

CLAIM FOR CONCESSION TOWARDS STUDENTS WITH LEARNING  
DISABILITY/CEREBRAL PALSY/BLIND/ORTHOPEDIC/LOW VISION

Date: 20/12/2021

To,  
The Principal,  
DSPM's K.V.Pendharkar College, Dombivli

Subject: Claim for Concession under LD/BLIND/CP/ORTHO/LV

Respected Madam/Sir,

Please avail me the benefits while giving examination and in the evaluation of my papers. My details are as follows:

Name of the student: MADHAVAN. GOVINDAN. NAIKKAR +

Stream: ARTS/~~SCIENCE~~/COMMERCE ARTS

Roll/Seat Number: 3509

CLASS: FYBA

SEMESTER: I

Email ID: madhavannaikkar8@gmail.com Contact Number: 9136840344

The details of Scribe(Writer):

Name of Scribe: —

Educational Qualification: —

Email ID: — Contact Number: —

Madhavan  
Signature of Student

Encl. 1. Medical Certificate, 2. Certificates of Qualification of Scribe

OFFICE USE ONLY

1. MEDICAL CERTIFICATE : Civil Sargon/Govt.medical officer
2. COMPENSATORY TIME: 30 Minutes
3. SEATING ARRANGEMENT: Room No. As per daily seating Arrangement
4. DATES OF EXAMINATION: Winter 2021 & Summer - 2022 Session.
5. CERTIFICATES OF QUALIFICATION OF SCRIBE: —

FYBA Sem. I





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## Government of Maharashtra

Form-IV

## Disability Certificate

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



NAME OF THE HOSPITAL:

General Hospital Ulhasnagar, Thane  
(Maharashtra, India)

Certificate Number: 306270

Date: 13/07/2016

This is to certify that I have carefully examined.

Person Identification Number: V151700422347

Aadhar Number: N/A

Shri/Smt./Kum: NAIKKAR MADHAVAN GOVINDAN JAYACHITRA

Father's Name: Shri/Smt./Kum. GOVINDAN NAIKKAR

Date of Birth (dd/mm/yyyy): 23/06/1999

Age: 17 years

Gender: Male

Permanent Address:

House Address: A-10 KARTIK SADAN VEER SAWARKAR RD NR MAHAVIR HIGHTS GOPAL NGR  
DOMBIVALI(E)

Village: Kalyan

Taluka: Kalyan

District: Thane

Pincode: 421201

whose photograph is affixed above, and am satisfied that he / she is a case of Visual 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 %)
Visual Impairment	Both Eyes	Both eyes-cortical visual impairment	75

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 Authorised Signatory of notified Medical Authority)

Dr. Raju Muskwad

Dr. Vijay T. Kalbande

Dr. A.B. Nandapurkar

Ophthalmic Surgeon Class II

Additional Civil Surgeon

Civil Surgeon

Member

Medical Secretary

President

Regn. No. 65741

Regn. No. 64254

Regn. No. 66498

Signature/Thumb impression of the person whose disability certificate is issued

Note: This is not valid for Medico Legal cases.

Home | Forms | Contact Us





भारत सरकार

Unique Identification Authority of India  
Government of India

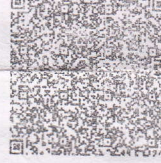
नोंदविण्याचा क्रमांक / Enrollment No 2015/10019/16145

To,  
माधवन गोविंदन नाईक्कर  
Madhavan Govindan Naikkar  
S/O: Govindan Naikkar  
A - 10, KARTIK SADAN  
VEER SAVARKAR ROAD  
NEAR MAHAVIR HIGHTS GOPAL NAGAR, DOMBIVLI  
EAST  
Kalyan  
Tilaknagar Kalyan Thane  
Maharashtra 421201  
9029224932  
Ref: 706 / 30A / 342869 / 343319 / P

16/01/2014



SH85760/775FT



आपला आधार क्रमांक / Your Aadhaar No. :

**4089 9255 6453**

आधार - सामान्य माणसाचा अधिकार



भारत सरकार  
Government of India



माधवन गोविंदन नाईक्कर  
Madhavan Govindan Naikkar  
जन्म तारीख / DOB - 23/06/1999  
पुरुष / Male



**4089 9255 6453**

आधार - सामान्य माणसाचा अधिकार

*Madhavan*



**CLAIM FOR CONCESSION TOWARDS STUDENTS WITH  
LEARNING DISABILITY/CEREBRAL PALSY/BLIND/ORTHOPEDIC/LOW VISION**

Date: 3/01/2022

To,  
The Principal  
DSPM's K.V. Pendharkar College (Autonomous), Dombivli.

