

### 2.2.3 Percentage of differently abled Students (Divyangjan) on rolls 2013-2014

SL NO	YEAR	STUDENT NAME	COURSE	GENDER	TYPE OF DISABILITY
1	2013-2014	PRIYANKA MALLAPPA PATOLI	BA-HEP	FEMALE	Visually Challenged
2		TEJASHRI RAJASHEKHARMADDINMATH	BA-HEP	FEMALE	Visually Challenged
3		GOPALKRISHNA K M	BA-HEP	MALE	Visually Challenged
4		KIRAN S	BA-HEP	MALE	Visually Challenged
5		YOGARAJ PR	BA-HEP	MALE	Visually Challenged
6		SANGAPPA	BA-HEP	MALE	Visually Challenged
7		ASHOK R	BA-HEP	MALE	Visually Challenged
8		VEERENDRA MADDINAMATH	BA-HEP	MALE	Visually Challenged
9		MARUTHI K N	BA-HEP	MALE	Visually Challenged
10		AAKASH A CHAJJED	BA-HEP	MALE	Learning Disability
11		VIBHAV GIRI H S	BA-HEP	MALE	Learning Disability
12		FAREED AHMED	BBM	MALE	Learning Disability
13		APOORVA LINGAMBUDI RAO	BBM	FEMALE	Learning Disability
14		SHRAVANTHI ASHOK	BBM	FEMALE	Learning Disability
15		RUCHIKA BHANSALI	BCOM	FEMALE	Learning Disability
16		PRITHVI S	BCOM	MALE	Learning Disability
17		HUSSAIN A VAMIYAWALA	BCOM	MALE	Learning Disability
18		VISHAL H H	BCA	MALE	Learning Disability
19		SACHIN JADHAV	BCA	MALE	Physically Challenge

### 2.2.3 Percentage of differently abled Students (Divyangjan) on rolls 2014-2015

SL NO	YEAR	STUDENT NAME	COURSE	GENDER	TYPE OF DISABILITY
1	2014-2015	HEMAVATHI VEERABHADRAPPA JALIHA	BA-HEP	FEMALE	Visually Challenged
2		SAMRAH HANEEF KHAN	BA-HEP	FEMALE	Learning Disability
3		SANDEEP N	BA-HEP	MALE	Visually Challenged
4		PRIYANKA MALLAPPA PATOLI	BA-HEP	FEMALE	Visually Challenged
5		TEJASHRI RAJASHEKHARMADDINMATH	BA-HEP	FEMALE	Visually Challenged
6		ASHOK R	BA-HEP	MALE	Visually Challenged
7		VEERENDRA MADDINAMATH	BA-HEP	MALE	Visually Challenged
8		MARUTHI K N	BA-HEP	MALE	Visually Challenged
9		YOGARAJ P R	BA-HEP	MALE	Visually Challenged
10		SANGAPPA	BA-HEP	MALE	Visually Challenged
11		MANI M	BCOM	MALE	Visually Challenged
12		RUCHIKA BHANSALI	BCOM	FEMALE	Learning Disability

2.2.3 Percentage of differently abled Students (Divyangjan) on rolls 2015-2016

SL NO	YEAR	STUDENT NAME	COURSE	GENDER	TYPE OF DISABILITY
1	2015-2016	R SHASHANK	BA HEP	MALE	Visually Challenged
2		RAGHUNATH	BCOM	MALE	Visually Challenged
3		PRASHANTH	BCOM	MALE	Visually Challenged
4		GIRISH N	BA HEP	MALE	Visually Challenged
5		ROHAN BABA	BA HEP	MALE	Visually Challenged
6		MAKAN CHINDINI	BA HEP	FEMALE	Visually Challenged
7		RAKSHITH S ATHREYAS	BA-HTJ	MALE	Learning Disability
8		HEMAVATI VEERABHADRAPPA JALIHA	BA HEP	FEMALE	Visually Challenged
9		MANI M	BCOM	MALE	Visually Challenged
10		SANDEEP N	BA HEP	MALE	Visually Challenged
11		PRIYANKA MALLAPPA PATOLI	BA HEP	FEMALE	Visually Challenged
12		TEJASHRI RAJASHEKHARMADDINMATH	BA-HEP	FEMALE	Visually Challenged

**2.2.3 Percentage of differently abled Students (Divyangjan) on rolls 2016-2017**

SL NO	YEAR	STUDENT NAME	COURSE	GENDER	TYPE OF DISABILITY
1	2016-2017	BASAVARAJ	BA HEP	MALE	Visually Challenged
2		KOTRESH H K	BA HEP	MALE	Visually Challenged
3		KAVITHA D S	BA HEP	FEMALE	Visually Challenged
4		MANGALA N	BA HEP	FEMALE	Visually Challenged
5		R SHASHANK	BA HEP	MALE	Visually Challenged
6		GIRISH N	BA HEP	MALE	Visually Challenged
7		MAKAN CHINDINI	BA HEP	FEMALE	Visually Challenged
8		ROHAN BABA	BA HEP	MALE	Visually Challenged
9		HEMAVATI VEERABHADRAPPA JALIHA	BA HEP	FEMALE	Visually Challenged
10		SANDEEP N	BA HEP	MALE	Visually Challenged
11		KAVERI KUMAR	BA PSY	FEMALE	Learning Disability
12		P VIVEK	BA-HEP	MALE	Learning Disability
13		HARISH S SHET	BA-HEP	MALE	Learning Disability
14		RAKSHITH S ATHREYAS	BA-HTJ	MALE	Learning Disability
15		VINODH V	BCOM	MALE	Visually Challenged
16		RAGHUNATH	BCOM	MALE	Visually Challenged
17		PRASHANTH	BCOM	MALE	Visually Challenged
18		MANI M	BCOM	MALE	Visually Challenged
19		PAWAN KUMAR A	MCOM	MALE	Visually challenged

