



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

Date: 20/3/2023

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 ID/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: SHASHWATH GANGESH PAI

Stream: ARTS SCIENCE COMMERCE

Roll /Seat Number: 224746 Class: SYBA 'A' Semester: IV

Email ID: paivanikata18@gmail.com

Contact No. (Whats App): 9324125014 / 9321516474

The details of Scribe (Writer):

Name of Scribe: _____

Educational Qualification: _____

Email ID: _____

Contact No. (Whats App): _____

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

*Tim BOEE
Allow as per
Circular
20/3/2023*



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: 9th **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

Dr Alka Subhanyam

Associate Professor

Department of Psychiatry

Reg. No: 2000/02/1358

Dr. Jahnvi 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

DOMBIVLI SHIKSHAN PRASARAK MANDAL'S

K.V. PENDHARKAR COLLEGE OF Arts,
Science and Commerce (AUTONOMOUS)
Dombivli (E) 421203 Dist Thane

ID NO.: 17285

Accredited By NAAC
with 'A' Grade



2022-23

Principal

Student's Sign

Name: SAHU SMRITI

RAMCHANDRA

Class: F.Y.B.Com B & I - A

Roll No.: -227863

Contact No.: 7304120212

Blood Group: A+

Date Of Birth: 29-08-2004

DUPLICATE ID

COMMERCE

Smriti Sahu

MOBIL : 730 41 20 212

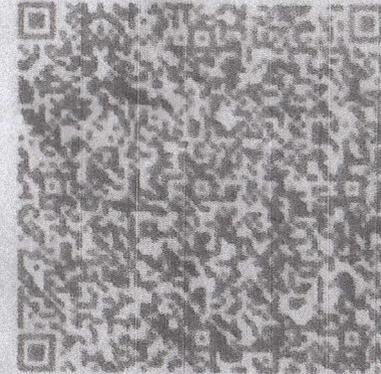


भारत सरकार
GOVERNMENT OF INDIA

स्मिती रामचंद्र साहू
SMRITI RAMCHANDRA SAHU

वडील : रामचंद्र निरंजन साहू
Father : RAMCHANDRA
NIRANJAN SAHU

जन्म वर्ष / Year of Birth : 2004
स्त्री / Female



3166 4480 0673

आधार — सामान्य माणसाचा अधिकार

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

Date: 20/4/2023

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: ABHISHEK RAJESH JAINStream: ARTS SCIENCE COMMERCE Roll /Seat Number: 22-3495 Class: FYBA - A Semester: IIEmail ID: arjgamer36@gmail.comContact No. (Whats App): 8149197188The details of Scribe (Writer): ①Name of Scribe: ① Rohit Ramshankar SoniEducational Qualification: HSC (Appeared)Email ID: rohitsoni4365@gmail.comContact No. (Whats App): 9930867788

Abhishek
Signature of Student

Encl: 1. Medical Certificate.
2. Certificates of Qualification of Scribe (HSC Hall Ticket)

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: | _____ |

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BOEEdo the
needful as
per circular

9/4/2023
20/04/2023

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42/2022

LEARNING DISABILITY CLINIC
Department of Pediatrics
Seth G.S. Medical College & K.E.M. Hospital, Parel, Mumbai.

CERTIFICATE FOR EDUCATIONAL PURPOSE



Date: 20/01/2023

OPD No. 6155

Name of the child: Abhishek Jain

Date of Birth: 09/12/2004 Age: 18 years, 1 month Sex: Male

Date of Registration: 20/12/2022 L.D. No. 428/2022

Father's Name. Rajesh Jain Mother's Name: Monika Jain

College Name. K. V. Pendharkar College Std. F.Y.B.A.

Physical & Neurologic Assessment. (Date: 20/12/2022)
Normal Neurological Assessment,

Hearing/Audiogram. Normal & Vision. Normal

Psychological Assessment WAIS-IV TEST. (Date: 22/12/2022)

Global IQ. 89

Interpretation: Below Average Intellectual Functioning.

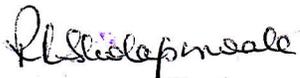
Woodcock – Johnson III Test of Achievement: (Date: 09/01/2023)

Interpretation: Dyslexia, Dysgraphia and Dyscalculia.

Final Diagnosis: Learning Disability with Attention Deficit Disorder.

Recommendations:

- 1) Provisions for Learning Disability with Attention Deficit Disorder as per latest GR (Government Resolution) issued by State Government of Maharashtra.
- 2) Writer is recommended.


Ms. Rukhshana Sholapurwala
Special Educator
L.D. Clinic
Seth GSMC & KEM Hospital,
R.C.I. No. A02624


Dr. Anjana Thadhani
Medical Officer
L.D. Clinic
Seth GSMC & KEM Hospital,
Reg. No. 84095


20/1/2023
Dr. Sunil Karande
Dr Sunil Karande
Professor & HOD
In-Charge LD Clinic
Seth GSMC & KEM Hospital
Reg No 55524



**Satish Pradhan Dnyanasadhana
College, Thane**

(ARTS, SCIENCE & COMMERCE)
ISO 21001:2018 (Certified)



Soni Rohit Ramshankar

**S.Y.J.C. (Commerce) - UA
2022-2023**



23825

DOB: 20-02-2005

**Address: NEAR ASHISH KIRANA STORE
DONGRIPADA G. B. ROAD THANE
W 400607**

Contact No.: 9930867788

Instructions:

1. This Identity card should be brought to the institute everyday.
2. This is also for Library Services (LRC).
3. Inform us about change in contact details.

Principal's Signature

In case this card is found, please return it to

**Satish Pradhan Dnyanasadhana College,
Off Eastern Express Highway,
Dnyanasadhana Marg Thane - 400604
Maharashtra, India.
Tel.: 91-22-2582 1645 / 2583 0722**

Student's Sign



भारत सरकार
Government of India



रोहित रामशंकर सोनी
Rohit Ramshankar Soni
जन्म तारीख/DOB: 20/02/2005
पुरुष/ MALE



8660 6314 5378

माझे आधार, माझी ओळख



भारतीय ओळख प्राधिकरण
Unique Identification Authority of India

Address:
S/O Ramshankar Ramchandra Soni,
DONGARI PADA, GHODBUNDER
ROAD, NEAR ASHISH KIRANA
STORE, PATLIPADA, KAVESAR,
Thane, Thane.
Maharashtra - 400601

पत्ता:
S/O रामशंकर रामचंद्र सोनी, डोंगरी पादा,
घोडबंदर रोड, अशिश किरणा स्टोर्स जवळ,
पातलीपादा, ठाणे, ठाणे,
महाराष्ट्र - 400601

8660 6314 5378



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www.uidai.gov.in