

APPLICATION BY THE PARENT

Name: _____

Relationship with the Examinee:
Parent/Teacher/Care Giver/Any Other (please
specify): _____

Address: _____

Contact No. _____

E-mail Id: _____

Date: _____

To,

The Regional Director,
National Institute of Open Schooling,
Regional Centre: _____

Subject: Application for need specific provisions to be made available during the NIOS examination.

Sir,

It is submitted that my son/daughter/ward who is a person with disability/special needs will be appearing in the NIOS examination scheduled from _____ to _____ for Block 1/ Block 2/ On-Demand Examination.

Details of the examinee:

1. Name: _____
2. Enrolment Number: _____
3. Programme enrolled in: Secondary/ Senior Secondary/ Vocational/ OBE/ Life Enrichment/ Life Skills Programme (Tick the Appropriate one):
4. Nature of Disability:
5. Certificate issued by: Name of the Hospital (Government Hospital/Government Medical Institute only): _____
6. Medical Certificate Sl. No. _____ Date: _____
7. Copy of the Medical Certificate with recommendations.

8. Subject-wise specific provisions required:

Sl. No.	Subject and Code	Specific Provisions Required Indicate the clause of provisions mentioned in appendix		Details of self arranged assistive devices
		From the Centre Superintendent	Self arranged	Details of amanuensis/ care giver in the given format at Anne.2

You are kindly requested to provide the above mentioned general and specific provisions for my son/daughter/ward during the examination. The required documentary proofs are enclosed.

Yours sincerely,

Enclosure: Attested Copies of:

1. Copy of the medical certificate
2. Copy of the identity card of the examinee
3. Bonafied Certificate with photograph of the amanuensis affixed and signed by the Principal
4. Copy of the identify card of the amanuensis.*
5. Copy of the identity card of any other person who will accompany the examinee.*

* The amanuensis and the accompanying person will be required to carry the same identity proof during the examination.

Appendix - II

**PROFORMA FOR INFORMATION REGARDING AMANUENSIS/LAB
ASSISTANT/READER TO BE ISSUED BY STUDY CENTRE**

(To be submitted to the Regional Director, two weeks prior to the examination.)

Name: _____

Name of the Father/Mother/Guardian: _____

Details of Educational Qualification:

Whether the Amanuensis has studied the same subjects? No/Yes

If yes, the Amanuensis should be one class junior to the examinee. Refer to the Clause 8.2.3 (iii)

The above person will act as Amanuensis for:

Name of the Examinee:

Enrolment No.:

Study Centre name:

Study Centre No.:

Subject and Date of the Examination:

1. _____

2. _____

3. _____

I hereby declare that I have read the clause 8.2 of the NIOS Guidelines for Centre Superintendents for Theory Examination/ Chapter 6 of Prospectus and the Amanuensis selected is as per the norms.

Signature of the Head of the Institution

Name

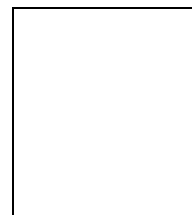
Designation

Seal

Appendix - III

**CERTIFICATE ISSUED BY STUDY CENTRE FOR NEAR RELATIVES, CARE GIVER OR
CONCERNED TEACHER TO ACCOMPANY LEARNERS WITH SPECIFIC DISABILITIES
DURING EXAMINATION IN SPECIFIC CASES**

(To be submitted to the Regional Director, two weeks prior to the examination)



Name: _____

Relationship with the Examinee:

The above person will act as a support which includes motivating and helping the examinee find his/her examination room during the examination:

Name of the Examinee:

Enrolment No.:

Study Centre name:

Study Centre No.:

Subject and Date of the Examination:

1. _____
2. _____
3. _____

I hereby declare that I have read the clause 8.2.2 (ix) of the NIOS Guidelines for Centre Superintendents for Theory Examination/ Chapter 6 of Prospectus and the same has been informed and explained to the above mentioned person.

Signature of the Head of the Institution

Name

Designation

Seal

MEDICAL CERTIFICATE

Date: _____ OPD NO. _____

Name of the Child: _____

Date of Birth: _____ Age: _____ Sex: _____

Date of Registration: _____ LD No.: _____

Father's Name: _____

Mothers Name: _____

School's Name: _____ Class Studying in _____

Psychological Assessment: _____ Date: _____

ISC Verbal IQ: _____ Performance IQ: _____ Global IQ: _____

Interpretation: _____

KBI Performance IQ: _____

Educational Assessment: _____ Date: _____

Dyslexia, Dysgraphia, Dyscalculia, Slow Learner, Intellectual Disability, Autistic ADHD

Diagnostic: _____

Recommendations

1. Remedial Education
2. Treatment for ADD/ADHD
3. Provisions
 - a.
 - b.
 - c.
 - d.

Signature of the Doctor with seal