**2.2.3 Percentage of differently abled Students (Divyangjan) on rolls 2017-2018**

SL NO	YEAR	STUDENT NAME	COURSE	GENDER	TYPE OF DISABILITY
1	2017-2018	SANGEETHA S	BA HEP	FEMALE	Visually Challenged
2		AMOGH T C	BA HEP	MALE	Visually Challenged
3		SHIVA D	BA HEP	MALE	Visually Challenged
4		BASAVARAJ	BA HEP	MALE	Visually Challenged
5		KAVITHA D S	BA HEP	FEMALE	Visually Challenged
6		MANGALA N	BA HEP	FEMALE	Visually Challenged
7		R SHASHANK	BA HEP	MALE	Visually Challenged
8		ROHAN BABA	BA HEP	MALE	Visually Challenged
9		KAVERI KUMAR	BA PSY	FEMALE	Learning Disability
10		P VIVEK	BA-HEP	MALE	Learning Disability
11		HARISH S SHET	BA-HEP	MALE	Learning Disability
12		RAKSHITH S ATHREYAS	BA-HTJ	MALE	Learning Disability
13		VINODH V	BCOM	MALE	Visually Challenged
14		RAGHUNATH	BCOM	MALE	Visually Challenged
15		PRASHANTH	BCOM	MALE	Visually Challenged
16		PAWAN KUMAR A	MCOM	MALE	Visually Challenged

### 2.2.3.1 DIFFERENTLY ABLED STUDENTS LIST- 2013-2017

SL NO	YEAR	STUDENT NAME	COURSE	GENDER	TYPE OF DISABILITY	
1	2013-2014	PRIYANKA MALLAPPA PATOLI	BA-HEP	FEMALE	Visually Challenged	
2		TEJASHRI RAJASHEKHARMADDINMATH	BA-HEP	FEMALE	Visually Challenged	
3		GOPALKRISHNA K M	BA-HEP	MALE	Visually Challenged	
4		KIRAN S	BA-HEP	MALE	Visually Challenged	
5		YOGARAJ PR	BA-HEP	MALE	Visually Challenged	
6		SANGAPPA	BA-HEP	MALE	Visually Challenged	
7		ASHOK R	BA-HEP	MALE	Visually Challenged	
8		VEERENDRA MADDINAMATH	BA-HEP	MALE	Visually Challenged	
9		MARUTHI K N	BA-HEP	MALE	Visually Challenged	
10		AAKASH A CHAJJED	BA-HEP	MALE	Learning Disability	
11		VIBHAV GIRI H S	BA-HEP	MALE	Learning Disability	
12		FAREED AHMED	BBM	MALE	Learning Disability	
13		APOORVA LINGAMBUDI RAO	BBM	FEMALE	Learning Disability	
14		SHRAVANTHI ASHOK	BBM	FEMALE	Learning Disability	
15		RUCHIKA BHANSALI	BCOM	FEMALE	Learning Disability	
16		PRITHVI S	BCOM	MALE	Learning Disability	
17		HUSSAIN A VAMIYAWALA	BCOM	MALE	Learning Disability	
18		VISHAL H H	BCA	MALE	Learning Disability	
19		SACHIN JADHAV	BCA	MALE	Physically Challenge	
20	2014-2015	HEMAVATHI VEERABHADRAPPA IALIHA	BA-HEP	FEMALE	Visually Challenged	
21		SAMRAH HANEEF KHAN	BA-HEP	FEMALE	Learning Disability	
22		SANDEEP N	BA-HEP	MALE	Visually Challenged	
23		PRIYANKA MALLAPPA PATOLI	BA-HEP	FEMALE	Visually Challenged	
24		TEJASHRI RAJASHEKHARMADDINMATH	BA-HEP	FEMALE	Visually Challenged	
25		ASHOK R	BA-HEP	MALE	Visually Challenged	
26		VEERENDRA MADDINAMATH	BA-HEP	MALE	Visually Challenged	
27		MARUTHI K N	BA-HEP	MALE	Visually Challenged	
28		YOGARAJ P R	BA-HEP	MALE	Visually Challenged	
29		SANGAPPA	BA-HEP	MALE	Visually Challenged	
30		MANI M	BCOM	MALE	Visually Challenged	
31		RUCHIKA BHANSALI	BCOM	FEMALE	Learning Disability	
32		2015-2016	R SHASHANK	BA HEP	MALE	Visually Challenged
33			RAGHUNATH	BCOM	MALE	Visually Challenged

