

Rayat Shikshan Sanstha's
**Annasaheb Awate Arts, Commerce Hutatma Babugenu
Science College, Manchar**

(Reaccredited with 'A' Grade by NAAC
Affiliated to Savitribai Phule Pune University, Pune)

DEPARTMENT OF PSYCHOLOGY

Services to Divyanagjan

Students with Disabilities (>40%)

(Guidelines for conducting written examination for person with disabilities; F.No. 34-02/2015-DD.III, GoI, Ministry of Social Justice & Empowerment, Department of Empowerment of person with Disabilities (Divyangjan), Dt. 29/08/2018)

❖ **Scribe/reader/lab assistant:**

○ **Students with Physical Disabilities:**

- Opting for own Scribe/reader/lab assistant or provided by examining body
- Flexibility of choosing Scribe/reader/lab assistant should be at least one step below the qualification of candidate taking exam
- Permission to use more than one scribe/reader/lab assistant for writing different papers especially for languages (one scribe per paper).
- Meeting the scribe at least two days before the examination

- **Students with mental illnesses/intellectual disabilities/cerebral palsy** are allowed to use their relatives as scribes

❖ **For computer based examination:**

- Allowed to check computer system one day in advance to rectify the problems in software of system.
- Allowed to use enabling accessories – keyboard, customized mouse, etc.

❖ **Permission to use assistive devices:** Allowed to use assistive devices like taking calculators, Braille slate, geometry kit, Braille measuring tap, and augmentative communication devices like communication charts & electronic devices

❖ **Sign Language Interpreter:** for Students with Hearing Impairment

❖ **Compensatory Time:** 20 minutes extra time for every exam hour in both internal and university exams.

❖ **Seating Arrangement:**

- Seating arrangement is done on ground floor to increase accessibility
- Seating arrangement in separate block to provide distraction free environment

❖ **Option of choosing mode of taking examination:** Braille or in the computer or in large print or even recording the answers

❖ **Alternative Methods of Evaluation:**

- **Deaf and dumb students:** instead of 'Oral exam' or 'Viva-voce' alternative methods of evaluation is allowed
- **Learning Disabilities:** Dyslexic – Oral exam instead of written exam

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DEPARTMENT OF PSYCHOLOGY

❖ **Alternative questions:**

- Students with Hearing Impairment/autism/learning disabilities – Objective questions instead of descriptive questions
- Students with Visual Impairment – alternative questions instead of visual inputs

Rayat Shikshan Sanstha's
Annasaheb Awate Arts, Commerce and Hutatma Babu Genu Science College
Manchar, Tal. Ambegaon, Dist. Pune

Commerce and Management Faculty

Disability Student List 2022 – 2023

Sr. No.	Name of Student	Class	Mobile No.	Certificates No.
1	Thorat Gaurav Satyvan	FYBCom - A	8799835344	MH2590020040468533
2	Doke Sarang Narayan	SYBCom - A	7020683906	MH25100720020118148
3	Valse Neha Ravindra	SYBCom - A	9156873697	2725/00000/2211/0592674
4	Bheke Rutuja Sukhadev	TYBCom - A	7796485496	287329
5	Badhekar Mayuri Sanjay	M.Com - II	7796462090	MH2590619990404057
6	Indore Akash Prakash	M.Com - II	8766744506	V152100196221
7	Pokharkar Niket Ramesh	M.Com - II	7057900401	MH2590420000491518




HOD

Department of Commerce
Annasaheb Awate College,
Manchar Tal. Ambegaon Dist. Pune



Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India

Disability Certificate

Issuing Medical Authority, Pune, Maharashtra



Certificate No.: MH2590020040468533

Date: 25/05/2018

This is to certify that I/we have carefully examined Shri **Gaurav Satyvan Thorat**, Son of Shri **Satyvan**, Date of Birth **14/04/2004**, Age **18**, Male, Registration No. **2725/00000/2001/0255484**, resident of House No. **Shewal Wadi Manchar, Taluka Ambegaon, Jilha Pune - 410503**, Sub District **Ambegaon**, District **Pune**, State / UT **Maharashtra**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Physical Impairment**

(B) The diagnosis in his case is **congenital agenesis through carpometacarpal joint of left hand**

(C) He has **87%**(in figure) **Eighty Seven** percent(in words) Permanent Disability in relation to his **LEFT HAND** as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPWD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

The applicant has submitted the following document(s) as proof of residence:

Nature of Document(s): Aadhaar card

Gst

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



Issuing Medical Authority, Pune, Maharashtra

This Card/Certificate is meant to certify the disability of the person and is not an Instrument for ID/Address Proof for any purpose.

