			Annexure-VII Form-DYSLEXIC-1
FORMAT OF MEDICAL CER		/ REPORT TO BE P NDIDATE	RODUCED BY DYSLEXIC
To be obtained from any Clinic/Neurod		or Government approv al Centre/Dyslexia Ass	
			Date:
PSYCHO-	EDUCATIC	ON EVALUATION RE	<u>PORT</u>
Name of the candidate:			Passport size Photograph
Date of Birth: Candidate			of the Candidate
Registration in the Dyslexia Assn. (dat	e / number)	:	Calididate
Name of the Father/Mother/Guardian: Name/address and Regn. No. : of the Dyslexia Association			
Physical & Neurologic Assessment:	[]	
Psychological Assessment: WISC Verbal IQ: Performance IQ: Full-Scale IQ:	[]	
Interpretation:	[]	
Educational Assessment:	[]	
Certified that:			

1. The condition of handicap is: MILD / MODERATE / SEVERE (tick whichever is applicable)*.

2. The disability is **PERMANENT** in nature and **DETAILED REPORTS OF DYSLEXIA ASSESSMENT ARE ATTACHED WITH THIS FORM (IN ORIGINAL).**

*Learning Disability is a permanent developmental disorder. Currently, there are no standard approved methods to quantify the disorder. However, the method of diagnosis is based on significant impairment in academic achievement. To avail the benefit of relaxed norm under the PwD category, the candidate must come under the SEVERE category.

Signature and Name (in CAPITAL LETTERS) of the certifying official:

Seal:



Annexure-VIII FORM-DYSLEXIC-2

*CERTIFICATE TO BE PRODUCED BY DYSLEXIC CANDIDATE FROM THE PRINCIPAL OF THE SCHOOL/COLLEGE LAST ATTENDED

Testimonial

Date:

Name of the candidate:

Date of Birth:

Name and Address of the School/College:

Passport size Photograph of the Candidate

Certified that Shri/Smt/Kum	_ son/daughter of	of
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______village/town passed his/her Class 12 from this school and as per records, availed concession under dyslexic category.

Signature with a seal:

* A candidate passing Class 12 or equivalent through the open school system or in private mode may submit the certificate to this effect from the competent authority in the board certifying the concessions availed under dyslexia.