34		PRASHANTH	BCOM	MALE	Visually Challenged	
35		GIRISH N	BA HEP	MALE	Visually Challenged	
36		ROHAN BABA	BA HEP	MALE	Visually Challenged	
37		MAKAN CHINDINI	BA HEP	FEMALE	Visually Challenged	
38		RAKSHITH S ATHREYAS	BA-HTJ	MALE	Learning Disability	
39		HEMAVATI VEERABHADRAPPA JALUHA	BA HEP	FEMALE	Visually Challenged	
40		MANI M	BCOM	MALE	Visually Challenged	
41		SANDEEP N	BA HEP	MALE	Visually Challenged	
42		PRIYANKA MALLAPPA PATOLI	BA HEP	FEMALE	Visually Challenged	
43		TEJASHRI RAJASHEKHARMADDINMATH	BA-HEP	FEMALE	Visually Challenged	
44	2016-2017	BASAVARAJ	BA HEP	MALE	Visually Challenged	
45		KOTRESH H K	BA HEP	MALE	Visually Challenged	
46		KAVITHA D S	BA HEP	FEMALE	Visually Challenged	
47		MANGALA N	BA HEP	FEMALE	Visually Challenged	
48		R SHASHANK	BA HEP	MALE	Visually Challenged	
49		GIRISH N	BA HEP	MALE	Visually Challenged	
50		MAKAN CHINDINI	BA HEP	FEMALE	Visually Challenged	
51		ROHAN BABA	BA HEP	MALE	Visually Challenged	
52		HEMAVATI VEERABHADRAPPA JALUHA	BA HEP	FEMALE	Visually Challenged	
53		SANDEEP N	BA HEP	MALE	Visually Challenged	
54		KAVERI KUMAR	BA PSY	FEMALE	Learning Disability	
55		P VIVEK	BA-HEP	MALE	Learning Disability	
56		HARISH S SHET	BA-HEP	MALE	Learning Disability	
57		RAKSHITH S ATHREYAS	BA-HTJ	MALE	Learning Disability	
58		VINODH V	BCOM	MALE	Visually Challenged	
59		RAGHUNATH	BCOM	MALE	Visually Challenged	
60		PRASHANTH	BCOM	MALE	Visually Challenged	
61		MANI M	BCOM	MALE	Visually Challenged	
62		PAWAN KUMAR A	MCOM	MALE	Visually challenged	
63		2017-2018	SANGEETHA S	BA HEP	FEMALE	Visually Challenged
64			AMOGH T C	BA HEP	MALE	Visually Challenged
65			SHIVA D	BA HEP	MALE	Visually Challenged
66			BASAVARAJ	BA HEP	MALE	Visually Challenged
67			KAVITHA D S	BA HEP	FEMALE	Visually Challenged
68			MANGALA N	BA HEP	FEMALE	Visually Challenged

69	R SHASHANK	BA HEP	MALE	Visually Challenged
70	ROHAN BABA	BA HEP	MALE	Visually Challenged
71	KAVERI KUMAR	BA PSY	FEMALE	Learning Disability
72	P VIVEK	BA-HEP	MALE	Learning Disability
73	HARISH S SHET	BA-HEP	MALE	Learning Disability
74	RAKSHITH S ATHREYAS	BA-HTJ	MALE	Learning Disability
75	VINODH V	BCOM	MALE	Visually Challenged
76	RAGHUNATH	BCOM	MALE	Visually Challenged
77	PRASHANTH	BCOM	MALE	Visually Challenged
78	PAWAN KUMAR A	MCOM	MALE	Visually Challenged



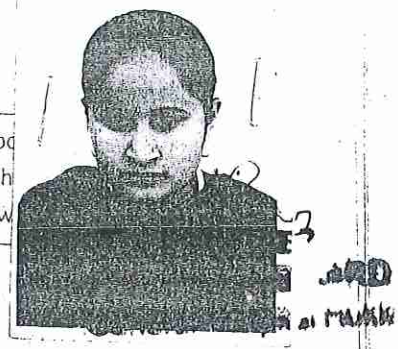
Disability Certificate

(In case of multiple disabilities)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

(See Rule 4)

Recent Pass portrait photograph (Showing the person with disability)



Certificate No 22/13 Date 18/12/14

This is to certify that we have carefully examined Shri/Smt/Kum  
Pr. Yanka M. Patil  
 Son/wife/daughter of Shri Malappa V. Patil Date of Birth  
01 10 1994 Age 19 Years, Male/Female

Registration No .....  
 Permanent resident of House No .....  
 Ward / Village / Street Thana hatargi Post Office Hukkari  
 District Belagavi State Karnataka

Whose Photograph is affixed above and are satisfied that

A) He / She is a Case of Multiple Disability His /Her extent of Permanent Physical Impairment / Disability has been evaluated as per guidelines (to be specified) for the disability ticked below and shown against the relevant disability in the table below.

Sl No	Disability	Affected part Of the body	Diagnosis	Permanent Physical Impairment Mental disability (in %)
01	Locomotors disability	@		
02	Low vision	#		
03	Blindness	Both Eyes	BE -	100%
04	Hearing impairment	X		
05	Mental Retardation	X		
06	Mental illness	X		



**BANGALORE UNIVERSITY**  
ADMISSION APPLICATION FORM 2013-2014



SURANA COLLEGE (KX)

**215241**

**GENERAL DETAILS**

CANDIDATE'S NAME  
PRIYANKA MALLAPPA PATOLI

CANDIDATE TYPE	SEX	DATE OF BIRTH
KARNATAKA	FEMALE	01/06/1993
MEDIUM	RELIGION	CASTE CATEGORY
ENGLISH	HINDU	GM
FATHER'S NAME	MOTHER'S NAME	GAURDIAN'S NAME
MALLAPPA	REKHA	NA