UNIQUE DISABILITY ID
Government of India

नाम / Name
सुरंग नारायण दोके
Sarang Narayan Dake

UD ID
MH25100720020118148


Disability Type
Low Vision


Year of Birth
2002

% of Disability
75% (Seventy Five Percent)

Date of Issue
01/10/2019

Valid upto
Permanent


Issuing Authority Sign





Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India
Acknowledgement / Resident Copy

Person with Disability Registration

Enrolment No: 2725/00000/2211/0592674

Enrolment Date: 09/11/2022

PERSONAL DETAILS

Name of Applicant	Neha Ravindra Valse	आवेदक का नाम	नेहा रविंद्र वळसे
Applicant Father's Name	Ravindra Valse	आवेदक के पिता का नाम	रविंद्र वळसे
Applicant Mother's Name	Manisha Valse	आवेदक के माता का नाम	मनीषा वळसे
Date of Birth	17/05/2000	Age	22 Year(s)
Gender	Female	E-Mail Id	nehavalse123@gmail.com
Mark of Identification	-----	Category	General
Mobile Number	9156873697	Blood Group	-----
Marital Status	-----		
Relation with PwD (Person with Disability)	Self		
Name of Guardian / Caretaker / Attendant / Related	-----	Contact No. of Guardian / Caretaker / Attendant / Related	-----



Neha Valse

Address of Correspondence

Address Gavthan, Nirgudsar, Tal Ambegaon, Nirgoodsar, Ambegaon, Pune, Maharashtra - 412406
पता गावठाण, निरगुडसर, ता अंबेगाव, Nirgoodsar, Ambegaon, Pune, Maharashtra - 412406

Nature of Document for Address Proof Aadhaar Card

Permanent Address

Address Gavthan, Nirgudsar, Tal Ambegaon, Nirgoodsar, Ambegaon, Pune, Maharashtra - 412406
पता गावठाण, निरगुडसर, ता अंबेगाव, Nirgoodsar, Ambegaon, Pune, Maharashtra - 412406

Educational Details

Highest Qualification Graduate

DISABILITY DETAILS

Do you have disability certificate? Yes
Disability certificate uploaded? Yes



Disability Type Speech and Language Disability
Sr. No. / Registration No. of Certificate SR NO 8291, OPD NO 6389



Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India

Disability Certificate

Issuing Medical Authority, Pune, Maharashtra



Certificate No.: MH2590619990404057

Date: 05/01/2006

This is to certify that I/we have carefully examined Kurn, **Mayuri Sanjay Badhekar**, Daughter of **Shri Sanjay**, Date of Birth **13/06/1999**, Age **22**, Female, Registration No. **2725/00000/1912/1185857**, resident of House No. **Badhekar Mala - 412406**, Sub District **Ambegaon**, District **Pune**, State / UT **Maharashtra**, whose photograph is affixed above, and I am/we are satisfied that:

- (A) She is a case of **Locomotor Disability**
(B) The diagnosis in her case is **Cerebral palsy with right hemiparesis**
(C) She has **50%**(in figure) **Fifty** percent(in words) Permanent Disability in relation to her **RIGHT UPPER LIMB, RIGHT LOWER LIMB** as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPWD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

The applicant has submitted the following document(s) as proof of residence:

Nature of Document(s): Aadhaar card

Badhekar

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



Issuing Medical Authority, Pune, Maharashtra

Disability Certificate(SADM)

Government of Maharashtra
Form-IV
Disability Certificate
(In cases other than those mentioned in Format II and III of the rules)

NAME OF THE HOSPITAL: **SASSOON GENERAL HOSPITAL**
Pune
(Maharashtra, India)

Disability Number: 287329

It is to certify that I have carefully examined the person Identification Number: **P152100463123**
Bhar Number: **N/A**
Name: **Shri/Kum. BHEKE RUTUJA SURHADEV ANITA**
Father Name: **Shri/Smt./Kum. SUKHADEV**
Date of Birth (dd/mm/yyyy): **4/10/2001**
Age: **14 years**
Gender: **Female**
Permanent Address: **House Address: Ghodegaon Road Bheke Main Rd Ambegaon**
District: **Pune**
Taluka: **Pune**

Since photograph is affixed above, and not satisfied that there is a case of Physical Impairment/Disability, His / Her extent of percentage physical impairment, disability has been provided as per guidelines. It is shown against the relevant disability in the table below:

Disability	Affected part of Body	Diagnosis	Disability (%)
Physical Impairment	RT. LT. Rt. Lt.	cp rt hemiparesis	50

The Above condition is **Permanent, progressive, not likely to improve**

Reassessment of disability

The applicant has submitted following documents as proof of residence: **Aadhar Card**

The applicant has submitted following documents as proof of Identity: **Aadhar Card**

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

R. RAWATE BRAFUL MADHAV
Reg. No. 2003/05/1842
MBBS, MD, ortho
Assistant Professor
Dept. of Orthopaedics
T.M.C. & S.G.H. PUNE

Dr. Gajanan Bharti
R.M.O.
Member Secretary
Regn. No. : 0697/03/2012

Dr. Ajay A. Taware
Medical Superintendent and
Chairman Disability Board
President
Regn. No. : 2001/01/0298

Dr. Ajay A. Taware
Reg. No. 2721/01/224
Superintendent
Sassoon General Hospital Pune.

PUBS-1

2022/1/31 19:30



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:

Sasoon Hospitals, Pune
(Maharashtra, India)

Certificate Number: 136478

Date: 27/01/15

This is to certify that I have carefully examined,

Person Identification Number: VI52100196221

Aadhar Number: N/A

Shri/Smt./Kum: **INDORE AKASH PRAKASH**

Father Name: Shri/Smt./Kum: **PRAKASH**

Date of Birth (dd/mm/yyyy): 22/12/1999

Age: 15 years

Gender: **Male**

Permanent Address:

House Address: **INDORE WADI, TAL-AMBEGAON, PUNE, MH.**

Village: **Pune**

District: **Pune**

Taluka: **Pune City**

Pincode: **412405**

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	HEREDITARY FUNDUS DYSTROPHY	75

1. The Above condition is **Permanent, progressive, not likely to improve**

2. Reassessment of disability not necessary

3. The applicant has submitted following documents as proof of residence:

Aadhar Card

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

Dr. Salim P. Pathan

Dr. Nitin Hivale

Dr. Deepak G. Kulkarni

Lecturer

R.M.O.

