



**Anjuman Khairul Islam's**

# **POONA COLLEGE OF ARTS, SCIENCE & COMMERCE**

- Affiliated to Savitribai Phule Pune University: ID No PU/PN/ASC/023/1970
- Junior College Index No: J-11.15.004
- Government of Maharashtra and Savitribai Phule Pune University Recognized Minority Institute
- UGC - 2(f) & 12 (B) Status • NAAC Re-accredited College • DST - FIST Funded College



K. B. Hidayatullah Road, Camp,  
Pune - 411001. (MS), India



+91-20-2645 4240 / 2644 6319.



[www.poonacollege.edu.in](http://www.poonacollege.edu.in)  
[principal@poonacollege.edu.in](mailto:principal@poonacollege.edu.in)

**Professor (Dr.) Aftab Anwar Shaikh**  
M.Com, Ph.D (Busi. Admin.)  
**PRINCIPAL**



+91 98226 21579



[dranwarshaikh@gmail.com](mailto:dranwarshaikh@gmail.com)

## Scribes for Examination

### Facilities to Differently Abled Students in Examination

As per the G. R. of Government of Maharashtra / Higher and Technical Education/G R Number: Sankirn-2016 / Pr. No. 302 / vishi-3, dated: 4<sup>th</sup> March 2017 and Savitribai Phule Pune University Ordinance: exam/203, dated: 22<sup>nd</sup> Feb 2018, the Institution provides the facilities to the physically challenged students for writing the exam. Details are as under:

- 1) An extra time of 20 minutes per hour is provided in each subject / paper.
- 2) Writer as per the need is made available.
- 3) Separate seating arrangement is made for them on the Ground floor.
- 4) Necessary steps are taken to avail the Additional Grace marks of 3% (of Grand Total) by forwarding the letter to the university.

#### **How these facilities can be availed by physically challenged students:**

These facilities are publicized on the institutional websites. Students are advised to write an application addressing the Principal, AKI's Poona College of Arts, Science and Commerce, with Medical Certificate from authorized Doctors. After approval from the Principal, CEO makes the necessary arrangements.



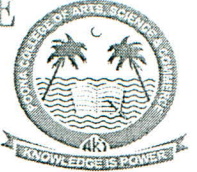
# POONA COLLEGE OF ARTS, SCIENCE AND COMMERCE

(Affiliated to Savitribai Phule Pune University: ID No. PU/PN/ASC/023/1970)

K.B. Hidayatullah Road, Camp, Pune - 411001. Maharashtra, India

Tel.: +91-20-26454240 / 26446319. Fax: +91-20-26453707

Email : principal@akipoonacollege.ac.in Website:www.akipoonacollege.ac.in



PC/EXAM/2019-20/

Date: 31/01/2020

To,  
The Deputy Registrar,  
Marksheet Section,  
S.P.Pune University,  
Pune.

Sub: Regarding handicap student.

Respected Sir,

With reference to the subject cited above I would like to inform you that some handicap students is studying in our college, the details are as follows:

Sr.No.	Name of Student	Seat no	PR No	class
01	KHAN SHAHID AMAN	2006	120180931	TYBCOM

Hence, I request you to kindly do the needful and oblige

Thanking You,

Yours faithfully,

*uau*

(Dr. M. Nagarbawdi)

C.E.O.

Poona College of Arts, Science & Commerce  
Camp, Pune-411 001.

Encl:1) Principal Letter

- 2) Hall ticket of student.
- 3) Handicap certificate.
- 4) Student application

( Prof. Dr. Aftab Anwar Shaikh)

PRINCIPAL  
PRINCIPAL

Y & M Anjuman Khairul Islam's  
Poona College of Arts, Science &  
Commerce, Camp, Pune-411001



सावित्रीबाई फुले पुणे विद्यापीठ
परीक्षा विभाग
छाननी व तालिनीकरण कक्ष
पोहोच स्वाक्षरी.....
दिनांक.....

6/2/2020

Savitribai Phule Pune University



(Formerly University of Pune)

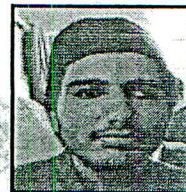
HallTicket For B.Com. (Rev.2013) Oct./Nov.-2019

SeatNo	PRN	CentreCode	CollegeCode	PUN Code
2006	1201809031	0069	0069	CAAP010210

Name : KHAN SHAHID AMAN

Mother : AFSANA

Centre : A.K.ISLAM'S POONA COLLEGE OF ARTS,SCIENCE & COMMERCE



Sub Code	Subject Name	Type	Exam Date	Exam Time
3113	BUSINESS REGULATORY FRAMEWORK	IE	10/10/2019	10.00 AM
2123	CORPORATE ACCOUNTING	IE	11/10/2019	02.00 PM
3123	ADVANCED ACCOUNTING	IE	11/10/2019	10.00 AM

**NOTE:**

Students should ensure that details like Name,Photo, PRN, Subjects printed on Hall Ticket are correct. In case of any discrepancy, please immediately contact to College Exam Officer (CEO).

In Case,College does not have Exam Center,please follow University Circular.

In Case of any discrepancy between hallticket & time table published on university website (<http://exam.unipune.ac.in>), the timetable on website to be followed.

[Redacted Signature]

Signature of Student

College Principal / Director

A.K.ISLAM'S POONA COLLEGE OF ARTS,SCIENCE & COMMERCE





Anjuman Khairul Islam's

# POONA COLLEGE OF ARTS, SCIENCE & COMMERCE

- Affiliated to Savitribai Phule Pune University: ID No PU/PN/ASC/023/1970
- Junior College Index No: J-11.15.004
- Government of Maharashtra and Savitribai Phule Pune University Recognized Minority Institute
- UGC - 2(f) & 12 (B) Status • NAAC Re-accredited College • DST - FIST Funded College



K. B. Hidayatullah Road, Camp,  
Pune - 411001. (MS), India



+91-20-2645 4240 / 2644 6319.



www.poonacollege.edu.in  
principal@poonacollege.edu.in

**Professor (Dr.) Aftab Anwar Shaikh**  
M.Com, Ph.D (Busi. Admin.)  
**PRINCIPAL**



+91 98226 21579



dranwarshaikh@gmail.com

PC/EXAM/2019-2020/

DATE:20/11/2020

To,  
Deputy Registrar,  
Savitribai Phule Pune University,  
Pune-411007

Subject: Regarding Additional Grace Marks to Handicap Student.