**Subject: Claim for Concession for getting extra time in the examination and for  
availing benefits while evaluating of my Answer book/s under  
LD/BLIND/CP/ORTHO/LV**

Respected Madam / Sir,

Please avail me the benefits while giving examination and in the evaluation of my Answer book/s. My details are as follows:

Name of the Student: SHASHWAT GANESH PAIStream: ARTS ☒ SCIENCE ☐ COMMERCE ☐Roll /Seat Number: 21-3467 Class: FYBA Semester: 1Email ID: paishashwat6@gmail.comContact No. (Whats App): 9324125014

The details of Scribe (Writer):

Name of Scribe: —Educational Qualification: —Email ID: —Contact No. (Whats App): —

S. Pai  
Signature of Student

Encl: 1. Medical Certificate.  
2. Certificates of Qualification of Scribe

**OFFICE USE ONLY**

1. Medical Certificate : Civil Sargon / Govt. Medical Officer
2. Compensatory Time : 30 Minutes
3. Seating arrangement: Room No. As per daily seating Arrangement
4. <sup>session</sup> Dates of Examination: winter-2021 & Summer-2022 session
5. Certificates of Qualification of Scribe: —



# CENTRE FOR LEARNING DISABILITY

## DEPARTMENT OF PSYCHIATRY

**B. Y. L. NAIR CH. HOSPITAL & T. N. MEDICAL COLLEGE**

Dr. A. L. Nair Road, Mumbai - 400 008. Tel.: 022-2302 7659



### OPINION CERTIFICATE

**Date:** 26- December-2017

**Name:** Shashwat Ganesh Pai

**Age:** 14 Years

**Sex:** Male

**Date of Birth:** 28-07-2003

**Date of Registration:** 30-Dec- 2016

**L. D. No.:** Dec/12208/2016

**Father's Name:** Mr. Ganesh Pai

**Mother's Name:** Mrs. Ravikala Pai

**Std:** 9<sup>th</sup> **Name of School:** Don Bosco High School

**Physical & Neurologic Assessment:**

[Date: 09-Aug-2017]

**Neurological Assessment:** Normal

**Hearing:** Normal

**Vision:** - Refractory error present

**Psychological Assessment:**

[Date: 22-July-2017]

**WISC**

Verbal IQ

: 67

Performance IQ

: 56

Full Scale IQ

: 58

**Diagnosis:** Mild Intellectual Disability

Attention Deficit Hyperactivity Disorder [ADHD]

### Recommendation:

- Educational Help
- Counseling to Parents
- Extra time in exam
- Treatment for ADHD

**Dr Henal Shah**

Professor (Addl.)

Department of Psychiatry

Reg. No: 62427

*[Signature of Dr. Alka Subramanyam]*

**Dr Alka Subramanyam**

Associate Professor

Department of Psychiatry

Reg. No: 2000/02/1358

**Dr. Jahnavi Kedare**

Associate Professor

Department of Psychiatry

Reg. No: 66243

**Dr Surbhi Rathi**

Professor

Department of Paediatrics

Reg. No: 59729

(Signature of ANY ONE of the above faculty is valid for certification)

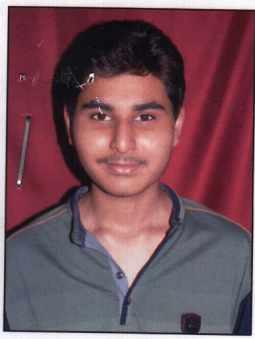
**CENTRE FOR LEARNING DISABILITY**  
**DEPARTMENT OF PSYCHIATRY**

**B.Y.L. Nair Hospital & T.N. Medical College,**

**Dr. A. L. Nair Road, Mumbai-400 008,**

**Tel: 23027659**





**CLAIM FOR CONCESSION TOWARDS STUDENTS WITH LEARNING  
DISABILITY/CEREBRAL PALSY/BLIND/ORTHOPEDIC/LOW VISION**

Date: 28/12/2021

To,  
The Principal,  
DSPM's K.V.Pendharkar College, Dombivli

**Subject: Claim for Concession under LD/BLIND/CP/ORTHO/LV**

Respected Madam/Sir,

Please avail me the benefits while giving examination and in the evaluation of my papers. My details are as follows:

