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Ref.: - SU/EXAM/O.E.-4/KDK /8051

DATE: 08 /02/2007

To,

The Principals of all affiliated
Colleges and Recognized Institutes,

Sub: - Rules regarding the concession to:

- A) Blind, Deaf & Dumb and**
 - B) Sick or Physically disabled**
- Candidates to solve question
Paper.**

Ref: a) SU/EXAM/APP/BOE/542 dt 30-12-1999
b) SU/EXAM/APP/BOE/18129 dt 17 Feb 2003.

Sir/Madam

In continuation to this office letter on the above mentioned subject, I am to inform you that the University authorities have revised the rules governing the concession to Blind, Deaf, Dumb and sick or Physically disabled candidates appearing at the University Examinations. A copy of the rules is enclosed herewith. I, therefore, request you to bring this revised rules, (Specifically rule A - (iii) & (iv), to the notice of all the concerned students/teachers in the College and ask the students to submit their applications and the relevant documents alongwith examination forms.

Further, I request you to inform the above rules to the senior supervisors at the time of examinations to enable them to help the students of the categories mentioned above.

Thanking you,

Yours faithfully,

S/d
Controller of Examinations

Encl: As above

- 1) Copy to the concerned Sections in the University Office.
- 2) Controller of Examination Solapur University, Solapur
- 3) The Head of postgraduate Department of the Shivaji University Kolhapur for information and necessary action.



SHIVAJI UNIVERSITY, KOLHAPUR

RULES GOVERNING CONCESSIONS TO (A) BLIND, DEAF AND DUMB AND (B) SICK CANDIDATES OR PHYSICALLY DISABLED.

- (A) i) These candidates will be given nearest examination centre of their choice.
- ii) Those Candidates who are Blind / Deaf & Dumb and who can not write and who produce a certificate from Civil Surgeon to that effect be given a writer.
- iii) These candidates shall have to submit their application to this office through the Principal of his College with his / her examination form along with a Certificate of Ophthalmologist / ENT Specialist / Orthopedic Surgeon as the case may be in the Prescribed form attached herewith. *The candidate shall enclose the photocopy (duly attested by Principal) of original Handicapped certificate issued by District disability board. In case of the temporarily handicapped, certificate must also be accompanied by the latest under treatment certificate and also carry the unfit certificate at the time of examination from the same authority.*
- iv) External candidates should also apply by completing the above formalities (Stated in (ii) and (iii) above) directly to this office at the time of the registration.
- v) The supervision charges at the time of Examination will be borne by the University.
- vi) The Principal/Senior Supervisor will appoint the writer, which will be of the candidate's choice and should be below the educational standard of the candidate (SU/Exam/App./BOE/18129 dt. 17 Feb. 2003)
- vii) The candidate who engages a writer at the time of examination shall have to pay Rs.30/- per paper to the Principal/Senior Supervisor of the Centre. The Principal / Senior Supervisor will disburse the remuneration of Rs.20/- per paper to the writer and credit rest of the amount i.e. Rs.10/- per paper to the University Office, immediately, after conclusion of the Examination.
- viii) No writer fees shall be collected from the blind candidates appearing for the University Examinations and the remuneration in respect of writer provided to the blind candidates shall be paid by the concern college of the student.
- ix) Only those candidates who are provided a writer as per above rules will be given 30 minutes extra.
- x) The applicant should submit the medical certificate of competent authority.
- xi) (Stand in (ii) & (iii) above) and two Identity Card size photographs of writer through principal.

Conti....

- (B) i) Those candidates who are physically handicapped and who cannot write and who produce a Certificate from Civil Surgeon to that effect will only be given a writer.
- ii) These candidates shall have to submit the application to this office through the Principal of his college with his/her examination form along with a certificate of Ophthalmologist /ENT Specialist /Orthopedic Surgeon as case may be in the prescribed form attached herewith. (except suddenly ill candidates).
- iii) A candidate is suddenly taken ill shall have to apply through the Principal of his College along with a certificate of *Government* Medical Officer directly to this office well in advance.
- iv) External candidates should apply along with a certificate of Registered Medical Officer directly to this office or Sr. Supervisor of the Centre well in advance.
- v) The supervision charges at the time examination will be borne by the University.
- vi) The Principal /Sr. Supervisor will appoint the writer which will be of the candidate's choice and should be below the educational standard of the candidates.
- vii) The candidate who engages a writer at the time of examination shall have to pay Rs.30/- per paper to the Principal/Sr. Supervisor of the Centre. The Principal/ Sr. Supervisor will disburse the remuneration of Rs.20/- per paper to the writer and refund rest of the amount i.e. Rs.10/- per paper to the University office, immediately after conclusion of the examination.
- viii) These candidates will be given extra thirty minutes to solve the question paper.
- ix) The applicant should submit the medical certificate of competent authority and Two Identity Card size photographs of writer through principal.
- x) Those Handicapped candidates who do not write with normal speed, and who produce a certificate from Civil Surgeon to that effect be given an extra time of thirty minutes.
- xi) *Those students, who have disability / physical handicappedness less than 40% will not be allowed to have concession.*

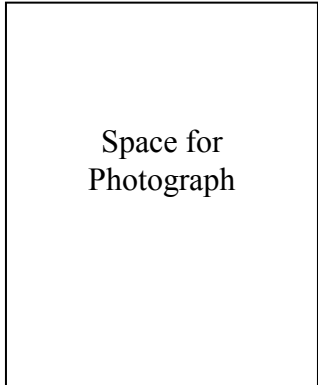
S/d
Controller of Examinations

Form -I

MEDICAL CERTIFICATE FOR BLIND

This to certified that I, Dr.....
Registration No.....have this
Day of200.....examined the
applicant whose particular given below.

