



27/06/2024

NOTICE

JUNIOR – COLLEGE

S.Y.J.C. Arts/ScienceCommerce [2024-2025]

As per circular received from the Govt. of Maharashtra, Higher & Technical Education Department, Circular no. 2004/86/04/-4, Mantralaya Annexure Bhavan, Mumbai-400 032 dated 7th August, 2004, students who are having learning disability like (Dysgraphia, Dyslexia and Dyscalculia) are requested to submit in the appropriate form attached with this notice (Form I. for Blind, Form II for Deaf, Form III for Orthopedically (Physically Handicapped, form IV for learning disability) along with the following required documents :

- Xerox copy of S.S.C. /ICSE/CBSE and FYJC self-attested mark sheet.
- Original and self-attested Disability certificate.
- Copy of Permission Letter received from Board office at the time of S.S.C. /ICSE/CBSE examination.

Students are requested to visit college office on 3rd July 2024, between 10.00.am to 12.30 pm and submit above documents at counter no. 09.

Only after submission of all required documents and complete the formalities, students will be allowed to avail concession of XIIth / H.S.C. Board Exam Feb./ March 2025.

Kscoae

Prof. Krutika Bharat Desai
Principal
CPG

FORM I

Medical Certificate for Blind Candidate

Certified that, I, Dr. _____ Registration No. _____ have this _____ day of 19____, 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
Right eye
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).

(For the purpose of concessions granted to blind candidates; blinds are those who suffer from either of the following :

- a) Total absence of sight :
- b) Visual acuity not exceeding 6/60 or 20/20 (Snellen) in the better eye with correcting lenses. Limitation of the field of vision sub standing an angle of 20 degrees or worse).
8. Please state clearly whether the candidate is blind who can be considered for the purpose of giving concession, granted by the Board to blind candidates.

Signature of Applicant

Place:

Date:

(Signature of Ophthalmologist)

Designation:

Office Stamp:

Address :

FORM II

Medical Certificate for Deaf Candidate

Certified that, I, Dr. _____ Registration No. _____ have this _____ day of 19____, 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 the 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 of 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 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 state clearly whether the candidate is deaf for the purpose of giving concessions granted by the Board to deaf candidates :
9. Please enclose Audio-grarn chart.

Signature of candidate:
Place:
Date:

(Signature of E.N.T. Specialist)
Designation:
Office Stamp:
Address:

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 Physically 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 19 _____, examined the applicant whose particulars are given below and that he/she falls within the above definition.

1. Name of Candidate :
2. Father's Name :
3. Sex :
4. Approximate Age :
5. Identification mark :
6. (a) Nature of disability (Tick relevant from following list)

POST-POLIO PARALYSIS, HEMIPLEGIA,
QUADRAPLEGIA, MALUNITIED FRACTURE,
NERVE PARALYSIS, UPPER EXTREMITY,
LOWER EXTREMITY, LIMP, PAINFUL, SHORTENING,
DEFORMITY, CONGENITAL ACQUIRED, ABOVE KNEE,
BELOW KNEE, HIP, HEMIPELVECTOMY, SYMES,
CHEOPARTS, WRITS, 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 state whether the percentage of
disability is 25 or above).

(c) Use of applicant (Tick relevant from following list).
CALLIPER, CMUTCH, ABOVE KNEE, BELOW KNEE,
PROSTHESIS, CANE, UNILATERAL, BILATERAL,
ABOVE ELBOW, BELOW ELBOW, HEMIPELVECTOMY
SHOULDER-DIS-ARTICULATION.

(d) ANY OPERATON DONE OR INDICATED:

(e) PHOTOGRAPH (Attested)

To show the nature of disability and any appliance if used.

7. Any other particulars to clarify the nature and extent of disability
that the Surgeon might like to point out.

Signature of applicant

Place:

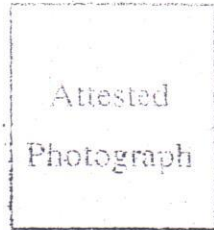
Date:

(Signature of Orthopaedic Surgeon)

Designation:

Office Stamp:

Address:



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)