



RAMP



REST ROOM

आदर्श शिक्षण संस्था बीड जे
कालिकादेवी कला, वाणिज्य व विज्ञान महाविद्यालय शिरूर (का.)
ता. शिरूर का. जि. बीड
(मैक कॉलेजी बोर्ड की राज. कार्य)

मा. जयदेव खोसामगर
(संचालक)

डॉ. देशमाने पी.डी.
(प्राचार्य)

Ph. No. (02444) 259599
ज. क्र. का.बी.ए./2017-18/ E-mail:- kalikadevicollege@gmail.com
दि. 07/11/2017

प्रति,
मा. प्रधानाचार्य,
परिक्षा व मूल्यांकन संकट,
डॉ. आ. ग. विद्यापीठ, औरंगाबाद.

विषय: लेखनिकाची परवानगी मिळवणे बाबत...

महोदय,

परिसर विभागाने शासनाच्या आदेशावर, कालिकादेवी कला, वाणिज्य व विज्ञान महाविद्यालय शिरूर (का.) येथील ऑक्टो/नोव्हें 2017 मधील पी. प्रथम वर्गातील विद्यार्थी वि. कुलकर्णी आकाश रामकृष्ण (परीक्षा क्र. NBA12425) हा अर्पण विद्यार्थी असून त्याच्या लेखनिकाच्या परवानगीचा प्रस्ताव आपल्या लेखन सादर करत आहे.

तरी मा. शाळेबाई वरील विद्यार्थ्यास लेखनिकाचा परवानगी देवाची ही मस निवेदनी.

सोबत: 1) लेखनिकाचा माहिती फॉर्म
2) लेखनिकाची सोना फायंड
3) अर्पण प्रमाणपत्राची सातत्या

Principal
Kalikadevi Arts, Comm & Sci College,
Shirur (Ka.), Dist. Beed

आदर्श शिक्षण संस्था बीड संस्थित
कालिकादेवी कला, वाणिज्य व विज्ञान महाविद्यालय, शिरूर (का.)
ता. शिरूर का. जि. बीड

मा. जयदेव खोसामगर
(संचालक)

डॉ. देशमाने पी.डी.
(प्राचार्य)

Ph. No. (02444) 259599
ज. क्र. का.बी.ए./2017-2018/ E-mail:- Kalikadevi192@gmail.com
दि.

प्रति,
मा. प्रधानाचार्य,
परिक्षा व मूल्यांकन संकट,
डॉ. आ. ग. विद्यापीठ औरंगाबाद

विषय: लेखनिकाची परवानगी मिळवणे बाबत...

महोदय,

परिसर विभागाने शासनाच्या आदेशावर, कालिकादेवी कला, वाणिज्य व विज्ञान महाविद्यालय, शिरूर (का.) येथील माध्यमिक २०१८ मधील विद्यार्थी वि. कुलकर्णी आकाश रामकृष्ण (परीक्षा क्र. NBA12425) हा अर्पण विद्यार्थी असून त्याच्या लेखनिकाच्या परवानगीचा प्रस्ताव आपल्या लेखन सादर करत आहे.

तरी मा. शाळेबाई वरील विद्यार्थ्यास लेखनिकाचा परवानगी देवाची ही निवेदनी.

सोबत: 1) लेखनिकाचा माहिती फॉर्म
2) लेखनिकाचे सोनाफाई
3) अर्पण प्रमाणपत्राची सातत्या

Principal
Kalikadevi Arts, Comm & Sci College,
Shirur (Ka.), Dist. Beed


SCRIBES FOR EXAMINATION


Divyang certificate

**Form-II
Disability Certificate**

Certificate No. 61557 Date: 20/08/17
This is to certify that we have carefully examined Shri Smt./Kum. श्री. सतीश कुमार शिवसिंग
who is/are daughter of Shri श्री. सतीश कुमार शिवसिंग Date of Birth (DD/MM/YY) 20/08/94
Age 23 years male/female Registration No. 68748 permanent resident of House No. 20
Ward / Village / Street 20/08/94 Post Office 20
District 20 State 20/08/94 whose photograph is affixed above, and are satisfied that:
(A) He/she is a Case of - Locomotor Disability
(Please tick as applicable) Blindness 6/36 or less NI
(B) the diagnosis in his/her case is Horizontal Nystagmus (B.P.) & Amblyopia (B.P.)
(A) He/She has 40 % (in figure) Fourty Percent (in words) permanent physical impairment/blindness in relation to his / her Eye (part of body) as per guidelines (to be specified)
2. The applicant has submitted the following document as proof of residence > Revenue Dept. 1 (one) year.