1. Name of the candidate.....
2. Fathers Name.....
3. Gender.....
4. Approximate Age.....
5. Identification Mark.....
6. Extent of Residual Vision, if any :
- I) Right Eye
- II) Left Eye



7. On set of blindness (Please state whether blindness is from birth or acquired later, if it has been caused afterwards, the age and cause of blindness may be indicated)

(For the purpose of concession granted to blind candidates, blind are those who suffer from either of the following :

- a) Total absence of sight ;
 - b) Visual Acquity not exceeding 6/60 or 20/200 (Snellen) in the better eye with correcting lenses;
 - c) Limitation of the field of vision subtending & angle of 20 degrees or worse)
8. Please state clearly whether the candidate is blind who can be considered for the purpose of giving concession, granted by the Board to blind candidates.

(Signature of Ophthalmologist)

Designation

Office Stamp

Address

Signature of Applicant

Place :

Date :

:

CERTIFICATE REGARDING WRITING ABILITY

This Is To Certify that he/sheis
unable to write due to his/her

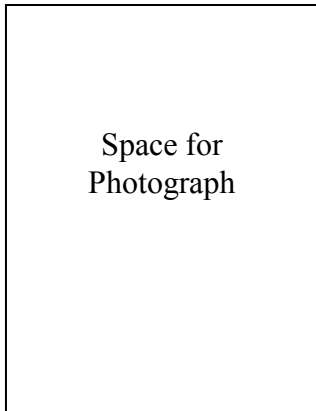
Civil Surgeon

Form -II

MEDICAL CERTIFICATE FOR DEAF

This to certified that I, Dr.....
Registration No.....have this
Day of200examined the
applicant whose particular given Below.

1. Name of the candidate.....
2. Fathers Name.....
3. Gender.....
4. Approximate Age.....
5. Identification Mark:.....
6. An Estimate of the residual hearing ,if :
Any and the basis on which this estimate has
been arrived at :
- I) Right Ear
- II) Left Ear



7. On set of Deafness (Please state whether deafness is from birth or acquired later, if it has been caused after wards, the age and cause of deafness may be indicated)

(For the purpose of concession granted to deaf candidates, deaf are those in whom the sense of hearing is non-functional for the ordinary purpose of life, Generally, loss of hearing at 70decibels or above 500, 1000, 2000frequencies will make residual hearing non- functional)

8. Please state clearly whether the candidate is deaf for the purpose of giving concession, granted by the Board to deaf candidates.
9. Please, enclose audiogram chart

Signature of Applicant	(Signature of ENT Specialist)
Place :	Designation :
Date :	Office Stamp :
	Address :

CERTIFICATE REGARDING WRITING ABILITY

This Is To Certify that he/sheis
unable to write due to his/her

Civil Surgeon

Form -III

MEDICAL CERTIFICATE IN RESPECT OF AN ORTHOPAEDICALLY (PHYSICALLY) HANDICAPPED OR SPASTIC CANDIDATE

For the purpose of concession granted to orthopaedically (Physically) handicapped, the orthopaedically (Physically) handicapped are those who have physical defect or deformity which caused an interference with the normal functioning of bones , muscles and joints.

This to certified that I, Dr.....

Registration No.....have this

Day of200examined the applicant
whose particulars are given below ; and that he/she falls within the above definition :

1. Name of the candidate.....

2. Fathers Name.....

3. Gender.....

4. Approximate Age.....

5. Identification Mark.....

6. a) Nature of disability: (
(Please tick relevant from following list):

POST-POLIO PARALYSIS, HEMIPLEGIA,
QUADRAPLEGIA, MALINED FRACTURE, NERVE
PARALYSIS, (UPPER EXTREMITY,LOWER EXTREMITY,
LIMB, RAINFUL, SHORTENNING, DEFORMITY,
CONGENITAL,ACQUIRED, ABOVE KNEE, BELOW KNEE,
HIP, EMIPELVECTOMY, SYMES, CHEOPARTS, WRITS,
FINGERS, BELOW ELBOW, ABOVE ELBOW,
SHOULDERS, FOFE QUARTER, UNILATERAL,
BILATERAL

b) Extent of disability

Estimate in Percentage

(No Bridge Scale)(In figure and in Word's)

ON ANATOMICAL FUNCTIONAL, (PATIENTS
ASSESSMENT,EXAMINER ASSESMENT)

PERCENTAGE :

(Please state whether the Percentage of disability in 25 or
above)

c) Use of appliance :

(Tick relevant from following list)
CALLIPER, CRUTCH, ABOVE KNEE, BELOW KNEE,
PROSTHESIS, CANE, UNILATERAL, BILATERAL, ABOVE
ELBOW, BELOW ELBOW, HOMIPEVICTOMY,
SHOULDERS DIS-ARTI CULATION.

d) Any Operation Done or Indicated :

e) PHOTOGRAPH (Attest)

(To show the nature of disability and any appliance if used)

7. Any other particulars to clarify the nature and
extent of disability that the Surgeon might like to point
out.

Signature of Applicant

Date :

(Signature of Orthopedic Surgeon)

Place :

Designation :

Office Stamp :

Address :

CERTIFICATE REGARDING WRITING ABILITY

This Is To Certify that he/sheis unable to write due
to his/her

Civil Surgeon