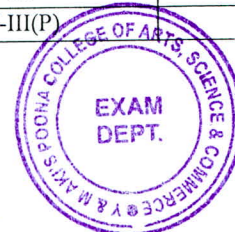
Respected Sir,

This is to request to kindly grant additional grace marks to physically handicap student. The details are as follows:

Student details	Student	Student	Student
Student Name	Shaikh Sahil Salim	Khan Afzal Altaf	Md Imran
Mother Name	Kamrunnisa	Arshiya	Fekani Khaton
Course Name	BCOM	BCOM	BCOM
PRN No	1201808689	1201908413	1201908141
Eligibility No	12016060653	12017276918	12017276686
Seat No	5970	5678	5852
Pun code	CAAP010210	CAAP010210	CAAP010210
College code	0069	0069	0069
SUBJECT	3154-AUDITING AND	2153-ELE OF COMP LAW	3113-BUS REGU FRAME WORK
	3424-BANKING AND FINANCE-	3113-BUS REGU FRAME	3123-ADVANCED ACCOUNTING
	3422-BANKING AND FINANCE-	3123-ADVANCED	3133-INDIAN & GLOBAL ECO
	3113-BUS REGU FRAME WORK	3133-INDIAN & GLOBAL ECO	3153-AUDITING AND TAXATION
	3123-ADVANCED ACCOUNTING	3153-AUDITING AND	3154- AUDITING AND
	3133-INDIAN & GLOBAL ECO	3154- AUDITING AND	3411-BUS ADMINISTRATION
	DEVELOP	TAXATION	
	3153-AUDITING AND	3411-BUS ADMINISTRATION	3412-BUS ADMINISTRATION-II(P)
	TAXATION		
3421-BANKING AND FINANCE-	3412-BUS ADMINISTRATION-II(P)	3413-BUS ADMIN-III	
II			
3423-BANKING AND FIANCE-III	3413-BUS ADMIN-III	3414-BUS ADMIN-III(P)	
	3414-BUS ADMIN-III(P)		

Hence I request you to kindly do the needful & oblige.

Thanking you,

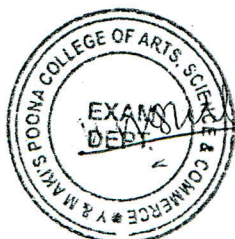


Yours faithfully,

(Dr. Aftab Anwar Shaikh)

PRINCIPAL

Y & M/Anjuman Khairul Islam's  
Poona College of Arts, Science &  
Commerce, Camp, Pune-411001



सावित्रीबाई फुले पुणे विद्यापीठ  
परीक्षा विभाग  
छाननी व तालिनीकरण कक्ष  
पोहोच स्वाक्षरी.....  
दिनांक.....20/11/20.....

B. J. MEDICAL COLLEGE & SASSOON GENERAL HOSPITALS, PUNE  
CERTIFICATE OF THE MEDICAL BOARD FOR PERSONS WITH DISABILITIES

NOT FOR COMPENSATION CLAIMS

For general purposes only e.g. employment, special conveyance allowance/scholarships for handicapped persons etc.

Read: 1) Resolution No. FDD/1081/6256591570/CA-13  
March 1986 Govt. of Maharashtra, Social Welfare, Mantalya,  
Mumbai-1

2) Notification No. 42/81 HW-111/Government of India, Ministry  
of Social Welfare, Delhi dt. 6<sup>th</sup> Aug. 1986.



DR. AMIT K. KALE  
MS. DNB, ENT, Otorhinolaryngology  
Reg. No. 2000200000  
LECTURER IN OR (HDF)  
B.J.M.C. & S.G.H. Pune Date: 8/5/09

Certificate No. 751

This is to certify that Shri./Smt./Kym. Ajzal Altaf Sher Khan Patan  
Son/wife/daughter of Shri. Altaf Khan age 16 yrs old male/female  
registration No. 716 is a case of CP specific diplegia

He/She is physically disabled/visually disabled/speech and hearing disabled and has 57 %  
(fifty seven percent) permanent / temporary (physical impairment / visual impairment / speech  
and hearing impairment) in relation to his/her PH benefit

He/She is fit/unfit for benefits for persons with disabilities.

Note :-

- 1) This condition is progressive/non-progressive/likely to improve / not likely to improve.
- 2) Reassessment is not recommended/is recommended after a period of \_\_\_\_\_ months / years.
- 3) Audiogram with photograph is attached with certificate.

Marks of identification :

Signature/Thumb Impression  
of the patient.

Specialist 3/5/09  
Dept. of Ortho / ENT, Ophthalmology,  
Surgery/Medicine/ Psychiatry  
**DR. AMIT K. KALE**  
MS. DNB, ENT, Otorhinolaryngology  
Reg. No. 2000200000  
LECTURER IN ORTHOPAEDICS  
B.J.M.C. & S.G.H., Pune.

[Signature]  
M.D.  
Sassoon General Hospital,  
**Dr. S. E. SHARMA**  
M.D.  
Sassoon General Hospital,  
Pune-1

[Signature]  
Medical Superintendent  
Sassoon General Hospital,  
Pune  
**Dr. P. S. PAWAR**  
M.S. (Surg)  
Reg. No. 44011  
Superintendent  
Sassoon General Hospital, Pune-1



## Savitribai Phule Pune University



(Formerly University of Pune)

Hall Ticket For B.Com. (Rev.2013)

SeatNo	PRN	Centre Code	College Code	PUN Code
5678	1201908413		0069	CAAP010210

Name : KHAN AFZAL ALTAF  
 Mother : ARSHIYA  
 College : A.K.ISLAM'S POONA COLLEGE OF  
 ARTS,SCIENCE & COMMERCE  
 Centre :



Sub Code	Subject Name	Type
2153	ELEMENTS OF COMPANY LAW	IE
3113	BUSINESS REGULATORY FRAMEWORK	IE
3123	ADVANCED ACCOUNTING	IE
3133	INDIAN & GLOBAL ECONOMIC DEVELOPMENT	IE
3153	AUDITING & TAXATION	IE
3154	AUDITING & TAXATION (P)	P
3411	BUSINESS ADMINISTRATION - II	IE
3412	BUSINESS ADMINISTRATION - II (P)	P
3413	BUSINESS ADMINISTRATION - III	IE
3414	BUSINESS ADMINISTRATION - III (P)	P

Students should ensure that details like Name, Photo, PRN, Subjects printed on Hall Ticket are correct. In case of any discrepancy, please immediately contact to College Exam Officer (CEO).

