



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

To
The Secretary,
The West Bengal Council of Rabindra Open Schooling
Bikash Bhavan, Kolkata-700091

Attested Stamp size recent Photograph of the Examinee	Attested Stamp size recent Photograph of the Amanuensis (No-1)	Attested Stamp size recent Photograph of the Amanuensis (No-2)
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Through the Study Centre

Sir,

I am a Visually handicapped/ Orthopedically indisposed candidate and my Roll.....No.....& Registration No. is.....(attested copy of medical certificate issued by appropriate authority is enclosed herewith). I shall appear at the *Uchcha Madhyamik Pariksha (Higher Secondary Examination)-2024*

I am therefore, eligible to get the help of an Amanuensis with extra time of 30 minutes. I am enclosing two (2) copies of my photograph and my selected Amanuensis for your kind consideration.

Yours faithfully,

.....
L.T.I.(Only for who unable to put signature) /Signature of the Examinee

1).Name.....
Name of the School of Amanuensis.....
Index No.....Student of Class..... as per enclosed certificate

Signature of the Amanuensis

2).Name.....
Name of the School of Amanuensis.....
Index No.....Student of Class..... as per enclosed certificate

Signature of the Amanuensis

Enclosed:

- As stated
- Original Certificate along with attested copy of a recent photograph of Amanuensis from the H/M of the School of which the Amanuensis is a student.
- Attested copy of the Examinee's Registration card & admit card

N.B. The selected Amanuensis must not be or must not had been a student of a higher class than XI for Higher Secondary Examination

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Counter Signature of the Coordinator
with seal and date

In case the information furnished by the Study Centre are incomplete or proved to be untrue, the Application will be rejected without any intimation by this Council.

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For Office Use Only



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

To
The Coordinator

Attested Stamp size recent Photograph of the Examinee	Attested Stamp size recent Photograph of the Amanuensis (No-1)	Attested Stamp size recent Photograph of the Amanuensis (No-2)
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Subject: Permission for Amanuensis and extra time of 30 minutes

Sr/Smt..... Roll.....No.....& Registration
No.....
Uchcha Madhyamik Pariksha (Higher Secondary Examination)- 2024

Name of the Amanuensis 1)Sri/Smt.....2)Sri/Smt.....

Sir/Madam,

With reference to your prayer dated..... on the above subject Amanuensis with extra time of 30 minutes is granted in connection with the *Uchcha Madhyamik Pariksha (Higher Secondary Examination) -2024* .Please report to the Officer -in -Charge of the Examination

Centre

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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

To
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

Sir,

I am a Physically handicapped/ Orthopaedically indisposed candidate and my Roll No..... &
Registration No is.....

My disability as confirmed by enclosed medical certificate is:

A) Poor Vision B) Orthopaedic Indisposition C) Hearing Impairment D) Deafness & Dumbness E) Mental Disorder.

I shall appear at the *Uchcha Madhyamik Pariksha (Higher Secondary Examination)- 2024*
and 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 certificate issued by appropriate authority for
your kind consideration.

Yours faithfully,

.....
Signature of the Examinee with date

Name of the Examinee:.....

Registration Number:.....

Address.....
.....

Enclosed:

1. As stated
2. Attested copy of the Examinee's Admission Copy, Registration card & admit card.

.....
Counter Signature of the Coordinator
with seal and date

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

To
The Coordinator
.....
.....

Attested
Stamp size
Photograph
of the
Examinee

Subject: Permission for extra time of 30 minutes beyond the scheduled time

Sri/Smt Roll..... No..... & Registration No.....
..... of.....

Uchcha Madhyamik Pariksha (Higher Secondary Examination)-2024

Sir/Madam

With reference to your prayer dated..... on the above subject extra time of 30 minutes is granted in
connection with the *Uchcha Madhyamik Pariksha (Higher Secondary Examination)-2024*. Please report to the Officer -in -
Charge of the Examination Centre

.....
Secretary