Mentioned under the heading
1st Lang, 2nd Lang, 3rd Lang

(Grade)

2. 2nd Language
Or Work Exp. Sub.
3. 3rd Language
other than above 1st Lang & 2nd Lang.

Work exp. Subject

1.

School Subject

1. Physical Edu. (compulsory) P1
2. Self Development & art Appreciation (compulsory) R7

one of the following School Sub
Optional (Grade)

Tick mark \bar{O} offered subject

1. Scouting /Guiding P2
2. NCC/SCC P3
3. Defence Studies P4
4. Civil Defence/R.S.P. P5

Note : The Candidate with specific dyslexia, dysgraphia those who offer work exp. Subject in lieu of Third Language, It is Compulsory to offer subject English. (1st Language or Third Language)

4. Mathematics.....
Algebra
Geometry
or
Gen. Maths Ist
Gen. Maths IInd.....
or
Arithmetic Std. 7th.....
Only for Discalculia Candidates
And
Work exp. Sub.....
5. Science & Technology
or
Physiology Hygiene
Home Science
6. Social Sciences
History Civics
Geog. Eco

Yours faithfully,

School Index No.
Date:

Head Master/Principal
(School Stamp)

**MEDICAL CERTIFICATE FOR CANDIDATES
HAVING LEARNING DISABILITY**



Certified that We, Dr.....Reg. No.....
And Dr./Special Educator.....
Reg. 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. 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

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 answers and permission to offer Two Languages (one mothertongue/medium of instruction and the other Second Language) instead of three languages. For Third language option of work experience according to scheme of subjects for these candidates.

DYSGRAPHIA: The permission to use a writer for answering the paper and the permission to offer Two languages (one mothertongue/medium of instruction and the other Second language) instead of three language. For Third language option of work experience according to scheme of subjects for these candidates.

DYSCALCULIA: The permission to opt, Arithmetic for Std. VII (75 marks) and Work Experience (75 marks) instead of Mathematics (Algebra and Geometry or General Mathematics) No Concession regarding any other subject.

Signature of the examining neurologist and Date

Signature of the examining paediatrician / Special Educator and Date :

Countersigned by Civil Surgeon and Date :

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No.NDB/Exam/S.S.C./B-1
Nasik-422 001

Date :-

The Divisional Secretary,
M.S. Board of Sec. & Higher Sec. Education,
Nasik Divisional Board,
Nasik-422 001.

**Sub :- Concession for Deaf/Dumb candidate
S.S.C. Exam March/Oct. 20**

Sir,

I have the honour to inform you that..... is bonafide student of this school. As per medical certificate the candidate is Deaf Dumb therefore, please grant the following concessions for SSC Examination as per Board's regulations.

1. The candidate will be given extra 30 minutes to solve the Question Paper.
2. Being a Deaf - dumb candidate to offer and appear for the following subjects as per the Boards' regulation.

1st Language
Any one Language out of the Languages mentioned under the heading First Lang, Second Lang or Third Lang

(Grade)

Work exp, Subject.

1.

2nd Language

School Subject

1. Physical Edu. (compulsory) P1
2. Self Development & art Appreciation (compulsory) R7

or
Work Exp. Sub

one of the following School Sub
Optional (Grade)

3rd Language

Tick mark \bar{O} offered subject

OR

Work Exp. Sub

1. Scouting /Guiding P2
2. NCC/SCC P3
3. Defence Studies P4
4. Civil Defence/R.S.P. P5

other than No. 2

1. Mathematics.....

Algebra

Geometry

or

Gen. Maths Ist

Gen. Maths IInd

or

Arithmetic Std. 7th

And

Work exp. Sub

other than No. 2 & 3

Science & Technology

or

Physiology Hygiene

Home Science

6. Social Sciences

History Civics

Geog. Eco

Yours faithfully,

School Index No:

Date :

Head Master/Principal
(School Stamp)

4.3 FORM - II
MEDICAL CERTIFICATE FOR DEAF DUMB

Certified that I,

Dr.

