





**Student's Photograph**



**Student's Signature**  
Please sign inside the box only

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Signature of Parent / Guardian

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**IMPORTANT INSTRUCTIONS:**

1. For column nos. 3, 4, 5, 6, 7, 10 and 23, please tick  the applicable one.
  2. Please take a printed copy of your checklist from school and look at your details very carefully. Inform the Headmaster immediately if there is any mistake.
  3. No correction will be allowed once Examination Form is submitted online.
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Seal & Signature of the Institution Head or Principal

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**\*\*Divyang Category List :**

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|------------------------------------|---|
| 1. Hearing Impairment              | 2. Cerebral Palsy                                 |
| 3. Intellectual Disability         | 4. Haemophilia                                    |
| 5. Speech Disability               | 6. Autism Spectrum Disorder                       |
| 7. Muscular Dystrophy              | 8. Sickle Cell Disease                            |
| 9. Mental Illness                  | 10. Multiple Disability including Deaf, Blindness |
| 11. Chronic Neurological condition | 12. Acid Attack Victim                            |
| 13. Specific Learning Disability   | 14. Leprosy cured person                          |
| 15. Multiple Sclerosis             | 16. Parkinson's disease.                          |