

निळकंठराव शिंदे विज्ञान व कला महाविद्यालय, भद्रावती, जि. चंद्रपुर

सुचना

महाविद्यालयातील प्रवेशित B.Sc/B.A. Sem II, IV & VI व M.Sc./M.A Sem II & IV च्या सर्व विद्यार्थ्यांना सुचित करण्यात येते की, विद्यापीठाची उन्हाळी-२०२४ ची परीक्षा दि. २२.०४.२०२४ पासून सुरू होत आहे. महाविद्यालयात प्रवेशित दिव्यांग विद्यार्थ्यांची माहिती विद्यापीठाला सादर करावयाची आहे. तरी दिव्यांग विद्यार्थ्यांनी श्री. विशाल गौरकार अॅडमिशन विभाग यांचेशी संपर्क साधुन Appendix I and II ची माहिती दि. ०१/०४/२०२४ पर्यंत भरून द्यावी.

भद्रावती

दि. २१/०३/२०२४

gladke
21/3/24
Dr. S. S. Gladke
Principal
N.S. Science & Arts College
Bhadrawati, Dist-Chandrapur

APPENDIX- I

Certificate regarding physical limitation in an examinee to write

This is to certify that, I have examined Mr/Ms/Mrs _____ (name of the candidate with disability), a person with _____ (nature and percentage of disability as mentioned in the certificate of disability), S/o/D/o _____, a resident of _____ (Village/District/State) and to state that he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

Signature

Chief Medical Officer/Civil Surgeon/ Medical Superintendent of a
Government health care institution

Name & Designation.

Name of Government Hospital/Health Care Centre with Seal

Place:

Date:

Note:

Certificate should be given by a specialist of the relevant stream/disability (eg. Visual impairment - Ophthalmologist, Locomotor disability - Prthopaedic specialist, PMR).

Letter of Undertaking for Using Own Scribe

I _____ a candidate with _____ (name of the disability) appearing for the _____ (name of the examination) bearing Roll No. _____ at _____ (name of the centre) in the District _____ (name of the State). My qualification is _____.

I do hereby state that _____ (name of the scribe) will provide the service of scribe/reader/lab assistant for the undersigned for taking the aforesaid examination.

I do hereby undertake that his qualification is _____. In case, subsequently it is found that his qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post and claims relating thereto.

(Signature of the candidate with Disability)

Place:

Date: