

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

Date: 9/03/2024

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**

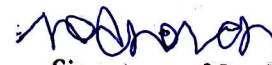
Respected Madam / Sir,

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: NAIKKAR MADHAVAN GOVINDANStream: ARTS SCIENCE COMMERCE Roll /Seat Number: 232006 Class: TYBA Semester: 6Email ID: madhavnaikkar8@gmail.comContact No. (Whats App): 9136840344

The details of Scribe (Writer):

Name of Scribe: ASNEHA R. SINGHEducational Qualification: FYBAEmail ID: asneha2508@gmail.comContact No. (Whats App): 9324282486


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: _____ Minutes
3. Seating arrangement: Room No. _____
4. Dates of Examination: _____
5. Certificates of Qualification of Scribe: _____

To
BOEE
11/03/2024

Print

Log Out

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 MADHAIEN GOVINDAN JAYACHITRA**

Father Name: Shri Smt./Kum. **GOVINDAN NAIKAR**

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

Age: 17 years

Gender: Male

Permanent Address:

House Address: **A-10 KARTIK SADAN VEER NAIKAR ROAD, MAHAVIR HIGHTS GOPAL NGR
DOMBIVLI (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 (%)
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

Ophthalmic Surgeon

Dr. Raju Muskwad

Ophthalmology Surgeon

Reg. No. 65741

Dr. Vijay T. Kalbande

Additional Civil Surgeon

Dr. Vijay T. Kalbande

Reg. No. 642549

Dr. A. B. Nandapurkar

Civil Surgeon

Dr. Ashok B. Nandapurkar

Reg. No. 66498

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

Note: This is not valid for Medico Legal cases.

**DOMBIVLI SHIKSHAN PRASARAK MANDAL'S
K.V. PENDHARKAR COLLEGE OF Arts,
Science and Commerce (AUTONOMOUS)
Dombivli (E) 421203 Dist Thane**

ID NO: 20160

Accredited By NAAC
with 'A' Grade



2023-24

Asneha

Principal

Student's Sign

Name: SINGH ASANEHA
RAJESH

Class: F.Y.B.A. - A

Roll No: 230034

Contact No: 9324282486

Blood Group: B+

Date Of Birth: 25-08-2005

ARTS

DOMBIVLI SHIKSHAN PRASARAK MANDAL'S
K.V. PENDHARKAR COLLEGE OF Arts,
Science and Commerce (AUTONOMOUS)
Dombivli (E) 421203 Dist Thane

ID NO.: 15562

Accredited By NAAC
with 'A' Grade

2023-24



Principal

Student's Sign

Name: NAIKKAR MADHAVAN
GOVINDAN

Class: T.Y.B.A. - A

Foll No.: 232006

Contact No.: 9136840344

Blood Group: B+

Date Of Birth: 23-06-1999

ARTS