

System Generated UID No.: _____ Entered By: _____

Note :

1. In column no. 1 to 14 details to be filled / ticked should match exactly with the one appearing in your Registration Card.
2. In column no. 15 fill details (as applicable).
3. Photograph to be pasted should not be more than 3 months old. Photograph & Signature should not exceed the box area.
4. Change of any details is not allowed. For modification in details please contact the Council.
5. Submission of copy of Registration Card whose details is mentioned above is mandatory.
6. **Get printed copy of your checklist from school and look at your details very carefully. Inform HM immediately if there is any mistake.**
7. **No correction will be allowed once exam form is submitted online.**
8. **The Registration number will be filled by the school / college itself from the checklist available on the portal.**

Seal & Signature of the Institution Head or Principal

****Divyang Category List :**

- | | |
|------------------------------------|---|
| 1. Hearing Impairment | 2. Cerebral Palsy |
| 3. Intellectual Disability | 4. Haemophilia |
| 5. Speech Disability | 6. Autism Spectrum Disorder |
| 7. Muscular Dystrophy | 8. Sickle Cell Disease |
| 9. Mental Illness | 10. Multiple Disability including Deaf, Blindness |
| 11. Chronic Neurological condition | 12. Acid Attack Victim |
| 13. Specific Learning Disability | 14. Leprosy cured person |
| 15. Multiple Sclerosis | 16. Parkinson's disease. |