**CONTACT DETAILS**

POSTAL ADDRESS  
SAMARTHANAM TRUST FOR THE DISABLED, JP NAGAR, BANGALORE

PIN CODE	MOBILE	TELEPHONE(LANDLINE)	EMAIL ID
560078	9449864730	9844169378	

**PREVIOUS ACADEMIC DETAILS**

QUALIFICATION EXAM	MARKS OBTAINED	OUT OF	GRADE
PUC (KARNATAKA)	517	600	

**APPLYING DEGREE DETAILS**

DEGREE NAME	COURSE TYPE	DATE OF ADMISSION	FEES
B.A	A60	17/05/2013	738

**SUBJECT OPTED**

**LANGUAGES**

KANNADA  
ENGLISH

**SPECIALIZATION**

History, Economics, Political Science



ANNEXURE-2

STANDARD FORMAT OF THE CERTIFICATE

NAME & ADDRESS OF THE INSTITUTE /HOSPITALS,ISSUING CERTIFICATE

Certificate No...148.../ 368 68-09

Date ...12.12.08

CERTIFICATE OF THE PERSONS WITH DISABILITIES

This is Certified that Shri/smt/kum. Tejashri Rajshelchar Maddinamath

Son/wife/daughter of sri... Rajshelchar

Age... 13 yrs Old male/female. Registration No. 560 Is He/She is Physically disabled/visual

Disabled/speech & hearing Disabled and he... 100 % (hundred percent) permanent

(physically impairment/ visual impairment/speech & hearing Impairment) in relation to his/her

age

NOTE:-

- 1) This condition is progressive/non progressive/likely to improve.
- 2) Re- assessment is not recommended /is recommended after a period of ..... months/years \*

• strike out which is not applicable .

Nipal  
Sd/-

DOCTOR, ಶಿಬ್ಬರು

ಸಾರ್ವಜನಿಕ ಆಸ್ಪತ್ರೆ, ಜಮಖಂಡಿ.

Dr. D. D. D.  
Sd/-  
DOCTOR

ಶಿಬ್ಬ / ಹಿರಿಯ ವೈದ್ಯಾಧಿಕಾರಿಗಳು  
ಸಾರ್ವಜನಿಕ ಆಸ್ಪತ್ರೆ, ಜಮಖಂಡಿ.

Sd/-  
DOCTOR

Signature/Thumb impression  
Of the patient



Counter Signed by the  
Medical Superintendent/S.M.O./Head of  
Hospitals (With Seal)  
ಸಾರ್ವಜನಿಕ ಆಸ್ಪತ್ರೆ, ಜಮಖಂಡಿ.



**BANGALORE UNIVERSITY**  
ADMISSION APPLICATION FORM 2013-2014



SURANA COLLEGE (KX)

**215267**

**GENERAL DETAILS**

**CANDIDATE'S NAME**  
TEJASHRI RAJASHEKHAR MADDINMATH

<b>CANDIDATE TYPE</b>	<b>SEX</b>	<b>DATE OF BIRTH</b>
KARNATAKA	FEMALE	04/11/1995
<b>MEDIUM</b>	<b>RELIGION</b>	<b>CASTE CATEGORY</b>
ENGLISH	HINDU	OBC
<b>FATHER'S NAME</b>	<b>MOTHER'S NAME</b>	<b>GAURDIAN'S NAME</b>
RAJASHEKHAR	RAJESHWARI	NA

**CONTACT DETAILS**

**POSTAL ADDRESS**  
MAHALINGAPUR, BAGALKOT, MUDHOL

<b>PIN CODE</b>	<b>MOBILE</b>	<b>TELEPHONE(LANDLINE)</b>	<b>EMAIL ID</b>
587312	9448897475	8350270352	

**PREVIOUS ACADEMIC DETAILS**

QUALIFICATION EXAM	MARKS OBTAINED	OUT OF	GRADE
PUC (KARNATAKA)	529	600	

**APPLYING DEGREE DETAILS**

DEGREE NAME	COURSE TYPE	DATE OF ADMISSION	FEES
B.A	A60	20/05/2013	738

**SUBJECT OPTED**

**LANGUAGES**

KANNADA  
ENGLISH

**SPECIALIZATION**

History, Economics, Political Science





ಪ್ರಾಥಮಿಕ ಸರ್ಕಾರಿ

ಮಿಂಟೋ ಕಣ್ಣು ಸ್ಪೆಷಲಿಟಿ  
ಬೆಂಗಳೂರು - 560 002

ಸುವರ್ಣ ಕರ್ನಾಟಕ ವರ್ಷ 2006  
Government of Karnataka

REGIONAL INSTITUTE OF OPHTHALMOLOGY

ಪ್ರಾದೇಶಿಕ ನೇತ್ರ ಚಿಕಿತ್ಸಾ ಸಂಸ್ಥೆ, ಮಿಂಟೋ ಕಣ್ಣು ಸ್ಪೆಷಲಿಟಿ, ಬೆಂಗಳೂರು ಕಣ್ಣು ಸ್ಪೆಷಲಿಟಿ  
MINTO OPHTHALMIC HOSPITAL, BANGALORE



No. RIO/ 200

### BLIND CERTIFICATE

This is to Certify that Sri/Smt. Gopal Krishna

aged about 79 years with

O.P.D. No. 29039 is totally blind in both eyes.