Medical Superintendent and

Dept. of Ophthalmology

Member Secretary

Chairman Disability Board

Reg. No. 2007/04/0616

President

Sasoon General Hospital, Pune

Regn. No.: 48671

Signature: I have taken impression of the person whose favour disability certificate is issued

Note: This is not valid for Medical Legal cases.





Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India

Disability Certificate

Issuing Medical Authority, Pune, Maharashtra



Certificate No.: MH2590420000491518

Date: 29/06/2022

This is to certify that I/we have carefully examined Shri Niket Ramesh Pokharkar, Son of Shri Ramesh, Date of Birth 03/04/2000, Age 22, Male, Registration No. 2725/00000/1907/0544799, resident of House No. Piracha Mala, Ambegaon, Pimpalgaon Tarfe Mhalunge, Pune - 410503, Sub District Ambegaon, District Pune, State / UT Maharashtra, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of Hearing Impairment

(B) The diagnosis in his case is BILATERAL SEVERE HEARING LOSS

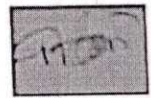
(C) He has 77% (In figure) Seventy Seven percent (in words) Permanent Disability in relation to his Ears, RIGHT EAR, LEFT EAR as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

The applicant has submitted the following document(s) as proof of residence:

Nature of Document(s): Aadhaar card

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



Issuing Medical Authority, Pune, Maharashtra

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.


Rayat Shikshan Sanstha's
Annasaheb Awate Arts, Commerce and Hutatma Babu Genu Science College
Manchar, Tal. Ambegaon, Dist. Pune

Commerce and Management Faculty

Disability Student List 2021 – 2022

Sr. No.	Name of Student	Class	Mobile No.	Certificates No.
1	Doke Sarang Narayan	FYBCom - A	7020683906	MH25100720020118148
2	Bheke Rutuja Sukhadev	SYBCom - A	7796485496	287329
3	Badhekar Mayuri Sanjay	M.Com - I	7796462090	MH2590619990404057
4	Indore Akash Prakash	M.Com - I	8766744506	V152100196221
5	Pokharkar Niket Ramesh	M.Com - I	7057900401	MH2590420000491518




HOD
Department of Commerce
Annasaheb Awate College,
Manchar Tal. Ambegaon Dist. Pune

Rayat Shikshan Sanstha's
Annasaheb Awate College, Manchar, Pune.
Commerce Department

Disability Student List 2020 – 2021

Sr. No.	Name of Student	Class	Mobile No.	Certificates No.
1	Bheke Rutuja Sukhadev	FYBCom - A	7796485496	287329
2	Indore Akash Prakash	TYBCom - A	8766744506	V152100196221
3	Pokharkar Niket Ramesh	TYBCom - A	7057900401	MH2590420000491518




HOD

Department of Commerce
Annasaheb Awate College,
Manchar Tal. Ambegaon Dist. Pune

Rayat Shikshan Sanstha's
Annasaheb Awate College, Manchar, Pune.
Commerce Department

Disability Student List 2019 – 2020

Sr. No.	Name of Student	Class	Mobile No.	Certificates No.
2	Indore Akash Prakash	SYBCom - A	8766744506	V152100196221
3	Pokharkar Niket Ramesh	SYBCom - A	7057900401	MH2590420000491518




HOD

Department of Commerce
Annasaheb Awate College
Manchar Tal. Ambegaon Dist. Pune

Commerce Department

Disability Student List 2018 – 2019

Sr. No.	Name of Student	Class	Mobile No.	Certificates No.
1	Indore Akash Prakash	FYBCom - A	8766744506	V152100196221
2	Pokharkar Niket Ramesh	FYBCom - A	7057900401	MH2590420000491518
3	Valse Neha Ravindra	FYBCom - A	9156873697	2725/00000/2211/0592674




HOD

Department of Commerce
Annasaheb Awate College,
Manchar Tal.Ambegaon Dist.Pune

F. No. 34-02/2015-DD-III
Government of India
Ministry of Social Justice & Empowerment
Department of Empowerment of Persons with Disabilities (Divyangjan)

Pt. Deendayal Antyodaya Bhawan,
C.G.O. Complex, New Delhi - 110003
Dated: the 29th August, 2018

Office Memorandum

Subject: Guidelines for conducting written examination for Persons with Benchmark Disabilities

The undersigned is directed to say that this Department had issued the guidelines for conducting written examination for persons with disabilities defined in terms of erstwhile Persons with Disabilities (Equal Opportunities, Protection for Rights and Full Participation) Act, 1995 vide OM No. 16-110/2003-DD.III dated 26/02/2013. The Department had constituted a Committee under the Chairmanship of Secretary, DEPwD in March, 2015 to review the said guidelines based on the issues raised by Union Public Service Commission and others. Meanwhile the Central Government enacted the Rights of Persons with Disabilities Act, 2016 (RPwD Act, 2016) which came into force from 19.04.2017. The Act provides for reservation in Government jobs for persons with benchmark disabilities as defined under section 2 (r) of the said Act.

