FORM-DYSLEXIC-2

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

Testimonial

	1 Commonium	
	Date:	
Name of the candidate: Date of Birth:		Passport size Photograph of the Candidate
Name and Address of the Sc	hool/College:	
		of
son adagner or	village/town passed his/her Class	
this school and as per records	s, availed concession under dyslex	
Signature with seal:		

^{*} A candidate passing Class XII or equivalent through 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.