In Case of any discrepancy between hallticket & time table published on university website (<http://exam.unipune.ac.in>), the timetable on website to be followed.

**Last Attempt For this Course Valid Upto April-2023**

\*For Students, Who have opted for offline (OMR Based) examination, Examination centre will get communicated through student's login/SMS.

Signature of Student

Principal / Director

A.K.ISLAM'S POONA COLLEGE OF  
ARTS,SCIENCE & COMMERCE

Please press ctrl + p for print admit card OR save as pdf.



2



Anjuman Khairul Islam's  
Poona College of Arts,  
Science & Commerce  
Camp, Pune-1, Ph. 020-26454240



Original



S  
T  
U  
D  
E  
N  
T

Year 2019-20

KHAN AFZAL ALTAF

M.Id No: 30729  
Class : T.Y.B.COM  
Roll No: 4050  
Address: RAJA TOWER  
GURUWAR PETH

Div.D

Cell : 9049887861  
DOB : 26/08/1993



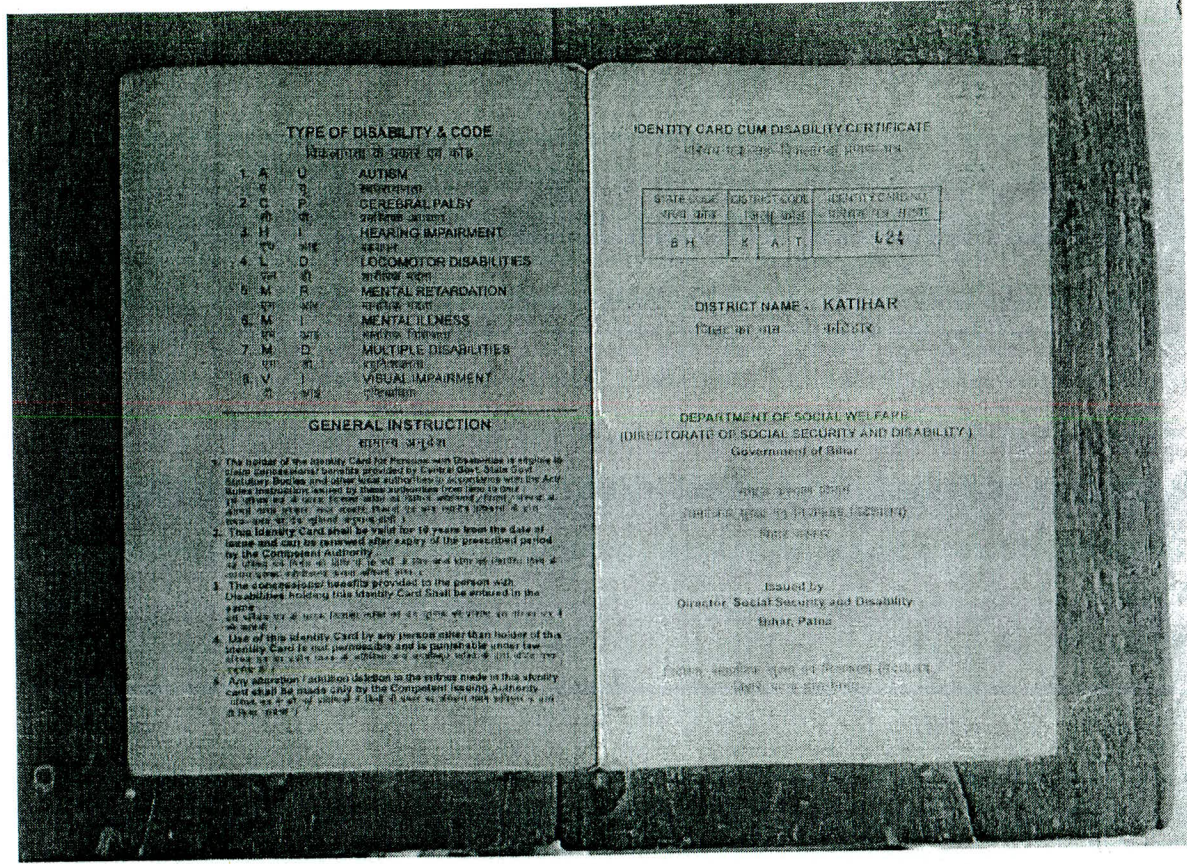
Principal



10



physical handicapped 5802



3 of 8







**DISABILITY CERTIFICATE**  
विकलांगता प्रमाण-पत्र

1. Name: श्री. उमराव  
2. Nature of Disability: विकलांगता का प्रकार  
3. Disability Code: 1111  
4. Percentage of Disability: 100%  
5. Identification Marks: 11/11/11

