Maharashtra State Board of Secondary & Higher Secondary Education S.R.No.832-A, Final Plot No. 178,179, Near Balchitrawani, Behind Agharkar Research Institute, Bhamburda, Shivajinagar,Pune-411004.

महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, स.नं. ८३२–ए, फा. प्लॉट नं. १७८, १७९, बालचित्रवाणी शेजारी, आघारकर रिसर्च इन्स्टिटयूटच्या मागे, भांबुर्डा, शिवाजीनगर, पुणे–४११००४.

Tel : Chairman (P) : STD . (020)-25651751 Secretary(P) : 25651750 | EPABX -25705000 |
Email : secretary.stateboard@gmail.com

क्र.रा.मं./संशोधन/दिव्यांग /3924
पुणे - 411004
दिनांक - 7- /10/2024

प्रति,

प्रति,
विभागीय सचिव,
सर्व विभागीय मंडळे

विषय - Intimation regarding change of format of certificate issued to children With borderline intellecual functioning and intellectual Disability (Mild, Moderate, Severe and Profound) from centre for learning disability, dept Of psychiatry, TNMC and BYL Nair ch. Hospital - 400008.

संदर्भ- Centre for Learning disability, Department of Psychiatry B.Y.L Nair Hospital & T.N. Medical College, Fr. A.L. Nair Road, Mumbai -400008 Dated - 13/09/2024

उपरोक्त विषयास अनुसरून कळविण्यात येते की, उपरोक्त संदर्भिय विषयाचे पत्र या कार्यालयास प्राप्त झाले आहे. त्यानुषंगाने सदर हॉस्पिटलने दिव्यांग प्रमाणपत्राच्या नमुन्यात बदल केलेला आहे. तरी, बदललेल्या नमुन्याप्रमाणे प्रस्ताव स्विकारणे बाबत शाळा/ कनिष्ठ महाविद्यालये यांना कळविण्यात यावे. संदर्भिय पत्रानुसार दिव्यांगाच्या प्रमाणपत्राबाबत कार्यवाही करावी.

सोबत- Centre for Learning disability, Department of Psychiatry B.Y.L Nair Hospital & T.N.Medical College,Fr.A.L. Nair Road, Mumbai -400008 Dated 13/09/2024 चे पत्र

(अनुराधा ओक)
सचिव,
राज्य मंडळ, -४.

कं अविमं/उमाप/1608
अमरावती, दिनांक18/10/2024

प्रति,

प्राचार्य,
सर्व मान्यता प्राप्त कनिष्ठ महाविद्यालय,
अमरावती विभाग अमरावती.

उपरोक्त पत्राचे अवलोकन करून त्यानूसार नोंद घेवून योग्य ती कार्यवाही करावी.

निलीमा टाके
विभागीय सचिव,
अमरावती विभागीय मंडळ, अमरावती

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ANNEXURE-1

Brihanmumbai Municipal Corporation

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

DEPARTMENT OF PSYCHIATRY

Dr. A. L. Nair Road, Mumbai - 400 008. Tel. : 022 - 23020552

OPINION CERTIFICATE

Date :

Name :

Age : Sex : Date of Birth :

Date of Registration : UHID No. :

Father's Name : Mr.

Mother's Name : Ms.

Std. : Name of School :

Psychological Assessment : (Date :)

Test-

Verbal IQ :

Performance IQ :

Global IQ :

Diagnosis :

Recommendation :

Dr. Sushma Sonavane	Dr. Henal Shah	Dr. Jahnavi Kedare	Dr. Alka Subramanyam
Professor & Head	Professor Additional	Professor Additional	Associate Professor
Dept. of Psychiatry	Dept. of Psychiatry	Dept. of Psychiatry	Dept. of Psychiatry

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B.Y.L. [illegible]
OPD [illegible]

Form 'A'

HC-100

ANNEXURE-2

MUNICIPAL CORPORATION OF GREATER MUMBAI

Original
4244

No.

Date 20

This is to certify that ..... was treated in the Outpatient Department of this Hospital from ..... to ..... and was admitted into this Hospital on ..... and discharged on ..... He/She is still under treatment.

He/She has been suffering from ..... and is fit/unfit to resume his/her duties from/for a period of ..... He/She is advised light duty suitable work for a period of .....

Medical Officer

HC-100-BMPP-30326-2017-18-200 Bks (100 X 2) (M-2)

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