Atypist RP

Signature: [Signature]

Designation : ಮಿಂಟೋ ಕಣ್ಣು ಸ್ಪೆಷಲಿಟಿ  
ಬೆಂಗಳೂರು - 560 002



# BANGALORE UNIVERSITY

## ADMISSION APPLICATION FORM 2011 - 2012

### 1. General Details

APPLICATION ID : 1287

#### CANDIDATE NAME

GOPALA KRISHNA K M

#### STUDENT TYPE

KARNATAKA

#### MEDIUM

ENGLISH

#### FATHERS NAME

MADHUSUDHAN

#### SEX

MALE

#### RELIGION

HINDU

#### MOTHERS NAME

SARVAMANGALA

#### Date Of Birth

12/08/1993

#### CASTE CATEGORY

2A

#### GAURDIANS NAME

MADHUSUDHAN



### 2. Contact Details

#### POSTAL ADDRESS

SAMRTHANAM TRUST FOR THE DISABLED, #11, VILLA SUCH

#### Pin Code

560078

#### MOBILE

9742970023

#### TELEPHONE

91-9742970023

### 3. Previous Academic Details

QUALIFICATION EXAM	MARKS OBTAINED	Out Of	Grade
P.U.C(KARNATAKA)	401	600	NA

### 4. Applying Course Details

COURSE NAME	COURSE TYPE	Semester
B.A	A40 - B.A REGULAR WITH OUT PRACTICAL	NA
DATE OF ADMISSION	FEES	
06/09/2011	610	

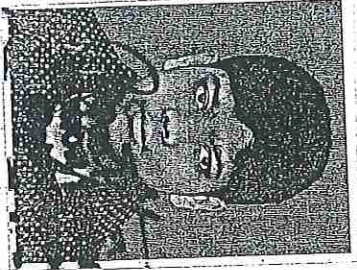
### 5. Subjects Chosen

#### PART I ( Languages )

KANNADA	KAN1S1
ENGLISH	ENG1S1

#### PART II ( Optional )

HISTORY	AH21S1
ECONOMICS	AE11S1
POLITICAL SCIENCE	AP31S1



ಮಿಂಟೋ ಕ್ವಿನ್ಟಿನ್ ಹಾಸಿಪಿಟಲ್  
Mintore Quincentine Hospital,  
Bangalore-560 002

ಆಲ್ಟಿಮೇಟ್  
200

ಸುಪರ್ದು ಕರ್ನಾಟಕ ವರ್ಷ 2006  
Government of Karnataka

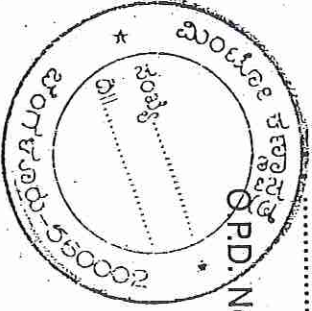
REGIONAL INSTITUTE OF OPHTHALMOLOGY  
ಪ್ರಾದೇಶಿಕ ನೇತ್ರ ಚಿಕಿತ್ಸಾ ಸಂಸ್ಥೆ, ಮಿಂಟೋ ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು  
MINTO OPHTHALMIC HOSPITAL, BANGALORE

**BLIND CERTIFICATE**

Date: 9/2/11

This is to Certify that Sri/Smt. S. Kiran

aged about 17 years with 100% visual acuity is totally blind in both eyes.



Signature: S. Kiran  
Designation: SENIOR SPECIALIST (Ophthalmology)  
Mintore Quincentine Hospital  
Bangalore-560 002

Signature: [Handwritten Signature]  
SURIANA COLLEGE  
SOUTH ENNER ROAD  
BANGALORE-4



**BANGALORE UNIVERSITY**  
ADMISSION APPLICATION FORM 2012-2013

**119506**

**GENERAL DETAILS**

**CANDIDATE'S NAME**

KIRAN S

**CANDIDATE TYPE**

SEX

DATE OF BIRTH

KARNATAKA

MALE

12/09/1993

MEDIUM

RELIGION

CASTE CATEGORY

ENGLISH

HINDU

OBC

FATHER'S NAME

MOTHER'S  
NAME

GAURDIAN'S NAME

LATE BUBRAMANYA B

ROOPA R

ROOPA R



**CONTACT DETAILS**

**POSTAL ADDRESS**

SAMARTHANAM TRUST FOR THE DISABLED, #11, VILLA SUCHITA, 17TH A MAIN, I CROSS,  
JP NAGAR, BANGALORE

PIN CODE

MOBILE

TELEPHONE(LANDLINE)

