

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)-2024

То			
The Secretary, The West Bengal Council of Rabindra Open Schooling Bikash Bhavan, Kolkata-700091	Attested Stamp size recent	Attested Stamp size recent	Attested Stamp size recent
Through the Study Centre	Photograph of the Examinee	Photograph of the Amanuensis	of the Amanuensis
Sir, I am a Visually handicapped/ Orthopedically indisposed candidate an		(No-1)	(No-2)
Roll	cha Madhyamik Pariksha (ne of 30 minutes. I am enclo	Higher Secondary E	Examination)-2024
LI	.I(Only for who unable to		
1).Name			
Index No. Student of Class.			
Signature of the Amanuensis 2).Name			
Name of the School of Amanuensis			
Signature of the Amanuensis			
Enclosed:			
 As stated Original Certificate along with attested copy of a recent phot School of which the Amanuensis is a student. 	•	m the H/M of the	
3 Attested copy of the Examinee's Registration card & admit c	ard		
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Secretary



THE WEST BENGAL COUNCIL OF RABINDRA OPEN SCHOOLING 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)-2024

То		
The Secretary, The West Bengal Council of Rabindra Open Schooling Bikash Bhavan, Kolkata-700091		Attested Stamp size Photograph of the Examinee
Through the Study Centre	Roll	No&
My disability as confirmed by enclosed medical certificate is: A) Poor Vision B) Orthopaedic Indisposition C) Hearing Impairment D) De I shall appear at the Uchcha Madhyamik Pariksha (Higher Secondary Examand hence pray for extra time of 30 minutes as admissible under rule. I am enclosing two (2) copies of my photograph and attested copy of medical your kind consideration.	nination)- 2024	d by appropriate authority for
		Examinee with date
Name of the Examinee:		
Registration Number:		
Address.		
Counter Signature	gnature of the (Coordinator
For Office Use Only		
THE WEST BENGAL COUNCIL OF RABINDRA OPEN SCH Bikash Bhavan (2 nd Floor,East Block), Bidhannagar, Kolkata-		
To The Coordinator		A4443
		Attested Stamp size
		Photograph of the
Subject: Permission for extra time of 30 minutes beyond the sche	eduled time	Examinee
Sri/Smt		
of		ic.
With reference to your prayer dated	ation)-2024. Ple	ease report to the Officer -in -
		Secretary