

THE WEST BENGAL COUNCIL OF RABINDRA OPEN SCHOOLING Bikash Bhavan (2nd Floor,East Block), Bidhannagar, Kolkata-700091

Application Form for permission for the help of Amanuensis with Extra Time for the Visually /Physically handicapped candidates for Uchcha Madhyamik Pariksha (Higher Secondary Examination) 2023

ne Secretary, ne West Bengal Council of Rabindra Open Schooling ikash Bhavan, Kolkata-700091		Attested Stamp size recent	Attested Stamp size recent	Attested Stamp size recent
nrough the Study Centre		Photograph of the	Photograph of the	Photograph of the
r, I am a Visually handicapped/ Orthopedically indisposed candi		Examinee	Amanuensis (No-1)	Amanuensis (No-2)
oll No is&Registration No. is				l certificate issued b
propriate authority is enclosed herewith). I shall appear at the I am therefore, eligible to get the help of an Amanuensis with explected Amanuensis for your kind consideration.		s. I am enclosin		
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Nameame of the School of Amanuensis			ature of the Exai	ninee
dex NoStudent of Class	as per encl	osed certificate		
Signature of the Amanuensis Name				
ame of the School of Amanuensis				
dex NoStudent of Class				
Signature of the Amanuensis nclosed:				
1. As stated	50			
2 Original Certificate along with attested copy of a recen School of which the Amanuensis is a student.	t photograph of Ama	nuensis from t	the H/M of the	
3 Attested copy of the Examinee's Registration card & ac	dmit card			
D. The short of th		I VI	C W 1 C	/ F :
B. The selected Amanuensis must not be or must not had been	a student of a nigner	class than AI	or Higher Secon	laary Examination
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Bikash Bhavan (2nd Floor,East Block), Bidhannagar, Kolkata-700091

Application Form for permission for only Extra Time for the Visually /Physically handicapped candidate for Uchcha Madhyamik Pariksha (Higher Secondary Examination) 2023

To					
The Secretary, The West Bengal Council of Rabindra Open Schooling Bikash Bhavan, Kolkata-700091	e. at 1	Attested Stamp size Photograph of the Examinee			
Through the Study Centre Sir, I am a Physically handicapped/ Orthopaedically indisposed ca Registration No is		&			
My disability as confirmed by enclosed medical certificate is: A) Poor Vision B) Orthopaedic Indisposition C) Hearing Imp I shall appear at the Uchcha Madhyamik Pariksha (Higher S 2023) and hence pray for extra time of 30 minutes as admissible ur I am enclosing two (2) copies of my photograph and attested your kind consideration.	Gecondary Examination) Ider rule. Copy of medical certificate issu	ed by appropriate author			
	Yours faithful				
	Signature of the	Examinee with date			
Name of the Examinee:					
Registration Number:					
Address					
Enclosed: 1. As stated 2. Attested copy of the Examinee's Registration card & admit ca	rd				
•	Counter Signature of the Coordinator with seal and date				
THE WEST BENGAL COUNCIL OF RAI Bikash Bhavan (2 nd Floor,East Block), Bidl	BINDRA OPEN SCHOOLIN				
To The Coordinator		Attested Stamp size			
		Photograph of the			
Subject: Permission for extra time of 30 minutes be	eyond the scheduled time	Examinee			
Sri/Smt					
Sir/Madam With reference to your prayer dated connection with the <i>Uchcha Madhyamik Pariksha (Higher Seco</i> .	on the above subject extendaey Examination) 2023. Plant	tra time of 30 minutes is	s granted in er -in –		
Charge of the Examination Centre					
		Secretary			