

Date: 24/04/23

**SCRIBE ACCEPTANCE LETTER**

To,

Mr/Mrs/Miss Yasi Anjum Md. Ramzan

Branch/Year/Class... Civil / 3E1

MMANTC

Sub.: Regarding Acceptance of scribe against your undertaking.

Dear Students,

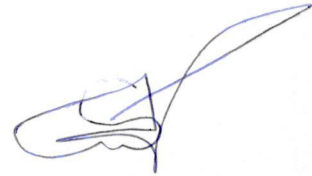
As per the above mentioned subject and under the SPPU (Maharashtra) guidelines. I Dr. Aqueel Ahmed Shah allowing you to use scribe as per your letter of undertaking received on Date 17/04/2023.

I do hereby declare that Mr/Miss/Mrs. Md. Taha Md. Ramzan can be a scribe for your exam. Best wishes for bright future ahead.

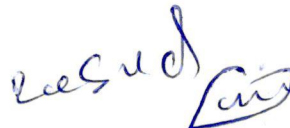
Regards,



**CEO**  
**Mr. Saud Mahevi**



**Principal**  
**PRINCIPAL**  
**MAULANA MUKHTAR AHMAD NADVI TECHNICAL CAMPUS**  
**"MANSOORA", MALEGAON, Dist. Nashik**



## LETTER OF UNDERTAKING FOR USING OWN SCRIBE

To,  
The Principal,  
MMANTC, Mansoor, a,  
Malegaon

I..... Vasi Anjum Mohammad Ramzan..... a candidate  
with Low Vision..... (name of the disability) appearing for  
the SPPU May - 2023..... (Name of the examination) bearing Roll  
No. 10..... at MMANTC..... (Name of the centre) in  
District Nashik....., Maharashtra (Name of the state).  
My qualification is Diploma Civil

I do hereby state that Md. Taha Md. Ramzan (Name of scribe)  
will provide the service of scribe/ reader/ writer for the undersigned for taking  
the aforesaid examination.

I do hereby undertake that his qualification is 12<sup>th</sup> Sci......  
In case, subsequently it is found that his qualification is not as declared by the  
undersigned and is beyond my qualification, I shall forfeit my right to the post  
and claims relating there to.

(Signature of the candidate with disability)

Place: Malegaon.  
Date: 17/04/2023.



**PRINCIPAL**  
MAULANA MUKHTAR AHMAD NADVI TECHNICAL  
CAMPUS MALEGAON Dis Nashik



Department of Empowerment of Persons with Disabilities,  
Ministry of Social Justice and Empowerment, Government of India

## Disability Certificate

Issuing Medical Authority, Nashik, Maharashtra



Certificate No.: MH2060720010189734

Date: 14/10/2021

This is to certify that I/we have carefully examined Shri **Vasianjum Mohammad Ramzan**, Son of Shri **Mohammad Ramzan**, Date of Birth **01/01/2001**, Age **20**, Male, Registration No. **2720/00000/2109/1776602**, resident of House No. **Ghar No.793/b18, Rasul Pura, Malegaon - 423203**, Sub District **Malegaon**, District **Nashik**, State / UT **Maharashtra**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Low Vision**

(B) The diagnosis in his case is **BE STARGARDTS DISEASE**

(C) He has **90%**(in figure) **Ninety** percent(in words) Permanent Disability in relation to his **BOTH EYE** as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPWD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

The applicant has submitted the following document(s) as proof of residence:

Nature of Document(s): Aadhaar card

*La*

Signature / Thumb Impression of the Person with Disability

*Anahale* *Jagdish* *Jaysh*

Signatory of notified Medical Authority Member(s)



*[Signature]*

PRINCIPAL

MAULANA MUKHTAR AHMAD NADVI TECHNICAL  
CAMPUS MALEGAON Dis Nashik

Issuing Medical Authority, Nashik, Maharashtra

*[Signature]*