Based on the findings of the Committee, the Central Government hereby lays down the revised guidelines for conducting written examination for persons with benchmark disabilities in supersession of the earlier guidelines issued vide OM No. 16-110/2003-DD.III dated 26/02/2013 as under:

- I. These guidelines may be called as "Guidelines for conducting written examination for persons with benchmark disabilities 2018".
- II. There should be a uniform and comprehensive policy across the country for persons with benchmark disabilities for written examination taking into account improvement in technology and new avenues opened to the persons with benchmark disabilities providing a level playing field. Policy should also have flexibility to accommodate the specific needs on case-to-case basis.
- III. There is no need for fixing separate criteria for regular and competitive examinations.

IV. The facility of Scribe/Reader/Lab Assistant should be allowed to any person with benchmark disability as defined under section 2(r) of the RPwD Act, 2016 and has limitation in writing including that of speed if so desired by him/her.

In case of persons with benchmark disabilities in the category of blindness, locomotor disability (both arm affected-BA) and cerebral palsy, the facility of scribe/reader/lab assistant shall be given, if so desired by the person.

In case of other category of persons with benchmark disabilities, the provision of scribe/reader/lab assistant can be allowed on production of a certificate to the effect that the person concerned has physical limitation to write, and scribe is essential to write examination on his behalf, from the Chief Medical Officer/Civil Surgeon/Medical Superintendent of a Government health care institution as per proforma at **APPENDIX-I**.

V. The candidate should have the discretion of opting for his own scribe/reader/lab assistant or request the Examination Body for the same. The examining body may also identify the scribe/ reader/lab assistant to make panels at the District/Division/ State level as per the requirements of the examination. In such instances the candidates should be allowed to meet the scribe **two days** before the examination so that the candidates get a chance to check and verify whether the scribe is suitable or not.

VI. In case the examining body provides the scribe/reader/lab assistant, it shall be ensured that qualification of the scribe should not be more than the minimum qualification criteria of the examination. However, the qualification of the scribe/reader should always be matriculate or above.

In case the candidate is allowed to bring his own scribe, the qualification of the scribe should be one step below the qualification of the candidate taking examination. The persons with benchmark disabilities opting for own scribe/reader should submit details of the own scribe as per proforma at **APPENDIX-II**

VII. There should also be flexibility in accommodating any change in scribe/reader/lab assistant in case of emergency. The candidates should also be allowed to take more than one scribe/reader for writing different papers especially for languages. However, there can be only one scribe per subject.

VIII. Persons with benchmark disabilities should be given, as far as possible, the option of choosing the mode for taking the examinations i.e. in Braille or in the computer or in large print or even by recording the answers as the examining bodies

can easily make use of technology to convert question paper in large prints, e-text, or Braille and can also convert Braille text in English or regional languages.

IX. In case, the persons with benchmark disabilities are allowed to take examination on computer system, they should be allowed to check the computer system one day in advance so that the problems, if any in the software/system could be rectified. Use of own computer/laptop should not be allowed for taking examination. However, enabling accessories for the computer based examinations such as keyboard, customized mouse etc should be allowed.

X. The procedure of availing the facility of scribe should be simplified and the necessary details should be recorded at the time of filling up of the forms. Thereafter, the examining body should ensure availability of question papers in the format opted by the candidate as well as suitable seating arrangement for giving examination.

XI. The disability certificate issued by the competent medical authority at any place should be accepted across the country.

XII. The word "extra time or additional time" that is being currently used should be changed to "compensatory time" and the same should not be less than 20 minutes per hour of examination for persons who are allowed use of scribe/reader/lab assistant. All the candidates with benchmark disability not availing the facility of scribe may be allowed additional time of minimum of one hour for examination of 3 hours duration. In case the duration of the examination is less than an hour, then the duration of additional time should be allowed on pro-rata basis. Additional time should not be less than 5 minutes and should be in the multiple of 5.

XIII. The candidates should be allowed to use assistive devices like talking calculator (in cases where calculators are allowed for giving exams), tailor frame, Braille slate, abacus, geometry kit, Braille measuring tape and augmentative communication devices like communication chart and electronic devices.

XIV. Proper seating arrangement (preferably on the ground floor) should be made prior to the commencement of examination to avoid confusion or distraction during the day of the exam. The time of giving the question papers should be marked accurately and timely supply of supplementary papers should be ensured.

XV. As far as possible, the examining body should also provide reading material in Braille or E-Text or on computers having suitable screen reading software for open book examination. Similarly online examination should be in accessible format i.e. websites, question papers and all other study material should be accessible as per the international standards laid down in this regard.

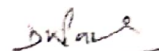
XVI. Alternative objective questions in lieu of descriptive questions should be provided for Hearing-Impaired persons, in addition to the existing policy of giving alternative questions in lieu of questions requiring visual inputs, for persons with Visual Impairment.

XVII. As far as possible the examination for persons with disabilities should be held at the ground floor. The examination centres should be accessible for persons with disabilities.

