

# ANNEXURE 1

## 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                            |               | Details of self arranged assistive devices<br><br>Details of amanuensis/ care giver in the given format at Anne.2 |
|---------|------------------|---|---------------|---|
|         |                  | Indicate the clause of provisions mentioned in appendix |               |   |
|         |                  | From the Centre Superintendent                          | Self arranged |   |
|         |                  |   |               |   |
|         |                  |   |               |   |
|         |                  |   |               |   |
|         |                  |   |               |   |
|         |                  |   |               |   |

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.