Signature of Medical Officer and Seal:  
RADAR HOSPITAL, KATHIHAR

Signature of Third Person with Disability: 20/10/2018

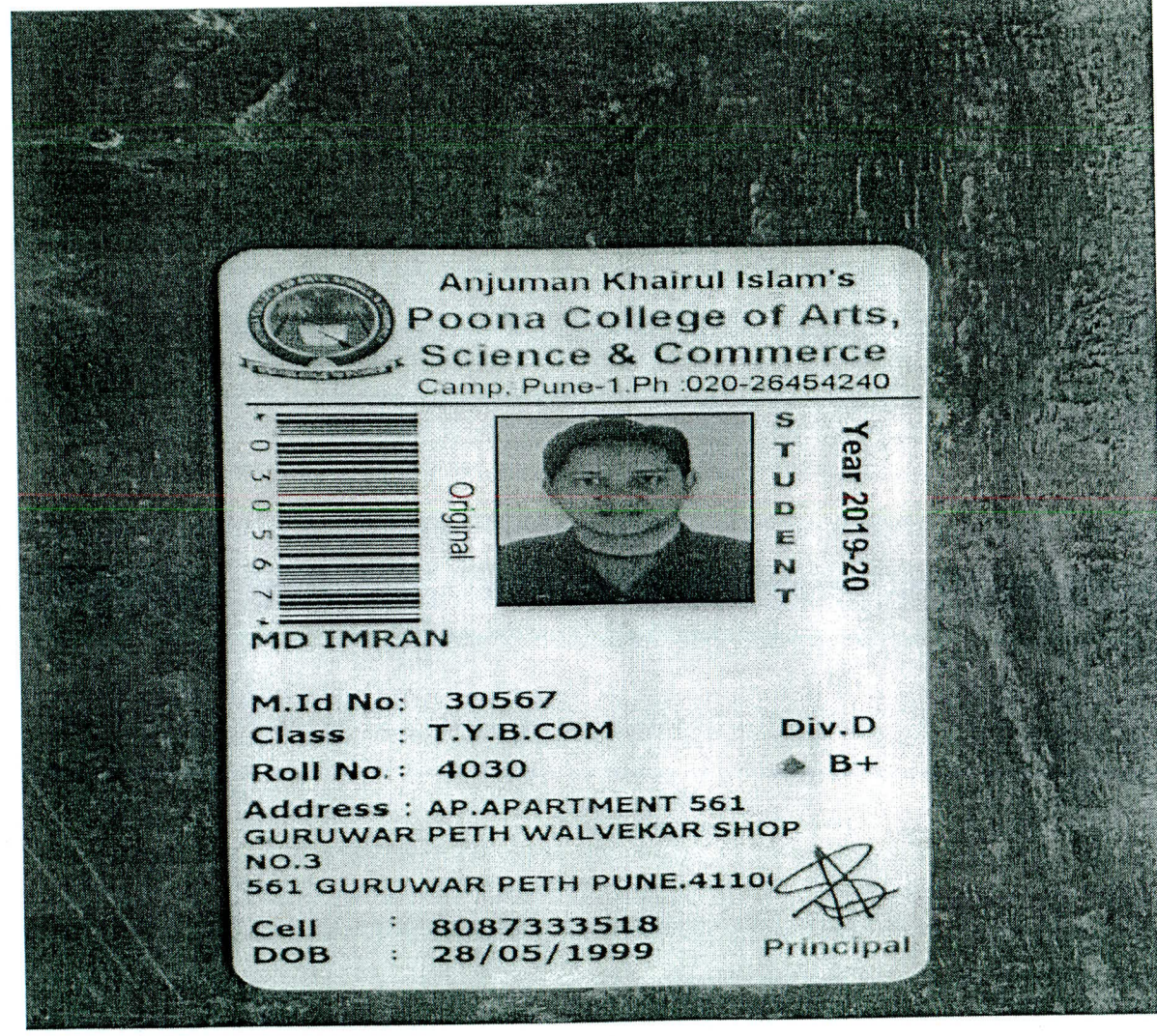
Signature of Representative of Bank: 20/10/2018

**DETAILS OF CONCESSIONS PROVIDED**

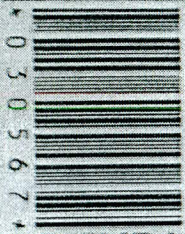
S.No.	Date	Details of Concessions Provided	Signature of Officer with Seal



+91 80873 33518  
today at 12:46 PM



Anjuman Khairul Islam's  
Poona College of Arts,  
Science & Commerce  
Camp. Pune-1. Ph :020-26454240



Original



S  
T  
U  
D  
E  
N  
T

Year 2019-20

MD IMRAN

M.Id No: 30567

Class : T.Y.B.COM

Div. D

Roll No. : 4030

B+

Address : AP.APARTMENT 561  
GURUWAR PETH WALVEKAR SHOP  
NO.3  
561 GURUWAR PETH PUNE.41101

Cell : 8087333518

DOB : 28/05/1999

Principal



13

Savitribai Phule Pune University



(Formerly University of Pune)

Hall Ticket For B.Com. (Rev.2013) Mar./Apr.-2020

SeatNo	PRN	CentreCode	CollegeCode	PUN Code
5852	1201908141	0069	0069	CAAP010210



Name : MD IMRAN

Mother : FEKANI KHATOON

Centre : A.K.ISLAM'S POONA COLLEGE OF ARTS,SCIENCE & COMMERCE

Sub Code	Subject Name	Type	Exam Date	Exam Time
3113	BUSINESS REGULATORY FRAMEWORK	IE		
3123	ADVANCED ACCOUNTING	IE		
3133	INDIAN & GLOBAL ECONOMIC DEVELOPMENT	IE		
3153	AUDITING & TAXATION	IE		
3154	AUDITING & TAXATION (P)	P		
3411	BUSINESS ADMINISTRATION - II	IE		
3412	BUSINESS ADMINISTRATION - II (P)	P		
3413	BUSINESS ADMINISTRATION - III	IE		
3414	BUSINESS ADMINISTRATION - III (P)	P		

NOTE:

Students should ensure that details like Name,Photo, PRN, Subjects printed on Hall Ticket are correct. In case of any discrepancy, please immediately contact to College Exam Officer (CEO).

In Case,College does not have Exam Center,please follow University Circular.

In Case of any discrepancy between hallticket & time table published on university website (<http://exam.unipune.ac.in>), the timetable on website to be followed.