2. It is requested to ensure that the above guidelines are scrupulously followed while conducting examination for persons with benchmark disabilities. All the recruitment agencies, Academics/Examination Bodies etc. under the administrative control of each Ministry/Deapartment may be advised appropriately to ensure compliance of implementing these guidelines. Action taken in this regard may be intimated to this office.

3. The above guidelines are issued with the approval of Hon'ble Minister (Social Justice & Empowerment).

Yours faithfully,


(D.K. Panda)

Under Secretary to the Government of India
Tele. No. 24369059

To

1. Secretary of all Ministries/Department.
2. Secretary, UPSC, Shahjahan Road, New Delhi.
3. Chairman, SSC, Block No.12, CGO Complex, Lodhi Road, New Delhi-110003.
4. Chairman, University Grants Commission with a request to issue necessary instructions to all universities including Deemed Universities for compliance.
5. Chairman, Railway Board
6. All National Institutes and RCI under administrative control of Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of SJ&E, New Delhi

Copy for information to: CCPD, Sarojini Bhawan, Bhagwan Dass Road, New Delhi

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 – Physiotherapist/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:

e File No. 22-07/2020-DD-III
Government of India
Ministry of Social Justice & Empowerment
Department of Empowerment of Persons with Disabilities (Divyangjan)
Pt. Deendayal Antyodaya Bhawan, CGO Complex, Lodhi Road, New Delhi.

Dated: 09th September, 2020

OFFICE MEMORANDUM

Subject: Guidelines for conducting written examination for persons with benchmark disabilities - reg

The undersigned is directed to say that this Department had issued revised guidelines for conducting written examination for persons with benchmark disabilities on 29.08.2018 (copy enclosed). However, Hon'ble High Court of Delhi in the matter of Shri Aditya Narayan Tiwari & Anr. Vs Union of India & Anr. Observed that "till the panel of scribes is formed, if any examination is conducted by any of the Department wherein the petitioners and similarly situated persons appear in the exam, the guidelines dated 29.08.2018 shall not be applicable, however, the candidate shall appear in terms of guidelines dated 26.02.2013.....".

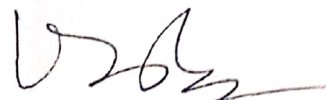
2. In compliance of the observation made by Hon'ble High Court of Delhi, the Department through OM dated 01.01.2019 (enclosed) clarified that till the panel of scribes is not formed, any of the Department, who are conducting the exam, shall not conduct the exam in terms of guidelines dated 29.08.2018.

3. It has been brought to the notice of this Department that non formation of panel of scribes/unavailability of scribes/unwillingness of at risk examinees with disabilities (EwDs) to avail the facility of unknown scribes because of situations arising out of COVID 19 pandemic could be a major problem for EwDs eligible to use scribe, as and when exams are announced by different examining bodies.

4. All the central Ministries/Department/examining bodies are, therefore, again requested to ensure that so long as panel of scribes are not formed and made available to the examinees with disabilities as per their

request, the exam shall not be conducted in terms of guidelines dated 29.08.2018 , however, the candidate shall appear in terms of guidelines dated 26.02.2013 (enclosed).

Encl: As above



(K.V.S. Rao)
Director
Tel: 24369054

1. Secretary, D/o Higher Education
2. Secretary, D/o School Education
3. Secretary, D/o Personnel and Training
4. Secretary, D/o Financial Services
5. Secretary, UPSC
6. Secretary, UGC
7. Chairman, AICTE
8. Chairman, SSC
9. Secretary, CBSE
10. Chairman, Railway Board
11. Controller of Exams, Delhi University
12. Chairman, National Testing Agency
13. Directors of all IITs
14. All National Institutes and RCI under administrative control of D/o Empowerment of Persons with Disabilities
15. Secretary, Department of Public Sector Enterprises.

Copy to:

Shri S.K. Rungta, General Secretary, National Federation of the Blind,
Delhi

* अत *



Date _____
Page _____

दर्शन संसम शोरान

वर्ग - F.Y.B.A

शेन नं. 1097 अ. वर्ष 2022-23

दि - 2/02/2023

म. नं. 9699944028

प्रति -

म. प्राचार्य

अ. अ. कॉलेज मंथार

अर्जदार - दर्शन संसम शोरान

विषय - आविगीछाई फुले फुले विकासिठिम परिक्षेत
वेळ वाढवून मिळवावावा -

म. महोदय

मी दर्शन संसम शोरान वर्ग F.Y.B.A. मी
वर्गीत शिक्षक आहे मी तन्मनांथ 100%. अंथ आहे
मला आविगीछाई फुले फुले विकासिठिम परिक्षेत पेपर
सोडविवास्त मला तारत वेळ द्यावा ही नमू विनंती

कळावे म. विश्वासू

अ

दर्शन संसम शोरान

ना.क = मी सोबत संवसार प्रमाणपत्राची प्रत
तारत आहे वेळ मिळत आहे

To,
Sr. Superintendent,

Kindly make separate seating arrangement
& provide exam time as per SPPU guidelines.