EMAIL ID

560078

9141017224

080-26592999

**PREVIOUS ACADEMIC DETAILS**

QUALIFICATION EXAM	MARKS OBTAINED	OUT OF	GRADE
PUC (KARNATAKA)	274	600	

**APPLYING DEGREE DETAILS**

DEGREE NAME	COURSE TYPE	DATE OF ADMISSION	FEES
B.A	A60	05/06/2012	671

**SUBJECT OPTED**

**LANGUAGES**

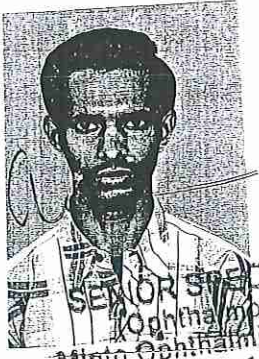
KANNADA

ENGLISH

**SPECIALIZATION**

History,Economics,Political Science

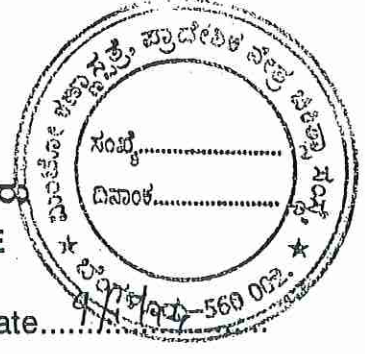




SENIOR SPECIALIST,  
(Ophthalmology)  
Minto Ophthalmic Hospital 200  
Regional Institute of Ophthalmology  
Bangalore-560 002

ಸುವರ್ಣ ಕರ್ನಾಟಕ ವರ್ಷ 2006  
Government of Karnataka

REGIONAL INSTITUTE OF OPHTHALMOLOGY  
ಪ್ರಾದೇಶಿಕ ನೇತ್ರ ಚಿಕಿತ್ಸಾ ಸಂಸ್ಥೆ, ಮಿಂಟೋ ಕಣ್ಣಾಸ್ಪತ್ರೆ, ಬೆಂಗಳೂರು  
MINTO OPHTHALMIC HOSPITAL, BANGALORE



Date.....

**BLIND CERTIFICATE**

This is to Certify that Sri/Smt. Yogaraj. P. R.  
aged about 26 years with  
O.P.D. No. 75268 is totally blind in both eyes.

BA - Retinal A. T. tube - a  
optic chiasm

J.A.  
Signature  
SENIOR SPECIALIST,  
(Ophthalmology)  
Minto Ophthalmic Hospital.  
Regional Institute of Ophthalmology  
Bangalore-560 002

(100%)



**BANGALORE UNIVERSITY**  
ADMISSION APPLICATION FORM 2012-2013

119546

**GENERAL DETAILS**

**CANDIDATE'S NAME**

YOGARAJ R

**CANDIDATE TYPE**

**SEX**

**DATE OF BIRTH**

KARNATAKA

MALE

05/07/1988

**MEDIUM**

**RELIGION**

**CASTE CATEGORY**

ENGLISH

HINDU

CAT 1

**FATHER'S NAME**

**MOTHER'S NAME**

**GAURDIAN'S NAME**

LATE RAMMOGAVEERA SEETHA

SEETHA

SEETHA



**CONTACT DETAILS**

**POSTAL ADDRESS**

SAMARTHANAM TRUST FOR THE DISABLED, #11, VILLA SUCHITA, 17TH A MAIN, I CROSS,  
JUP NAGAR 2ND PHASE, BANGALORE

**PIN CODE**

**MOBILE**

**TELEPHONE(LANDLINE)**

**EMAIL ID**

560078

9986181249

080-26592999

**PREVIOUS ACADEMIC DETAILS**

**QUALIFICATION EXAM**

**MARKS OBTAINED**

**OUT OF**

**GRADE**

PUC (KARNATAKA)

442

600

**APPLYING DEGREE DETAILS**

**DEGREE NAME**

**COURSE TYPE**

**DATE OF ADMISSION**

**FEES**

B.A

A60

05/06/2012

671

**SUBJECT OPTED**

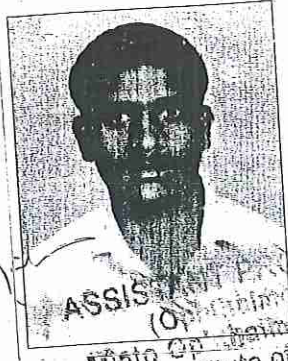
**LANGUAGES**

KANNADA

ENGLISH

**SPECIALIZATION**

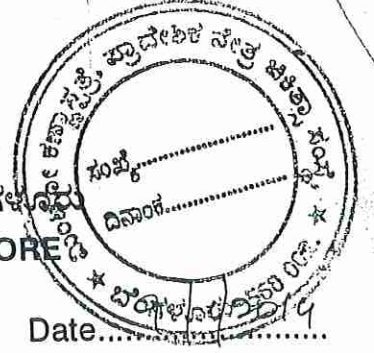
History, Economics, Political Science



ASSISTANT PROFESSOR  
(Ophthalmology)  
Minto Ophthalmic Hospital  
Regional Institute of Ophthalmology  
Bangalore-560 002

ಸುವರ್ಣ ಕರ್ನಾಟಕ ವರ್ಷ 2006  
Government of Karnataka

REGIONAL INSTITUTE OF OPHTHALMOLOGY  
ಪ್ರಾದೇಶಿಕ ನೇತ್ರ ಚಿಕಿತ್ಸಾ ಸಂಸ್ಥೆ, ಮಿಂಟೋ ಕಣ್ಣಾಸ್ಪತ್ರೆ, ಬೆಂಗಳೂರು  
MINTO OPHTHALMIC HOSPITAL, BANGALORE



Date.....

### BLIND CERTIFICATE

This is to Certify that Sri/Smt. Sangappa.....

aged about 26..... years with

O.P.D. No. 75293..... is totally blind in both eyes.

R.P.