Registration No. Have this

..... Day of 201.....

examined the candidate whose particulars are given below :

1. Name of Candidate :
2. Father's Name :
3. Sex :
4. Approximate Age :
5. Identification Mark :
6. An estimate of 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 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 deaf candidates, deaf are those in whom the sense of hearing is non-functional for the ordinary purpose 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 Candidate

Signature of ENT Specialist

Place :

Designation :

Date :

Office Stamp :

Address :

सदर प्रमाणपत्राचा नमुना हा फक्त त्वरित मार्गदर्शनासाठी उपयोगात आणावा. विद्यार्थ्यांकडे वैध मुदतीचे सिव्हील सर्जनचे प्रमाणपत्र यापूर्वीच असल्यास फक्त त्या प्रमाणपत्राची साक्षात्कृत छायाप्रत मंडळास अपंग प्रस्तावासोबत सादर करावी.

No.NDB/Exam/S.S.C./B-I
Nasik-422,001

Date :-

To,
The Divisional Secretary,
M.S.Board of Sec. & Higher Sec. Education,
Nasik Divisional Board,
Nasik-422 001.

**Sub :- Concession for blind candidate
S.S.C. Exam March/Oct. 20**

Sir,

I have the honour to inform you that..... is bonafide student of this school. As per medical certificate the candidate is blind therefore, please grant the following concessions for SSC Examination as per Board's regulations.

1. The candidate will be given extra 20 minutes for each hour to solve the Question Paper.
2. The candidate will be given writer (If necessary)
3. Being a blind candidate to offer and appear for the following subjects as per the Boards' regulation.

1. 1st Language
2. 2nd Language
- or
composite course.....
3. 3rd Language

(Grade)

1. Work exp. Sub.....

School Subject

1. Physical Edu. (compulsory) P1

2. Self Development &
art Appreciation (compulsory) R7

one of the following School Sub

Optional (Grade)

Tick mark \bar{O} offered subject

1. Scouting /Guiding P2

2. NCC/SCC P3

3. Defence Studies P4

4. Civil Defence/R.S.P. P5

4. Mathematics.....
Algebra
- Geometry
- or
Gen.Maths 1st
- Gen.Maths IInd.....
- or
Arithmetic Std. 7th.....

And

Work exp. Sub.....

5. Science & Technology

or

Physiology Hygiene

Home Science

6. Social Sciences

History Civics

Geog. Eco

Yours faithfully,

School Index No.

Date :

Head Master/Principal
(School Stamp)

4.2 FORM - II
MEDICAL CERTIFICATE FOR BLIND

Certified that

I, Dr. Have this

Registration No. Day of 201.....

examined the candidate whose particulars are given below :

1. Name of Candidate
2. Father's Name
3. Sex
4. Approximate Age
5. Identification Mark :
6. Extent of Residual Vision, if any
i) Right eye
- ii) Left eye
7. 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)
a) Total absence of Sight.
- b) Visual acuity not exceeding 6/60 or 20/200 (Snellen) in the better eye with correcting lense.....
- c) Limitation of the field or vision sub-standing and angle of 20 degree or worse
8. Please state clearly whether the candidate is blind who can be considered for the purpose of giving concessions granted by the Board to blind candidates

Signature of Candidate

Place :

Date :

Signature of Ophthalmologist

Designation :

Office Stamp :

Address :

सदर प्रमाणपत्राचा नमुना हा फक्त त्वरित मार्गदर्शनासाठी उपयोगात आणावा. विद्यार्थ्यांकडे वैध मुदतीचे सिव्हील सर्जनचे प्रमाणपत्र यापूर्वीच असल्यास फक्त त्या प्रमाणपत्राची साक्षांकित छायाप्रत मंडळास अपंग प्रस्तावासोबत सादर करावी.