



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

**Application Form for permission for only Extra Time for the Visually /Physically handicapped candidate for Madhyamik Pariksha (Secondary Examination)December-2025**

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/ Orthopedically indisposed candidate and my Roll .....No.....&  
Registration No is.....

My disability as confirmed by enclosed medical certificate is:

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

I shall appear at the **Madhyamik Pariksha (Secondary Examination)December-2025**

and hence pray for extra time of 60 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:..... of.....Roll.....No.....

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**

**For Office Use Only**



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Bikash Bhavan (2<sup>nd</sup> Floor, East Block), Bidhannagar, Kolkata-700091

To  
The Coordinator

.....  
.....

Attested  
Stamp size  
Photograph  
of the  
Examinee

**Subject: Permission for extra time of 60 minutes beyond the scheduled time**

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

**Madhyamik Pariksha (Secondary Examination)December-2025**

Sir/Madam

With reference to your prayer dated.....on the above subject extra time of 60 minutes is granted in connection  
with the **Madhyamik Pariksha (Secondary Examination)December-2025**. Please report to the Officer -in - Charge of the  
Examination Centre/Venues.....

\_\_\_\_\_  
**Secretary**



**THE WEST BENGAL COUNCIL OF RABINDRA OPEN SCHOOLING**  
Bikash Bhavan (2<sup>nd</sup> 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 Madhyamik Pariksha (Secondary Examination) December-2025**

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

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 **Madhyamik Pariksha (Secondary Examination) December-2025**. I am therefore, eligible to get the help of an Amanuensis with extra time of 60 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:**

1. As stated
2. 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.
3. 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 IX for Secondary Examination**

.....  
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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Bikash Bhavan (2<sup>nd</sup> 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)

**Subject: Permission for Amanuensis and extra time of 60 minutes**

Sri/Smt..... Roll..... No.....& Registration  
No.....  
**Madhyamik Pariksha (Secondary Examination) December- 2025**

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 60 minutes is granted in connection with the **Madhyamik Pariksha (Secondary Examination) December-2025**. Please report to the Officer -in -Charge of the Examination Centre .....

.....  
Secretary