**Last Attempt For this Course Valid Upto April-2023**

Signature of Student

College Principal / Director

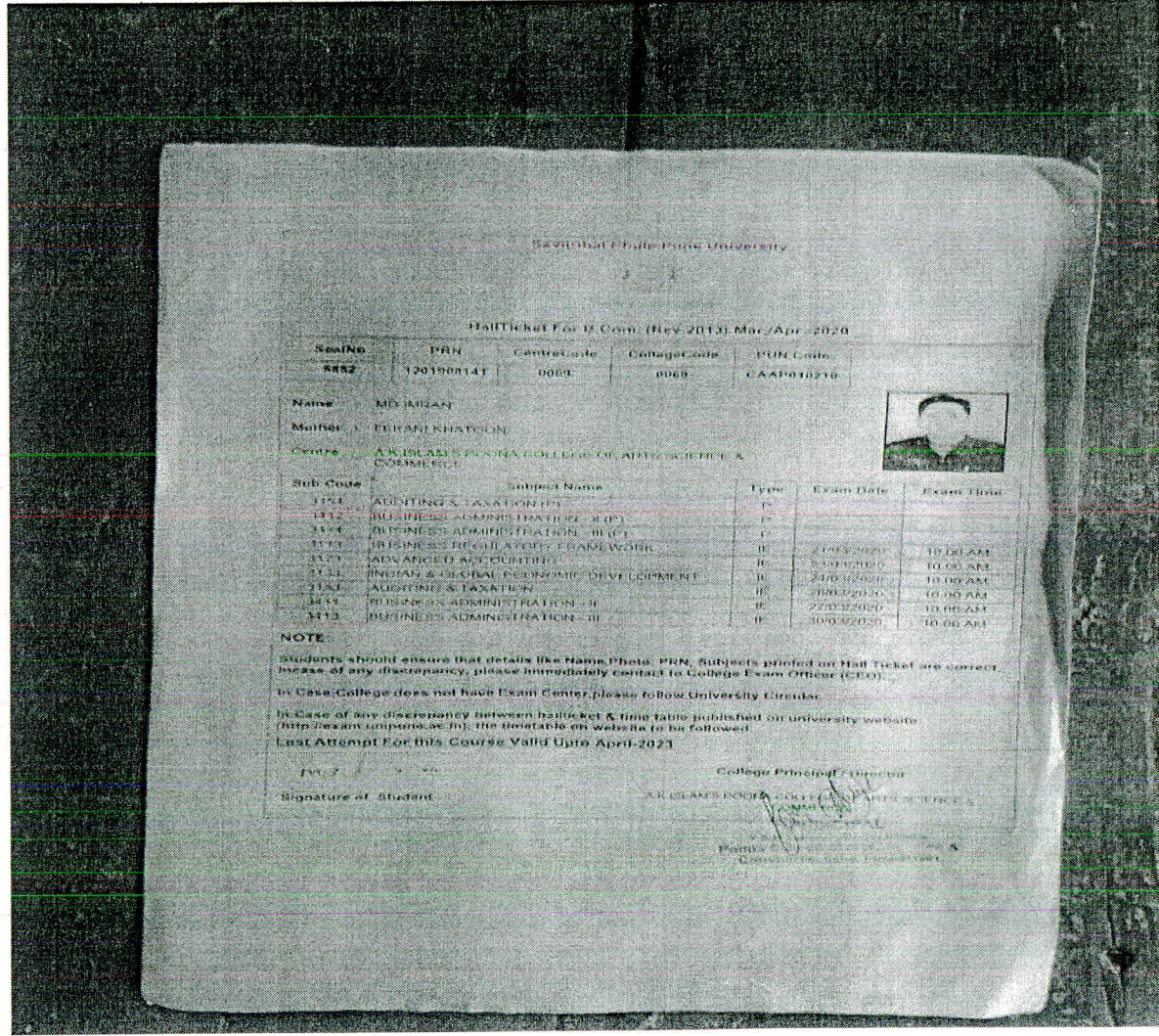
A.K.ISLAM'S POONA COLLEGE OF ARTS,SCIENCE & COMMERCE






+91 80873 33518  
today at 12:46 PM

(24) WhatsApp



Pimpri Chinchwad Education University

Hall Ticket For B.Com. (Reg-2013) Mar./Apr. 2020

Seat No.	PRN	Center Code	Category Code	PUR Code	
8852	1201908141	0001	0000	CAAP010710	
Name	MD IRGAN				
Mother	ELIYANI KHAYOLINI				
Centre	A.K.BILAL'S POONA COLLEGE OF ARTS, SCIENCE & COMMERCE				
Sub. Code	Subject Name	Type	Exam Date	Exam Time	
1124	ACCOUNTING & TAXATION - I	I			
1125	BUSINESS ADMINISTRATION - I (P)	I			
1126	BUSINESS ADMINISTRATION - II (P)	I			
1127	BUSINESS REGULATION FRAME WORK	II	21/03/2020	10:00 AM	
1127	ADVANCED MATHEMATICS	II	21/03/2020	10:00 AM	
1128	INDIAN & GLOBAL ECONOMIC DEVELOPMENT	II	24/03/2020	10:00 AM	
1128	ACCOUNTING & TAXATION	II	24/03/2020	10:00 AM	
1129	BUSINESS ADMINISTRATION - II	II	27/03/2020	10:00 AM	
1129	BUSINESS ADMINISTRATION - III	II	30/03/2020	10:00 AM	

**NOTE**

Students should ensure that details like Name, Photo, PRN, Subjects printed on Hall Ticket are correct. In case of any discrepancy, please immediately contact to College Exam Officer (CEO).

In Case College does not have Exam Center, please follow University Circulars.

In Case of any discrepancy between hall ticket & time table published on university website (<http://exam.cupimp.ac.in>), the timetable on website to be followed.

Last Attempt For this Course Valid Upto April-2021

11/9/20

Signature of Student

College Principal / Director

A.K.BILAL'S POONA COLLEGE OF ARTS, SCIENCE & COMMERCE

Principal / Director

Savitribai Phule Pune University



Pune

Hall Ticket For B.Com. (Rev.2013) Mar./Apr.-2020

SeatNo	PRN	CentreCode	CollegeCode	PUN Code
5970	1201808689	0069	0069	CAAP010210

Name : SHAIKH SAHIL SALIM

Mother : KAMRUNNISA

Centre : A.K.ISLAM'S POONA COLLEGE OF ARTS SCIENCE & COMMERCE



Sub Code	Subject Name	Type	Exam Date	Exam Time
3154	AUDITING & TAXATION (P)	P		
3424	BANKING & FINANCE - III (P)	P		
3422	BANKING & FINANCE - II (P)	P		
3113	BUSINESS REGULATORY FRAMEWORK	IE	21/03/2020	10.00 AM
3123	ADVANCED ACCOUNTING	IE	23/03/2020	10.00 AM
3133	INDIAN & GLOBAL ECONOMIC DEVELOPMENT	IE	24/03/2020	10.00 AM
3153	AUDITING & TAXATION	IE	26/03/2020	10.00 AM
3421	BANKING & FINANCE - II	IE	27/03/2020	10.00 AM
3423	BANKING & FINANCE - III	IE	30/03/2020	10.00 AM

NOTE:

Students should ensure that details like Name, Photo, PRN, Subjects printed on Hall Ticket are correct. In case of any discrepancy, please immediately contact to College Exam Officer (CEO).