Chaitanya

College Examination Officer
Sahasrabudh Awate College, Manchar (Pune)



Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India

Disability Certificate

Issuing Medical Authority, Pune, Maharashtra



Date: 11/01/2018

Certificate No.: MH2590020020510745

This is to certify that I/we have carefully examined Shri **Darshan Sanjay Thorat**, Son of Shri **Sanjay Thorat**, Date of Birth **15/10/2002**, Age **19**, Male, Registration No. **2725/00000/2207/1774205**, resident of House No. **A/p-manchar, Tal-ambegaon, dist-pune - 410503**, Sub District **Ambegaon**, District **Pune**, State / UT **Maharashtra**, whose photograph is affixed above, and I am/we are satisfied that:

- (A) He is a case of **Visual Impairment**
(B) The diagnosis in his case is **BE nystagmus with micro ophthalmus with micro corneal iris and fundus coloboma**
(C) He has **100%**(in figure) **One hundred** percent(in words) Permanent Disability in relation to his **BOTH EYE** as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

The applicant has submitted the following document(s) as proof of residence:

Nature of Document(s): Aadhaar card



Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



Issuing Medical Authority, Pune, Maharashtra

This Card/Certificate is meant to certify the disability of the person and is not an instrument for ID/Address Proof for any purpose.

Savitribal Phule Pune University



(Formerly University of Pune)

HallTicket For B.A. (REV.2019) Oct/Nov 2022

SeatNo	PRN	CentreCode	CollegeCode	PUN Code
11090	1182202447	0048	0048	CAAP010110

Name : DARSHAN SANJAY THORAT

Mother : VIJAYA

Centre : ANNASAHAB AWATE COLLEGE OF ARTS & COMMERCE & SCIENCE



Sub Code	Subject Name	Type	Exam Date	Exam Time
11001	COMPULSORY ENGLISH-I	IE		
11022	VYAVRAHIK V UPYOGIT MARATHI BHAG-IA	IE		
11171	EARLY INDIA : FROM PREHISTORY TO THE AGE OF MAURYAS	IE		
11201	PHYSICAL GEOGRAPHY	IE		
11151	INDIAN ECONOMIC ENVIRONMENT-I	IE		
11161	INTRODUCTION TO INDIAN CONSTITUTION	IE		

NOTE:

Students should ensure that details like Name, Photo, PRN, Subjects printed on Hall Ticket are correct. In case of any discrepancy, please immediately contact to College Exam Officer (CEO).

In Case, College does not have Exam Center, please follow University Circular.

In Case of any discrepancy between hallticket & time table published on university website (<http://exam.unipune.ac.in>), the timetable on website to be followed.

[Signature]
Signature of Student



[Signature]
College Principal / Director



मा. प्राचार्य

अण्णासाहेब आर्वटे कॉलेज, मंचर

ता - अंबेगाव, जि - पुणे

विषय :- परीक्षेसाठी नियमानुसार वेळ वाढून
~~लेखन~~ (समय) मिळावा
मिळणेबाबत

अर्जदार :- ~~कमल~~ वकसे नेहा शर्मा
B.Y.B.Com (मराठी माध्यम)

महोदय,

वरील विद्यार्थ्यास अनुमोदन मी विनंतीपूर्वक
अर्ज करणे की आपल्या महाविद्यालयात B.Y.B.Com
(मराठी माध्यम) या वर्गामध्ये शिकत आहे. या वर्गाची
पहिली सत्र परीक्षा व B.Y.B.Com या वर्गाचा दुसऱ्या
सत्राचे ~~परीक्षा~~ अखेरच्या विषयांची परीक्षा दि. १९/१२/२३
पाखून सुरू होत आहे. त्यामुळे मला नियमानुसार
वेळ वाढून मिळावा. हि विनंती

अ.न	दिनांक	वेळ	विषय
१)	१९/१२/२३	१० ते १२.३०	Business Communication-I
२)	२०/१२/२३	१० ते १२.३०	Corporate Accounting-I
३)	२१/१२/२३	१० ते १२.३०	Business Economics-I (मराठी)
४)	२३/१२/२३	१० ते १२.३०	Business management-I
५)	२४/१२/२३	१० ते १२.३०	Elements of Company law-I
६)	२५/१२/२३	१० ते १२.३०	marketing management-I

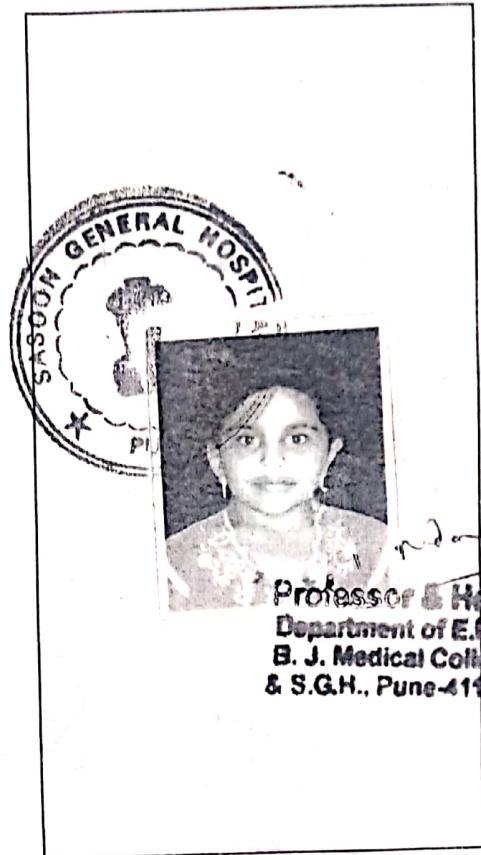
To, Supervisor,
Make separate seating arrangement &
Provide examination as per table.
Shri 8/12/23



