

BOARD OF INTERMEDIATE EDUCATION, ANDHRA PRADESH, HYDERABAD

Application for grant of exemption and concessions to Blind, Deaf, Deaf & Dumb and Physically Handicapped ,suffering from DYSLEXIA and Mentally Handicapped candidates

(To be filled in by the candidate)

- 1) Name of the candidate : _____
- 2) Father's Name : _____
- 3) Mother's Name : _____
- 4) SSC. Regd.No. & Month & Year : _____
- 5) Name & Place of the College Studying and District : _____
- 6) Class & Group studying : **MPC / BPC / CEC / HEC / VOCATIONAL:**
I year : Admission No: _____
II year : Previous Regd.No: _____
Month & Year: _____
- 7) Nature of Disability : _____
- 8) Percentage of Disability : _____
- 9) Whether original Medical Certificate along with a xerox copy enclosed : _____
- 10) Have you obtained any Concession or Exemption at SSC level? If so, furnish a copy of the order : _____
- 11) In case of Deaf, Deaf & Dumb, suffering from DYSLEXIA and Mentally Handicapped candidates. If they were exempted from any Language / subject, enclose SSC certificate xerox copy : _____
- 12) Mention the type of Exemption / Concession required. :
a) _____
b) _____
c) _____
d) _____
- 13) In case of Deaf, Deaf & Dumb, suffering from DYSLEXIA and Mentally Handicapped candidates. Mention the Language of the candidates under Part-I or II for which exemption is required : _____

Affix latest passport size photograph of the Candidate

Signature of the candidate

(To be filled in by the Principal)

I have personally verified and found that the candidate is Blind / Deaf / Deaf & Dumb / Physically Handicapped, suffering from DYSLEXIA and Mentally handicapped candidates . The percentage of disability is _____%. Original certificate issued by the District Medical Board, the orders of concessions granted at school level, SSC true copy are enclosed herewith. The concessions and exemptions applied for by the candidate may please be granted.

Signature of the Principal

Submitted to the Secretary, BIE.

Signature of the R.I.O.