



FORM - IV

MEDICAL CERTIFICATE FOR CANDIDATES 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 at the Board
comprising of a neurologist, child psychologist and special educator)

Please indicate the disability with a Tick mark.

- a) DYSLEXIA
- b) DYSGRAPHIA
- c) DYSCALCULIA

Signature of the examining neurologist and Date : _____

Signature of the Examining

Pediatrician / special Educator & Date : _____

Countersigned by Civil Surgeon & Date : _____

To,

The Divisional Secretary,
M. S. Board of Secondary and
Higher Secondary Education,
Mumbai Divisional Board,
Vashi, Navi Mumbai - 400 703.

Subject :- Concession for learning disabled candidate

Ref. :- MDB/BR. Exam./H.S.C./Navi Mumbai-400 703

Sir,

I have the honour to inform you that _____ (Application
Sr. No. or Seat No. _____ is bonafied students of this College. As per Medical
Certificate (as above) is learning disability candidate therefore please grant the following concession
for H.S.C. Examination as per Board's regulations.

1. The candidate be given extra 60 minutes to solve the Question papers.
2. The candidate be given nearest examination centre as mentioned below.

NAME OF THE EXAMINATION PLACE

CENTRE NO.

3. The candidate be given all types of the concession as per the Board's Regulations.

Candidates Residential Address : _____

College Index No. J. : _____

Date :-

Yours Faithfully,

Principal,

(College Stamp)