Nature of Document Date of issue Details of authority issuing certificate


Chairman, Ophthalmic Board, District Hospital, Bhoodhan, Bhoodhan, Bhoodhan


Secretary Arthropedic Board, B.M.O. Boodhan


(Signature and seal of Authorized Signatory of notified Medical Authority)

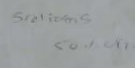
Name and seal of Member, Ophthalmic Board, District Hospital, Bhoodhan, Bhoodhan, Bhoodhan
Name and seal of Member, Physiotherapy Board, District Hospital, Bhoodhan, Bhoodhan, Bhoodhan
Name and seal of Member, Orthopaedic Board, District Hospital, Bhoodhan, Bhoodhan, Bhoodhan

**Form-II
Disability Certificate**

Certificate No. 60 Date: 17/08/17
This is to certify that we have carefully examined Shri Smt./Kum. श्री. सतीश कुमार शिवसिंग
who is/are daughter of Shri श्री. सतीश कुमार शिवसिंग Date of Birth (DD/MM/YY) 20/08/94
Age 23 years male/female Registration No. 68748 permanent resident of House No. 20
Ward / Village / Street 20/08/94 Post Office 20
District 20 State 20/08/94 whose photograph is affixed above, and are satisfied that:
(A) He/she is a Case of - Locomotor Disability
(Please tick as applicable) Blindness 6/36 or less NI
(B) the diagnosis in his/her case is Horizontal Nystagmus (B.P.) & Amblyopia (B.P.)
(A) He/She has 40 % (in figure) Fourty Percent (in words) permanent physical impairment/blindness in relation to his / her Eye (part of body) as per guidelines (to be specified)
2. The applicant has submitted the following document as proof of residence > Revenue Dept. 1 (one) year.

Nature of Document Date of issue Details of authority issuing certificate


Chairman, Ophthalmic Board, District Hospital, Bhoodhan, Bhoodhan, Bhoodhan


Secretary Arthropedic Board, B.M.O. Boodhan

(Signature and seal of Authorized Signatory of notified Medical Authority)

Name and seal of Member, Ophthalmic Board, District Hospital, Bhoodhan, Bhoodhan, Bhoodhan
Name and seal of Member, Physiotherapy Board, District Hospital, Bhoodhan, Bhoodhan, Bhoodhan
Name and seal of Member, Orthopaedic Board, District Hospital, Bhoodhan, Bhoodhan, Bhoodhan

**महाराष्ट्र शासन
Government of Maharashtra
Disability Certificate**

No. 470420

(In cases other than those mentioned in Forms I and III) (See rule 4)

8437

NAME OF THE HOSPITAL: District Hospital, Boodhan
(Maharashtra, India)

Certificate Number: 377310 Date: 01/02/2017

This is to certify that I have carefully examined
Person Identification Number: P152100515910
Aadhar Number: N/A
Shri/Smt./Kum. DABHADE SHESHIR VASANTRAO VIRSHA
Father Name: Shri/Smt./Kum. VASANTRAO
Date of Birth (dd/mm/yyyy): 01/12/1994 Age: 22 years
Gender: Male
Permanent Address:
House Address: Boodhan
Village: Bid Taluka: Bid
District: Bid Pincode: 431122
whose photograph is affixed above, and am satisfied that he / she is a case of Physical Impairment disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below -

Disability	Affected part of Body	Diagnosis	Disability (in %)
<u>Physical Impairment</u>	<u>RT, LT, RL, LL</u>	<u>RT HEMIPARESIS</u>	<u>50</u>

1. The Above condition is Permanent, non-progressive, not likely to improve
2. Reassessment of disability
3. The applicant has submitted following documents as proof of residence: Aadhar Card
4. The applicant has submitted following documents as proof of Identity: Aadhar Card

(Signature and Seal of Authorized Signatory of notified Medical Authority)

Dr. P.K. Chavan
Physician Class-I
Member
Regn No. 081826

Dr. S. P. Pail
Additional Civil Surgeon / Member
Secretary
Member Secretary
Regn No. 58289

Dr. R. S. Chavan
Civil Surgeon
President
Regn No. 30721

Signature/Thumb impression of the person whose foster disability certificate is issued
Note: This is not valid for Matrice Legal cases.