# KET'S V.G.VAZE COLLEGE OF ARTS, SCIENCE & COMMERCE., MITHAGAR ROAD, MULUND (E), MUMBAI-400 081

01/04/2021

### **NOTICE**

#### XI -ARTS /SCIENCE / COMMERCE

#### **DIVYANG STUDENTS**

Students with learning disabilities or who are differently abled are required to download the attached form, fill the same & make a PDF of it along with relevant certificate issued by competent authorities. The said PDF file (Consisting of filled form & Certificate) should be mailed to divyang.vaze@gmail.com

Note that if they fail to do so, by Monday 05/04/2021 they will not be able claim any concessions.

ST. COLLEGE

Vice Principal
VICE PRINCIPAL
Junior College
V.G. Vaze College,
Mulund (E), MUMBAI-400 081

## KET'S V.G.VAZE COLLEGE OF ARTS,SC & COM, MULUND(E), MUMBAI-400 081.

Application form for Physically Challenged Student

|                                 |              | *           |               |           |             |
|---------------------------------|--------------|-------------|---------------|-----------|-------------|
| е <u>е</u> , — Е                |              |             |               |           | 8 e :       |
| 1) Name of the student :        |              |             |               |           |             |
|                                 | (Surname)    | First nam   | e Fath        | er's name |             |
| 2) Faculty : FYJC /SYJC :       | -            | Div         |               | Roll No.  |             |
| 4) Caste :                      |              | Control ID  | •             |           |             |
| 5) Contact Nos. : Student       | *            | Father      | P             | /lother   |             |
| 6) Type of Disability           |              |             |               |           | 10          |
| 97°                             |              | # D         |               | 22 g      |             |
| 7) Required facility :          | 3            |             |               |           |             |
| 3                               |              | w           |               |           |             |
| e v <sup>2</sup> v <sup>2</sup> | er a         | A V         |               |           |             |
| Date:                           |              |             |               |           |             |
|                                 |              |             | 1.40          |           |             |
| Signature of student            |              | S           | ignature of F | arent     |             |
| Note: Please attach the         | required Gov | ernment App | roved med     | dical cer | tificate to |
| this forms                      |              |             |               |           |             |