CERTIFICATE
SASSOON GENERAL HOSPITALS, PUNE

OFFICE OF THE PRESIDENT OF MEDICAL BOARD FOR PHYSICALLY HANDICAPPED
(Not for compensation)

For the general purpose, Employment Special conveyance Allowance / Scholarship to the handicapped Persons, Read: 1) Resolution No. FDD/1081/6256591570/ CA-13 March 1986 Govt. of Maharashtra, Social Welfare, Mantralaya, Mumbai-1
2) Notification No.42/81HW-111/Government of India, Ministry of Social Welfare, Delhi dt. 6th Aug, 1986.



Sr. No. 8291

OPD Reg. No. 6389
17/4/06

This is to certify that Shri/Smt. Neha Ravindra valase

is examined by medical Board on 17/4/06 and found that he/she physically handicapped

permanent/temporary due to Rt. moderate deafness & Lt. profuse s/n loss

He/she is Fit/Unfit For Physical Handicap benefit percentage of disability 63 %

(sixty three percent)

Signature of Candidate (Thumb Imp.)



Mark of identification : dark patch on Rt cheek of 4x1 cm

Specialist
Professor & Head
Department of E.N.T.
B. J. Medical College
& S.G.H. Pune-411001

17/4/06
R.M.O.
Sassoon General Hospital
Pune

MS
Medical Superintendent
Sassoon General Hospital,
Pune
Medical Superintendent
Sassoon General Hospitals
Pune 1

Savitribai Phule Pune University

(Formerly University of Pune)

HallTicket For Bachelor of Commerce (Choice based credit system) Oct/Nov 2022

SeatNo	PRN	CentreCode	CollegeCode	PUN Code
45798	1202203704	0048	0048	CAAP010110

Name : WALSE NEHA RAVINDRA

Mother : MANISHA

Centre : ANNASAHEB AWATE COLLEGE OF ARTS & COMMERCE & SCIENCE



Sub Code	Subject Name	Type	Exam Date	Exam Time
234	(234) BUSINESS MANAGEMENT - I	IE		
GR2-B	(GR2-B) SPORT REPRESENTATION AT UNIVERSITY/STATE LEVEL	G		
GR5-B	(GR5-B) RESEARCH PAPER PRESENTATION AT INTERNATIONAL LEVEL	G		
GR4-C	(GR4-C) AVISHKAR WINNER AT STATE LEVEL	G		
233	(233) BUSINESS ECONOMICS - I (MACRO)	IE		
239	(239) AECC-1 ENVIRONMENTAL AWARENESS	IE		
GR4-B	(GR4-B) AVISHKAR SELECTION AT UNIVERSITY LEVEL	G		
231	(231) BUSINESS COMMUNICATION - I	IEP		
GR2-A	(GR2-A) SPORT REPRESENTATION AT COLLEGE LEVEL	G		
GR3-B	(GR3-B) N.C.C. (WITH PARTICIPATION IN ANNUAL CAMP)	G		
GR8-A	(GR8-A) FIELD VISITS; STUDY TOURS; INDUSTRIAL VISITS. PART C	G		
235	(235) ELEMENTS OF COMPANY LAW - I	IE		
GR7-A	(GR7-A) SCIENTIFIC SURVEY, SOCIETAL SURVEY	G		
GR3-C	(GR3-C) N.C.C. (WITH B CERTIFICATE/C CERTIFICATE AWARD)	G		
GR5-A	(GR5-A) RESEARCH PAPER PRESENTATION AT STATE/NATIONAL LEVEL	G		
GR6-A	(GR6-A) PARTICIPATION IN SUMMER SCHOOL/PROGRAMME, SHORT TERM	G		
236H	(236H) MARKETING MANAGEMENT - I	IEP		
GR9-A	(GR9-A) ONLINE CERTIFICATE COURSES/MOOC COURSES/ CAREER ADV	G		
GR3-A	(GR3-A) NATIONAL SOCIAL SERVICE SCHEME (PARTICIPATION IN CAM)	G		
GR3-D	(GR3-D) N.S.S./N.C.C. REPUBLIC DAY PARADE PARTICIPATION	G		
232	(232) CORPORATE ACCOUNTING - I	IE		
GR4-A	(GR4-A) AVISHKAR PARTICIPATION, EXTENSION ACTIVITY PARTICIPA	G		

NOTE:



दि १६/१२/२३

मा. प्राचार्य
अण्णासाहेब आर्वे कॉलेज, मंचर
ता. - आंबेगाव, जि. पुणे.

विषय :- परीक्षेसाठी लेखनिकु (रायटर)
- मिळणेबाबत

अर्जदार :- सारंग नाशमण डोळे
S.Y.B. Com (मराठी माध्यम)
(Seat No. 45611).