In Case, College does not have Exam Center, please follow University Circular.

In Case of any discrepancy between hallticket & time table published on university website (<http://exam.unipune.ac.in>), the timetable on website to be followed.

Signature of Student

College Principal / Director

A.K.ISLAM'S POONA COLLEGE OF ARTS, SCIENCE & COMMERCE

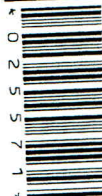
PRINCIPAL

V & M Anjum (Shaikh Islam's)  
Poona College of Arts, Science & Commerce, Camp, Pune-411001





Anjuman Khairul Islam's  
Poona College of Arts,  
Science & Commerce  
Camp, Pune-1.Ph :020-26454240



Original



S  
T  
U  
D  
E  
N  
T  
Year 2019-20

SHAIKH SAHIL SALIM

M.Id No: 25571

Class : T.Y.B.COM

Roll No: 3433

Div.A

♣ B+

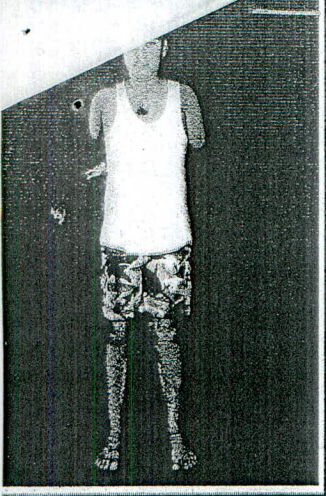
Address : NEAR AYYAPPA MANDIR,  
56 MAMTA SOCIETY,  
WADGAON SHERI

Cell : 9139459221  
DOB : 22/11/1997



Principal





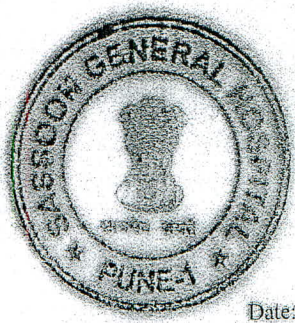
Government of Maharashtra

Form-II

Disability Certificate

(In case of amputation or complete permanent paralysis of limbs and in cases of blindness)

(See rule 4)



NAME OF THE HOSPITAL: *Sasoon Hospitals, Pune*  
(Maharashtra, India)

Certificate Number: *43757*

Date: *01/01/14*

This is to certify that I have carefully examined.

Person Identification Number: *PI52100065827*

Aadhar Number: *N/A*

Shri/Smt./Kum: *Shaikh Sahil Salim*

Father Name: Shri/Smt./Kum. *Salim Shaikh*

Date of Birth (dd/mm/yyyy): *22/11/1997*

Age: *16 years*

Gender: *Male*

Permanent Address:

House Address: *56, Mamta Society, Wadgaon Sheri.*

Village: *Pune*

Taluka: *Pune*

District: *Pune*

Pincode: *411014*

I am satisfied that:

(a) He/She is a case of: *Physical Impairment*

(b) The diagnosis in his/her case is *B/L AE AMPUTATION*

He/She has *100%* (in figure) *One Hundred* percentage (in words) Permanent in relation *Physical Impairment* to his/her *Bil. U/L* ( part of body ) as per guidelines ( to be specified )

2. Reassessment of disability not necessary

The applicant has submitted following documents as proof of residence:

*Aadhar Card*

(Signature and Seal of Authorised Signatory of notified Medical Authority)

*Dr. P.D. Deokate*  
**DR. PRAVIN B. DEOKATE**  
Regn. No. : *2006/02/1176*  
Senior Professor  
Member Orthopaedics  
S. G. H. Pune

*Dr. Vishwanath Kulkarni*  
*Dr. Nitin Hivale*  
R.M.O.  
Resident Medical Officer  
Member Secretary General Hospital  
Regn. No. : *2010/12/3361*

*Dr. D.G. Kulkarni*  
**Dr. D. G. Kulkarni**  
Medical Superintendent & Chairman (Patho)  
of Dis. Board  
President  
Sasoon General Hospital, Pune.  
Regn. No. : *48671*

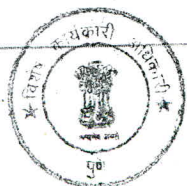
Signature/Thumb impression of the person whose favour disability certificate is issued

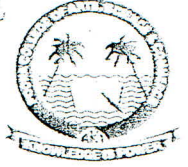
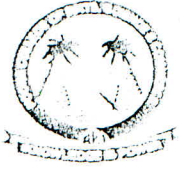
Note: This is not valid for Medico Legal cases.

*Shilpade*



म. म. सुनिता मरुती गलाड (पाटिल)  
राज्यमेडिकल  
पुणे महा-नगणलिका  
संथल एवजान-पुणे ऑफीसर



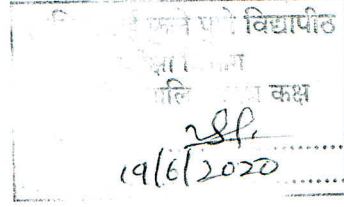


22

PC/E:EXAM/2019-20

Date: 19-Jun-2020

To,  
Deputy Registrar,  
Savitribai Phule Pune University,  
Pune 411007,



Subject: Regarding Additional Grace Marks to Handicap Student.

019

Respected Sir,

This is to request to kindly grant additional grace marks to physically handicap student.  
The details are as follow:

Course Name : B.A. (Rev.2013) Mar./Apr.-2020  
Student Name : BAGWAN SHAHEEDA BEGUM ALTAF HUSSAIN  
Mothers Name : MAHEJABEEN  
PRN. No. : 1181906216  
Eligibility No. : 12017276277  
Seat No. : 3382  
PUN Code : CAAP010210  
College Code : 0069

No.	Subject Code	Subject Details
1	3017	COMPULSORY ENGLISH
2	3147	ARABIC GEN.PAPER
3	3167	POLITICS GEN.PAPER
4	3168	POLITICS SPL.PAPER III
5	3169	POLITICS SPL.PAPER IV
6	3227	PSYCHOLOGY GEN.PAPER

I would like to request you to kindly do the needful and oblige.

