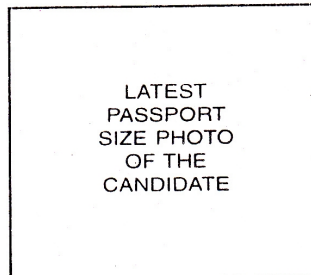


ANDHRA PRADESH OPEN SCHOOL SOCIETY, HYDERABAD.
APPLICATION FOR GRANT OF EXEMPTION AND CONCESSIONS TO BLIND, DEAF,
DEAF & DUMB AND PHYSICALLY HANDICAPPED CANDIDATES

(To be filled by candidate)

1. Name of the candidate :
2. Fathers name :
3. Name and address of Accredited Institution :
4. AI Code :
5. Admission No. :
6. Subjects opted with codes
Group SUBJECT CODE
- i A _____
- ii A _____
- iii B _____
- iv B _____
- v B _____
- vi C _____
7. Nature of disability :
8. Percentage of disability :
9. Whether original Medical Certificate along with Xerox copy enclosed :
10. Have you obtained any concession or exemption at SSC level? If so, furnish a copy of the order. :
11. In case of Deaf, Deaf & Dumb candidates; if they were exempted from any language subject, enclose SSC certificate Xerox copy. :
12. Mention the type of exemption / Concession required :
- a) _____
- b) _____
- c) _____
- d) _____
13. In case of Deaf, Deaf & Dumb candidates mention the Language under Group-A for which exemption is required :



Signature of the candidate

(To be filled by the District Education Officer)

I have personally verified and found that the candidate is Blind / Deaf / Deaf & Dumb / Physically Handicapped. The percentage of disability is..... %. Copy of Medical Certificate issued by the District Medical Board, the orders of concession granted at school level, SSC true copy are enclosed herewith. The concessions and exemptions applied for by the candidate may please be granted.

Signature of the District Education Officer

SUBMITTED TO THE DIRECTOR, APOSS HYDERABAD.