Name of the student: Atharva Shripad Daundkar +  
Stream: ARTS/SCIENCE/COMMERCE

Roll/Seat Number: 21 - 3654

CLASS: F.Y.B.A (Marathimed) SEMESTER: I

Email ID: daundkargam21@gmail.com Contact Number: 9970895293

**The details of Scribe (Writer):**

Name of Scribe: Kalindi Vivekanand Khambete

Educational Qualification: 11<sup>th</sup> Arts

Email ID: kalindikhambete16@gmail.com Contact Number: 8879971967

Asd.  
Signature of Student

Encl. 1. Medical Certificate, 2. Certificates of Qualification of Scribe

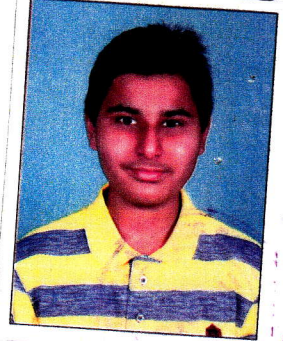
**OFFICE USE ONLY**

1. MEDICAL CERTIFICATE : Civil Sargon/Govt.medical officer
2. COMPENSATORY TIME: 30 Minutes
3. SEATING ARRANGEMENT: Room No. 126
4. ~~DATES~~ <sup>Session</sup> OF EXAMINATION: Winter-2021 & Summer-2022 sessions
5. CERTIFICATES OF QUALIFICATION OF SCRIBE: Aadhar Card Photocopy





**CENTRE FOR LEARNING DISABILITY**  
**DEPARTMENT OF PSYCHIATRY**  
**B. Y. L. NAIR CH. HOSPITAL & T. N. MEDICAL COLLEGE**  
Dr. A. L. Nair Road, Mumbai - 400 008. Tel.: 022-2302 7659



**OPINION CERTIFICATE**

**Date:** 04- December-2018

**Name:** Atharva Shripad Daundkar

**Age:** 15 Years

**Sex:** Male

**Date of Birth:** 10-May-2003

**Date of Registration:** 31-Aug- 2018

**L. D. No.:** Aug/14312/2018 OPD No. 18/189049

**Father's Name:** Mr. Shripad Daundkar

**Mother's Name:** Mrs. Shruti Daundkar

**Std:** 10<sup>th</sup>

**Name of School:** Swami Vivekanand Vidyamandir

**Physical & Neurologic Assessment:**  
**Neurological Assessment:** Normal  
**Hearing:** Normal

[Date: 26- Nov-2018]

**Vision:** - Normal

**Psychological Assessment:**

**WISC**  
**Verbal IQ**  
**Performance IQ**  
**Full Scale IQ**

[Date: 02-Oct-2018]  
: 59  
: 65  
: 58

**Diagnosis:** Mild Intellectual Disability

**Recommendation:**

- Educational Help
- Counseling to Parents

**Dr Henal Shah**

Professor (Addl.)  
Department of Psychiatry  
Reg. No: 62427

*Dr Alka Subramanyam*

Associate Professor  
Department of Psychiatry  
Reg. No: 2000/02/1358

**Dr. Jahnavi Kedare**

Associate Professor  
Department of Psychiatry  
Reg. No: 66243

**Dr Surbhi Rathi**

Professor  
Department of Paediatrics  
Reg. No: 59729

(Signature of ANY ONE of the above faculty is valid for certification)

**CENTRE FOR LEARNING DISABILITY**  
**DEPARTMENT OF PSYCHIATRY**  
B.Y.L. Nair Hospital & T.N. Medical College,  
Dr. A. L. Nair Road, Mumbai - 400 008.  
Tel.: 23027659





भारत सरकार  
GOVERNMENT OF INDIA



अथर्व श्रीपाद दौंडकर  
Atharva Shripad Daundkar  
जन्म तारीख/ DOB: 10/05/2003  
पुरुष / MALE



7212 3435 3370

आधार-सामान्य माणसाचा अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता:

S/O श्रुती श्रीपाद दौंडकर,  
रूम नं. ३०२/बी गुरुसादन  
सो., शिवाजी चौक, शिवाजी  
चौक जवळ, बदलापूर, ठाणे,  
महाराष्ट्र - 421503

Address:

S/O Shruti Shripad Daundkar,  
ROOM NO. 302/B GURUSADAN  
SO., SHIVAJI CHOWK, NEAR  
SHIVAJI CHOWK, Badlapur, Thane,  
Maharashtra - 421503

7212 3435 3370

Aadhaar-Aam Admi ka Adhikar



Lift for students