Thanking you,

Yours faithfully,



PRINCIPAL  
Y & M Anjuman Khairul Islam's  
Poona College of Arts, Science &  
Commerce, Camp, Pune-411001



11-03-2019

To Principal  
Respected

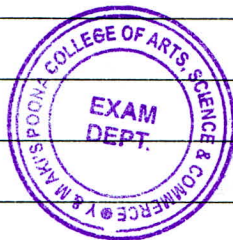
Sub: Handicap Exam Extra  
time Half hours

I am studying in Poona college  
My name is Khan Shahid Aman  
In T.Y.B.com Seat no: 6037 March  
Exam Sir PLZ accept my request  
we get extra time in exam about  
Half hour PLZ sir application on  
March Exam Extra time  
thank you

Wavy  
12.3.19.

S. 12

Your faithfully  
Student  
Khan Shahid Aman



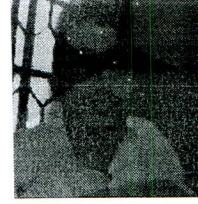
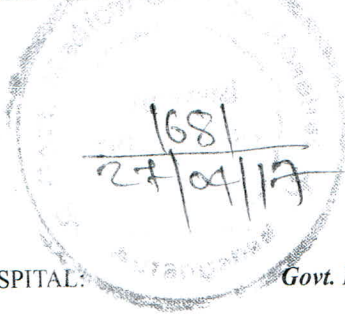
28

## Government of Maharashtra

Form-IV

## Disability Certificate

(In cases other than those mentioned in Forms II and III) (See rule 4)



NAME OF THE HOSPITAL: *Govt. Medical College Hospital, Aurangabad*  
(Maharashtra, India)

Certificate Number: 400468

Date: 27/04/2017

This is to certify that I have carefully examined.

Person Identification Number: *PI51500552038*Aadhar Number: *N/A*Shri/Smt./Kum: *KHAN SHAHED AMAN AFSANA*Father Name: Shri/Smt./Kum. *AMAN*

Date of Birth (dd/mm/yyyy):

Age: *20 years*Gender: *Male***Permanent Address:**House Address: *MANSOORI COLONY*Village: *Gangapur*Taluka: *Gangapur*District: *Aurangabad*Pincode: *N/A*

whose photograph is affixed above, and am satisfied that he / she is a case of **Physical Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
<b>Physical Impairment</b>	<i>Lt. U/L, Lt. L/L</i>	<b>Cerebral Palsy with left Hemiparesis</b>	<i>61</i>

1. The Above condition is **Permanent, non-progressive, not likely to improve**

2. Reassessment of disability

3. The applicant has submitted following documents as proof of residence: **Aadhar Card**4. The applicant has submitted following documents as proof of Identity: **Aadhar Card**

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Dr Sachin Meshram Balkhande

Dr Sidhant Gangaram Vaidya

Dr Sudhir Prabhakarrao Choudhari

Assistant Professor

R.M.O.

Medical Superintendent / President

Dept. of Medicine

Member Secretary

President

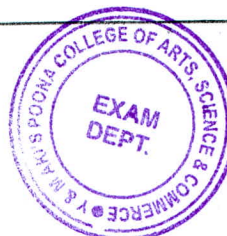
Medical College & Hospital  
Aurangabad  
Regn. No. : MMC/12-45506

Regn. No. : MMC-2016/11/4637

Regn. No. : MMC-62710

Signature/Thumb impression of the person whose favour disability certificate is issued

Note: This is not valid for Medico Legal cases.



Application for time extension in exams March 29  
2019 Seat NO: 2960 [S.Y.B.A]

To:

The Principal,  
Poona college of Arts Science & Commerce  
Camp Pune 411048.

Respected Sir,

I am Bagwan Shaheeda Alay-H student of your college, I am studying in Sy.BA and as you know our exams are starting from tomorrow 29.03.2019

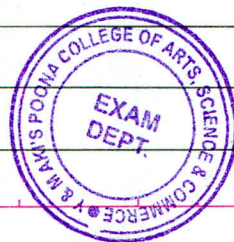
I am handicapped student from last eight (8) years as my left hand is totally workless. I was hospitalised in Boll due to brain Hemibridge & my left side body was affected.

Sir, my humble request to you to allowed me half an hour (30 minutes) extra time to write university exam.

Thanking you,

Exam Review for  
28/3/2019

Yours Faithfully  
Bagwan Shaheeda  
Alay-H.



33

### Savitribai Phule Pune University



(Formerly University of Pune)

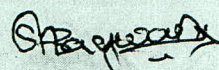
### HallTicket For B.A. (Rev.2013) Mar./Apr.-2019


SeatNo	PRN	CentreCode	CollegeCode	PUN Code
2960	1181906216	0069	0069	CAAP010210

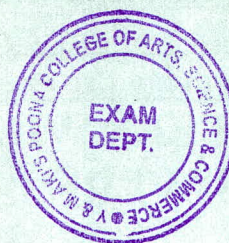


**Name :** BAGWAN SHAHEEDA BEGUM ALTAF HUSSAIN  
**Mother :** MAHEJABEEN  
**Centre :** A.K.ISLAM'S POONA COLLEGE OF ARTS,SCIENCE & COMMERCE

Sub Code	Subject Name	Type	Exam Date	Exam Time
2999	A COURSE IN ENVIRONMENTAL AWARENESS	G		
2017	COMPULSORY ENGLISH	IE	29/03/2019	10.00 AM
2168	POLITICS SPL. PAPER I	IE	30/03/2019	10.00 AM
2169	POLITICS SPL. PAPER II	IE	01/04/2019	10.00 AM
2147	ARABIC GEN. PAPER	IE	03/04/2019	10.00 AM
2167	POLITICS GEN. PAPER	IE	05/04/2019	10.00 AM
2227	PSYCHOLOGY GEN. PAPER	IE	10/04/2019	10.00 AM

  
 Signature of Student

  
 PRINCIPAL  
 College of Arts, Science & Commerce, Pune  
 A.K.ISLAM'S POONA COLLEGE OF ARTS, SCIENCE & COMMERCE



34

Government of Maharashtra  
Form-IV

**Disability Certificate**

(In cases other than those mentioned in Forms II and III) (See rule 4)



NAME OF THE HOSPITAL:

Sassoon Hospitals, Pune  
(Maharashtra, India)

Certificate Number: 380679

Date: 22/02/2017

This is to certify that I have carefully examined.