Signature:

ASSISTANT PROFESSOR,  
(Ophthalmology)  
Minto Ophthalmic Hospital  
Regional Institute of Ophthalmology  
Bangalore-560 002



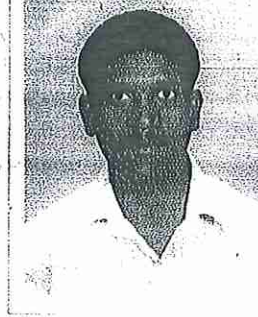
**BANGALORE UNIVERSITY**  
ADMISSION APPLICATION FORM 2012-2013

**119602**

**GENERAL DETAILS**

CANDIDATE'S NAME  
SANGAPPA OTHIGERE  
CANDIDATE TYPE:  REGULAR

KARNATAKA	MALE	DATE OF BIRTH
MEDIUM	RELIGION	CASTE CATEGORY
ENGLISH	HINDU	OBC
FATHER'S NAME	MOTHER'S NAME	GAURDIAN'S NAME
MALLAPPA OTHIGERE	GYANAMMA	NA



**CONTACT DETAILS**

**POSTAL ADDRESS**

SAMARTHANAM TRUST FOR THE DISABLED, #11, VILLA SUCHITA, 17TH A MAIN, I CROSS,  
JP NAGAR 2ND PHASE, BANGALORE

PIN CODE	MOBILE	TELEPHONE(LANDLINE)	EMAIL ID
560078	9986181249	080-26592999	

**PREVIOUS ACADEMIC DETAILS**

QUALIFICATION EXAM	MARKS OBTAINED	OUT OF	GRADE
PUC (KARNATAKA)	350	600	

**APPLYING DEGREE DETAILS**

DEGREE NAME	COURSE TYPE	DATE OF ADMISSION	FEES
B.A	A60	06/06/2012	671

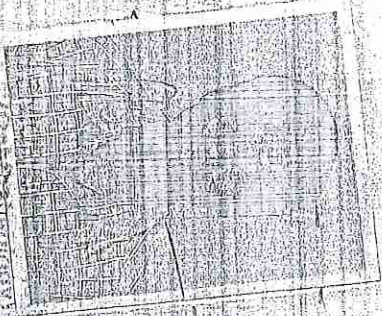
**SUBJECT OPTED**

**LANGUAGES**

KANNADA  
ENGLISH

**SPECIALIZATION**

History,Economics,Political Science



ಮುಖ್ಯ ಕಾರ್ಯದರ್ಶಿ ವರ್ಗ- 2005  
Government of Karnataka

REGIONAL INSTITUTE OF OPHTHALMOLOGY  
ಪ್ರಾಚೀಕ ನೆಡ್ರೆ ಚಿಕ್ಕಾ ಸಿಂಸ್ಸಿ ಮಿಂಟೋ ಕಣ್ಣಿನ ಕೆರೆ, ಬೆಂಗಳೂರು  
MINTO OPHTHALMIC HOSPITAL, BANGALORE

200



Date.....

**BLIND CERTIFICATE**

(Ophthalmology)  
Regional Institute of Ophthalmology  
Bangalore-560 002

This is to Certify that Sri/Smt. ....

*Asheek R*

aged about ..... years with

..... is totally blind in both eyes.  
O.P.D. No. .... (15/11/11)

*P. M. Chhabra*

*P. M. Chhabra*  
SIGNATURE SENIOR SPECIALIST,  
(Ophthalmology)  
Designating Officer, Ophthalmic Hospital  
Regional Institute of Ophthalmology  
Bangalore-560 002

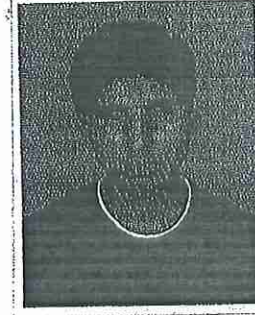


**BANGALORE UNIVERSITY**  
ADMISSION APPLICATION FORM 2012-2013

**119732**

**GENERAL DETAILS**

CANDIDATE'S NAME  
ASHOK R  
CANDIDATE TYPE      SEX      DATE OF BIRTH  
  
KARNATAKA      MALE      27/06/1994  
MEDIUM      RELIGION      CASTE CATEGORY  
ENGLISH      HINDU      OBC  
FATHER'S NAME      MOTHER'S NAME      GAURDIAN'S NAME  
RAMAKRISHNA      RAMAKKA      NA



**CONTACT DETAILS**

**POSTAL ADDRESS**

SAMARTHANAM TRUST FOR THE DISABLED, #11, VILLA SUCHITA, 17TH A MAIN, JP NAGAR,  
2ND PHASE BANGALORE

PIN CODE      MOBILE      TELEPHONE(LANDLINE)      EMAIL ID  
560078      8025721444      080-26592999

**PREVIOUS ACADEMIC DETAILS**

QUALIFICATION EXAM	MARKS OBTAINED	OUT OF	GRADE
PUC (KARNATAKA)	410	600	

**APPLYING DEGREE DETAILS**

DEGREE NAME	COURSE TYPE	DATE OF ADMISSION	FEES
B.A	A60	06/06/2012	671

**SUBJECT OPTED**

**LANGUAGES**

KANNADA  
ENGLISH

**SPECIALIZATION**

History, Economics, Political Science

ANNEXURE-2  
STANDARD FORMAT OF THE CERTIFICATE  
NAME & ADDRESS OF THE INSTITUTE /HOSPITALS,ISSUING CERTIFICATE  
Certificate No...149/369 108-09 Date...19/9/08

CERTIFICATE OF THE PERSONS WITH DISABILITIES

This is Certified that Shri/smt/kum... Veeendra Maddinmath  
Son/wife/daughter of sri... Rajshekhara  
Age... 21 yrs Old male/female. Registration No... 559 Is He/She is Physically disabled/visual  
Disabled/speech & hearing Disabled and he... 100 % (Hundred percent) permanent  
(physically impairment/ visual impairment/speech & hearing Impairment) in relation to his/her  
Age

NOTE:-


- 1) This condition is progressive/non progressive/likely to improve.
- 2) Re- assessment is not recommended /is recommended after a period of .....  
..... months/years \*

• strike out which is not applicable .