महोदय,

वरील वरील विषयास अनुसरून मी
विनंतीपूर्वक अर्ज करतो की आपल्या महाविद्यालयात
S.Y.B. Com (मराठी माध्यम) या वर्गामध्ये
शिकत आहे. या वर्गाची पहिली सत्र परीक्षा व
F.Y.B. Com या वर्गाच्या दुसऱ्या सत्राचे
बॅकलाग असलेल्या विषयांची परीक्षा दि. १६/१२/२३
पासून सुरू होत आहे त्यामुळे मला सदर परीक्षेस
रायटर मिळाना व नियमानुसार वेळ वाढून घेवून
सदर परीक्षेचा तपासले पुढीलप्रमाणे.

To,
Sr. Supervisor,
Make separate entry
all arrangement &
provide extra
time as per order.

Chaitan
17/10/2023




अर्ज	क्रमांक	वेळ	विषय
१)	१६/१२/२३	१० ते १२:३०	Business Company Law-I
२)	२०/१२/२३	१० ते १२:३०	Company Accounting-I
३)	२४/१२/२३	१० ते १२:३०	Elements of Company Law I
४)	२५/१२/२३	१० ते १२:३०	Business Entrepreneurship -1
५)	११/२१/२३	१० ते १२:३०	Business Economics-I Macro
६)	१३/२१/२३	१० ते १२:३०	Business Law & Elements -1

अ.नं.	दिनांक	वेळ	विषय
७)	१२/१२/२३	१०-१२/१२	Employment Awareness F.Y. B.COM स्कूल
१)	३०/१/२३	२.०० ते ४.३०	Compulsory English-II
२)	३१/१/२३	२.०० ते ४.३०	Financial Accounting-II
३)	२१/२/२३	२.०० ते ४.३०	Business Mathematics and Statistics-II
४)	४/२/२३	२.०० ते ४.३०	Consumer Protection and Business Ethics-II
५)	६/२/२३	२.०० ते ४.३०	Maths-II

शा. ना. डोके,

भा.प. वि. वि. वि.



 **UNIQUE DISABILITY ID**
Government of India


नाम / Name
सारंग नारायण दोके
Sarang Narayan Doke


UD ID
MH25100720020118148

Disability Type
Low Vision

Year of Birth 2002 Percentage of Disability 75% (Seventy Five Percent)

Date of Issue 01/10/2019 Valid upto Permanent

Issuing Authority Sign 


 (P)

B20/ Y/ 0013966

UNIQUE DISABILITY ID
Government of India

State ID: NA

Aadhaar No: *****6467



Address of Card Issuing Authority
Sub District Hospital Manchar, tal Ambegaon,
Dist -pune. - 410503

B20/ Y/ 0013966





सामोन्मती मंडळचे

गुरुवर्य रा. प. सबनीस विद्यामंदिर व
कनिष्ठ महाविद्यालय (व्यावसायिक शिक्षण विभाग)

नारयणगाव, ता. जुन्नर, जि. पुणे, फोन : (02932) 282036



नाव : **डोके समीर दशरथ**

शाखा : ऑटोमोबाईल टेक्नॉलॉजी

रजि नं : 2022

जन्मदिनांक : 15/08/05

पत्ता : वडगांव कार्शीबेग, ता. आंबेगांव

फोन : 8308040415

2021-2022



[Signature]

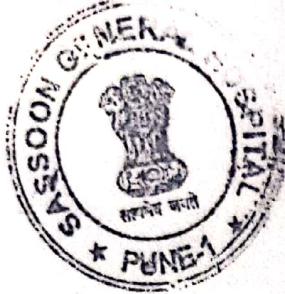
Head Master
Gurusya R. P. Sabnis Vidyamandir
Narayanagar (Ch. Pune)

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:

Sassoon Hospitals, Pune
(Maharashtra, India)

Certificate Number: 287329

Date: 19/05/2016

This is to certify that I have carefully examined.

Person Identification Number: PI52100402173

Aadhar Number: N/A

Sri/Smt./Kum: **BHEKE RUTUJA SUKHADEV ANITA**

Father Name: Shri/Smt./Kum. **SUKHADEV**

Date of Birth (dd/mm/yyyy): 4/10/2001

Age: 14 years

Gender: **Female**

Permanent Address:

House Address: **Ghodegaon Road Bheke Mala Tal-Ambegaon**

Village: **Pune**

Taluka: **Pune**

District: **Pune**

Pincode: **410503**

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 %)
Physical Impairment	Rt. U/L, Rt. L/L	cp rt hemiparesis	56

1. The Above condition is **Permanent, progressive, not likely to improve**

2. Reassessment of disability

3. The applicant has submitted following documents as proof of residence: **Aadhar Card**

The applicant has submitted following documents as proof of Identity: **Aadhar Card**

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

Dr. P.M. Rawte

Dr. Gajanan Bharti

Dr. Ajay A. Taware

DR. RAWATE PRAFUL MADHAV

Reg. No. 2008/05/1842

MBBS, M.S. ortho

Assistant Professor

Dept. of Orthopaedics

Signature/Thumb impression of the person who has issued this certificate

Note: This is not valid for Medico Legal cases

R.M.O.

Member Secretary

Regn. No. : 0697/03/2012

Medical Superintendent and
Chairman Disability Board

President

Regn. No. : 2001/01/0298

Resident Medical Officer

Sassoon General Hospital

Pune-1

Dr. Ajay A. Taware

MD. (F.M.T.)

Reg. No. 2001/01/298

Superintendent

Sassoon General Hospital Pune.



05/19/2016 02:59 PM