



West Bengal Board of Secondary Education
Nivedita Bhawan, DJ-8, Sector-II, Salt Lake, Kolkata – 700091.

Application Form for permission to help of Amanuensis with extra time for sightless / physically (orthopaedically) challenged candidate of Madhyamik Pariksha (S.E), 2015

To
The Dy. Secretary (Examination),
West Bengal Board of Secondary Education
Nivedita Bhawan, Salt Lake, Kolkata-700091.

(1)
Attested stamp
size photograph
of Amanuensis
(Black & White)

(2)
Attested stamp
size photograph
of Amanuensis
(Black & White)

Attested stamp
size photograph
of candidate
(Black & White)

Sir, Through the Head of the Institution _____

I like to inform you that I happen to be a **sightless / physically (orthopaedically) challenged candidate** (attested copy of medical certificate issued by appropriate authority is enclosed here) and will appear at the M.P.(S.E), 2015 with Registration No. _____ from _____ (Name of the school). I am not in a position to write anything which will be evident from my medical certificate.

I am sending my photographs along with the photographs of two selected amanuenses 1 set each for your consideration. I, therefore, pray to you for granting me an amanuensis along with extra time of 45 minutes.

Yours faithfully,

I agree to help as an amanuensis.

1) Name _____

Name of the School of amanuensis _____

Index No. _____ student of Class _____

as per enclosed certificate.

Signature of the Amanuensis _____

L.T.I./Signature of the Examinee

Name of the Examinee(in Block Letters)
Contact No. _____

The above statements are true to my
knowledge.

2) Name _____

Name of the School of amanuensis _____

Index No. _____ student of Class _____

as per enclosed certificate.

Signature of the Amanuensis _____

Signature of the Head of the
Institution (with seal and date)

Contact No. _____

- Encl. : 1) Photocopy of disability certificate
2) Certificate from the Head of the Institution (of which the Amanuensis is a student).
3) One copy of photograph of each of the Candidate and Amanuensis.
4) Photocopy of Registration Certificate of the examinee.

N.B. : * 'Amanuensis means a person having qualifications ordinarily not higher than Class-IX standard appointed by the Board to write answers in the examination on behalf of a physically challenged / sightless candidate.

** Last date of submission of Application Form 31.12.2014.



West Bengal Board of Secondary Education
Nivedita Bhavan, DJ-8, Sector-II, Salt Lake, Kolkata – 700091.
Phone : 2321-3844 Fax – 2321-3216

Application Form for permission for Extra Time for Physically challenged / Poor Vision /Hearing Impaired / Orthopaedically indisposed candidate of Madhyamik Pariksha (S.E), 2015

To
The Deputy Secretary (Examination)
West Bengal Board of Secondary Education
Nivedita Bhavan, DJ-8, Sector-II, Salt Lake,
Kolkata-700091.

Attested stamp
size photograph
of candidate
(Black & White)

Through the Head of the Institution _____
Contact No. of the Head of the Institution : _____

Sir,

I am Physically / Orthopaedically indisposed / Poor vision / Hearing impaired candidate and will appear at the Madhyamik Pariksha (S.E.), 2015 bearing Registration No. _____ from _____

(name of School from where appearing).

My disability as confirmed by enclosed medical certificate is :

(a) Poor vision (b) Physically / Orthopaedically indisposed (c) Hearing impaired

Hence, I pray for permission for 45 minutes extra time as admissible.

Yours faithfully,

Full Signature of the Examinee

Name of the Examinee (in Block Letters) _____

Postal Address _____

Contact No of the Examinee _____

The above statements are true to my knowledge.

Signature of the Head of the
Institution with seal & date

N.B. : The last date of submission of Application Form : 31.12.14.

- Enco : 1) Photocopy of Registration Certificate
2) Certificate from appropriate authority in support of claim of disability
3) Certificate of Head of the Institution
4) One copy photograph of the examinee