



GOVERNMENT OF KERALA
DEPARTMENT OF GENERAL EDUCATION (HIGHER SECONDARY)
APPLICATION FOR CONCESSIONS TO DIFFERENTLY - ABLED/LEARNING DISABILITY CANDIDATE FOR THE
FIRST/SECOND YEAR HIGHER SECONDARY EXAMINATION, MARCH 20.....

1. Name of Examination	:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">First Year</td> <td style="padding: 2px 10px;">Second Year</td> <td style="padding: 2px 10px;">March 20.....</td> </tr> </table>	First Year	Second Year	March 20.....									
First Year	Second Year	March 20.....												
2. Examination Centre Code	:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
3. Name of the Examination Centre	:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>												
4. Name of the candidate	:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>												
5. Address for communication	:	<div style="border: 1px solid black; height: 50px; width: 100%;"></div>												
6. Register No. of the candidate	:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
7. Nature and percentage of disability	:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 80%; height: 20px;"></td> <td style="width: 20%; height: 20px;"></td> </tr> </table>												
8. Nature of concessions eligible	:	<table border="0" style="width: 100%;"> <tr> <td style="width: 40%;">1. Extra time</td> <td style="width: 60%; text-align: right;"><div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></td> </tr> <tr> <td>2. Service of scribe</td> <td style="text-align: right;"><div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></td> </tr> <tr> <td>3. Service of Interpreter</td> <td style="text-align: right;"><div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></td> </tr> <tr> <td>4. Grace Mark</td> <td style="text-align: right;"><div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></td> </tr> <tr> <td>5. Exemption from Second Language</td> <td style="text-align: right;"><div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></td> </tr> <tr> <td>4. Exemption from drawing diagrams</td> <td style="text-align: right;"><div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div></td> </tr> </table>	1. Extra time	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	2. Service of scribe	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	3. Service of Interpreter	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	4. Grace Mark	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	5. Exemption from Second Language	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	4. Exemption from drawing diagrams	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
1. Extra time	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>													
2. Service of scribe	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>													
3. Service of Interpreter	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>													
4. Grace Mark	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>													
5. Exemption from Second Language	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>													
4. Exemption from drawing diagrams	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>													

[Tick mark the relevant boxes]

Place :

Date :

Signature of the candidate

Certificate of the Principal of the School through which the candidate is appearing for Examination

Certified that the above candidate is eligible for concession applicable to Differently Abled / Learning Disability candidate and the documents submitted herewith are genuine.

Place :

Date :

(Office Seal)

Signature of the Principal
Name
Designation

Documents attached

1. Photograph highlighting the disability (for physically challenged)
2. Scanned Copy of Medical Certificate from Medical Board.
3. Details of the scribe (if necessary)

APPENDIX- II

Letter of undertaking for Scribe/Interpreter

.....
..... (Name & Address)
will provide service as scribe / Interpreter / Reader / Lab Assistant for
..... (name of candidate).....
with (nature of disability) appearing for the examination (year) bearing
roll numberat (name of the centre).

Name and signature of Scribe

I (name of the candidate)
willingly accept the above mentioned person as my scribe/ interpreter for the
.....examination..... (year).

Name and signature of Candidate

Office use only

The above mentioned particulars have been verified and approved.

(Seal)

Signature of the Chief Examiner

Appendix - III:

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.

Place:

Date:.....

(Signature of the candidate with Disability)

To,
The Principal

സർ,
എന്റെ മകൻ/മകൾ 20.... മാർച്ച് മാസത്തിലെ ഹയർ സെക്കണ്ടറി പരീക്ഷയ്ക്ക് സ്കൈക്രബ് ആയി പ്രവർത്തിക്കാൻ എനിക്ക് സമ്മതമാണ്.

സ്ഥലം :

തീയതി : എന്ന്,

കുട്ടിയുടെ പേര് :

രക്ഷിതാവിന്റെ പേര് :

ക്ലാസ് :

രക്ഷിതാവിന്റെ നമ്പർ :

വിലാസം :

രക്ഷിതാവിന്റെ ഒപ്പ് :

കുട്ടിയുടെ ഒപ്പ് :

കുട്ടിയുടെ അക്കൗണ്ട് നമ്പർ :

IFSC Code :

ബാങ്ക് Name & Branch Name :

To,
The Principal

സർ,
എന്റെ മകൻ/മകൾ 2024 മാർച്ച് മാസത്തിലെ ഹയർ സെക്കണ്ടറി പരീക്ഷയ്ക്ക് സ്കൈക്രബ് ആയി പ്രവർത്തിക്കാൻ എനിക്ക് സമ്മതമാണ്.

സ്ഥലം :

തീയതി : എന്ന്,

കുട്ടിയുടെ പേര് :

രക്ഷിതാവിന്റെ പേര് :

ക്ലാസ് :

രക്ഷിതാവിന്റെ നമ്പർ :

വിലാസം :

രക്ഷിതാവിന്റെ ഒപ്പ് :

കുട്ടിയുടെ ഒപ്പ് :

കുട്ടിയുടെ അക്കൗണ്ട് നമ്പർ :

IFSC Code :

ബാങ്ക് Name & Branch Name :

APPENDIX - 37

DIRECTORATE OF GENERAL EDUCATION (HIGHER SECONDARY)

IDENTIFICATION CERTIFICATE OF SCRIBE/INTERPRETER/RESOURCE PERSON

Ref :- Order No. Dated :

Affix photo of
Scribe/interpreter
(not applicable to
Resource Person)

- 1) Name of the Examination :
- 2) Month & Year of the Examination :
- 3) Register Number of the candidate :
- 4) Name of the candidate (in BLOCK LETTERS):
- 5) Class & Subject combination :
- 6) School Code & Name of the Examination
Centre :
- 7) Nature of disability :
- 8) Percentage of disability :
- 9) No. and date of Medical Board Certificate
produced :
- 10) Name of the Scribe/Interpreter/
Resource Person :
- 11) Address of the Scribe :
- 12) Educational qualification/Designation of
the scribe/Interpreter/Resource Person :
- 13) Signature of the Scribe :

Place :

Date :

(School Seal)

*Name & Signature of the Principal
(The Principal shall put his/her
handwritten signature on the
photograph of the Scribe/Interpreter)*

Date :

Countersigned

Regional Deputy Director