Person Identification Number: **PI52100525057**

Aadhar Number: N/A

Shri/Smt./Kum: **BAGWAN SHAHEDABEGAM ALTAFHUSSAIN MAHEJABEEN**

Father Name: Shri/Smt./Kum. **ALTAFHUSSAIN BAGWAN**

Date of Birth (dd/mm/yyyy): **1/5/1993**

Age: **23 years**

Gender: **Female**

**Permanent Address:**

House Address: **S.N.51, MITHA NAGAR, OPP. CHETNA PALACE KONDHIWA KH. YEWALEWADI.**

Village: **Pune**

Taluka: **Pune City**

District: **Pune**

Pincode: **411048**

whose photograph is affixed above, and am satisfied that he / she is a case of **Physical Impairment** disability. His / Her extent of percentage physical impairment / disability has been evaluated as per guidelines and is shown against the relevant disability in the table below :-

Disability	Affected part of Body	Diagnosis	Disability (in %)
<b>Physical Impairment</b>	<b>Lt. U/L, Lt. L/L</b>	<b>CORTICAL VENOUS SINUS THROMBOSIS -LEFT HEMIPARESIS</b>	<b>58</b>

1. The Above condition is **Permanent, non-progressive, not likely to improve**
2. Reassessment of disability
3. The applicant has submitted following documents as proof of residence: **Aadhar Card**
4. The applicant has submitted following documents as proof of Identity: **Aadhar Card**


(Signature and Seal of Authorised Signatory of notified Medical Authority)

  
Dr. Vijay Karanwad

Assistant Professor Medicine

Member

Regn. No. : 2016/05/1568

  
Dr. Snehal Kishor Wadekar

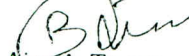
R.M.O.

Member Secretary

Regn. No. : 2016/05/0954

**Resident Medical Officer**

**Sassoon General Hospital**

  
Dr. Ajit A. Taware  
**Medical Superintendent,**  
**Sassoon General Hospital**  
Chairman Disability Board  
Pune - 411 001.  
President

Regn. No. : 2001/01/0298

Signature/Thumb impression of the person for whom the certificate is issued

Note: This is not valid for Medico Legal cases. **Pune - 01.**

Asstt. Professor of Medicine  
B. J. Govt. Medical College &  
Sassoon General Hospitals  
Pune 411 001

Application for time extension in exams

March 20, 2019

To Hon. Principal,  
Poona College of Arts, Science & Commerce  
Camp, Pune - 411001.

Respected Sir,

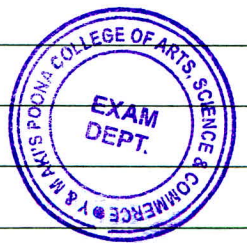
I am Sahil Sahin Shaikh student of your college, I am studying in SYB COM. And as you know our exams are starting from 20 March 2019.

I am handicapped student. 10 years ago I lost my both hands in an electric shock incident. But I did not become hopeless. I practised writing by leg and passed 10<sup>th</sup>, 12<sup>th</sup>, FY ~~std~~ examination in your college only.

Though I write with my legs, I myself request to give me time extension in the exams. So that I could complete my paper in time. I have also attached my handicap certificate to this application.

Yours sincerely,  
S.S. Shaikh

Exam  
20/3/2019





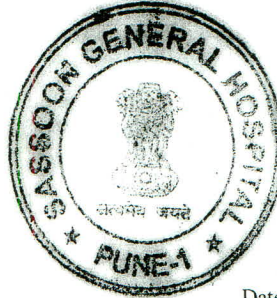
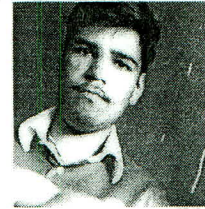
Government of Maharashtra

Form-II

Disability Certificate

(In case of amputation or complete permanent paralysis of limbs and in cases of blindness)

(See rule 4)



NAME OF THE HOSPITAL: *Sassoon Hospitals, Pune*  
(Maharashtra, India)

Certificate Number: 43757

Date: 01/01/14

This is to certify that I have carefully examined.

Person Identification Number: *PI52100065827*

Aadhar Number: N/A

Shri/Smt./Kum: *Shaikh Sahil Salim*

Father Name: Shri/Smt./Kum. *Salim Shaikh*

Date of Birth (dd/mm/yyyy): *22/11/1997*

Age: *16 years*

Gender: *Male*

Permanent Address:

House Address: *56, Mamta Society, Wadgaon Sheri.*

Village: *Pune*

Taluka: *Pune*

District: *Pune*

Pincode: *411014*

I am satisfied that:

(a) He/She is a case of: *Physical Impairment*

(b) The diagnosis in his/her case is *B/L AE AMPUTATION*

He/She has *100 %* (in figure) *One Hundred* percentage (in words) Permanent in relation *Physical Impairment* to his/her *Bil. U/L* ( part of body ) as per guidelines ( to be specified )

2. Reassessment of disability not necessary

The applicant has submitted following documents as proof of residence:

*Aadhar Card*

(Signature and Seal of Authorised Signatory of notified Medical Authority)

*Dr. P.D. Deokate*  
**DR. PRAVIN B. DEOKATE**  
Lecturer  
Reg. No. *2006/02/1176*  
**Assistant Professor**  
Orthopaedics  
S. G. H. Pune  
Regn. No. : *2006/02/1176*

*Dr. Vishwanath Kulkarni*  
*Dr. Nitin Hivale*  
R.M.O.  
**Resident Medical Officer**  
Sassoon General Hospital  
Pune  
Regn. No. : *2010/02/1176*

*Dr. D.G. Kulkarni*  
**Dr. D. G. Kulkarni**  
Medical Superintendent & Chairman, (Patho)  
of Dis. Board  
Sassoon General Hospital, Pune.  
Regn. No. : *48671*

Signature/Thumb impression of the person whose favour disability certificate is issued

Note: This is not valid for Medico Legal cases.