N. N. N.  
Sd/  
DOCTOR  
ಸಾರ್ವಜನಿಕ ಆಸ್ಪತ್ರೆ, ಜಮಖಂಡಿ.

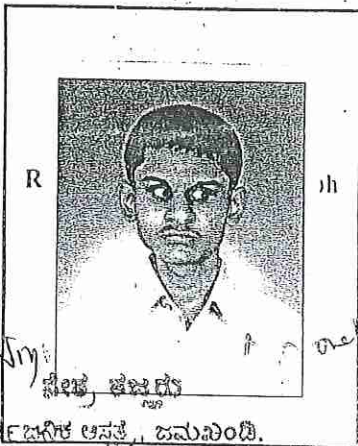
N. N. N.  
Sd/  
DOCTOR  
ಸಾರ್ವಜನಿಕ ಆಸ್ಪತ್ರೆ, ಜಮಖಂಡಿ.

Sd/-  
DOCTOR

  
Signature/Thumb impression  
Of the patient

Counter Signed by the  
Medical Superintendent/Head of  
Hospitals (With Seal)

N. N. N.  
ಪಟ್ಟಿ / ಹರಿಯ ವೈದ್ಯಾಧಿಕಾರಿಗಳು  
ಸಾರ್ವಜನಿಕ ಆಸ್ಪತ್ರೆ, ಜಮಖಂಡಿ.





**BANGALORE UNIVERSITY**  
ADMISSION APPLICATION FORM 2012-2013

**170888**

**GENERAL DETAILS**

CANDIDATE'S NAME  
VEERENDRA MADDINAMATH  
CANDIDATE TYPE SEX DATE OF BIRTH  
KARNATAKA MALE 21/04/1987  
MEDIUM RELIGION CASTE CATEGORY  
ENGLISH HINDU OBC  
FATHER'S NAME MOTHER'S NAME GAURDIAN'S NAME  
RAJASHEKHAR SHASHIKALA NA



**CONTACT DETAILS**

POSTAL ADDRESS  
#2425, WARD NO.10, BYALI ONI, MUDHOL TALUK, MAHALINGAPUR, BAGALKOT  
PIN CODE MOBILE TELEPHONE(LANDLINE) EMAIL ID  
587312 9481083394 08350270352

**PREVIOUS ACADEMIC DETAILS**

QUALIFICATION EXAM	MARKS OBTAINED	OUT OF	GRADE
PUC (KARNATAKA)	293	600	

**APPLYING DEGREE DETAILS**

DEGREE NAME	COURSE TYPE	DATE OF ADMISSION	FEES
B.A	A60	07/08/2012	971

**SUBJECT OPTED**

**LANGUAGES**

KANNADA  
ENGLISH

**SPECIALIZATION**

History,Economics,Political Science



# STANDARD FORMAT OF THE CERTIFICATE

Name & Address of the Institute / Hospital issuing the certificate

Certificate No. 7956

Date 23-09

## CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri / Smt. / Kum K. N. Manthri  
son / wife / daughter of Shri K. L. Nagaraj  
Age 18 old male / female, Registration No. 25454 is a case  
BT - Co-operativity & MxMC He/Sh  
Physically disabled / visual disabled / speech & hearing disabled and has 100 % (Hand  
percent) permanent (physical impairment/visual impairment / speech & hearing impairment) in relation  
his/her \_\_\_\_\_

Note :

This condition is progressive / non-progressive / likely to improve/not likely to improve.\*

Re-assessment is not recommended / is recommended after a period of \_\_\_\_\_ months / year

\* Strike out whichever is not applicable.

K. P. S. Anilalatha  
Dr. K. P. S. Anilalatha  
(Doctor)  
Ophthalmologist (NPRPD)  
Sanjay Gandhi Institute of Trauma  
& Orthopaedics, Bangalore -11  
KMC Reg No 25454

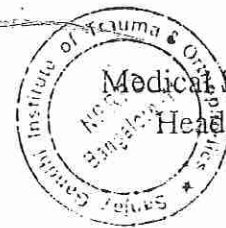
Sd/-  
(Doctor)  
Seal  
(Physician)

[Signature]  
DISSECTOR  
(Doctor)  
Sanjay Gandhi Institute of  
Trauma & Orthopaedics,  
Bangalore -11.  
(Chairman  
Medical Board)

[Signature]  
Signature / Thumb impression  
of the patient.



Sanjay Gandhi Institute of Trauma  
& Orthopaedics, Bangalore -11  
KMC Reg No 25454



Countersigned by  
Medical Superintendent / CM  
Head of Hospital (with seal)



**BANGALORE UNIVERSITY**  
ADMISSION APPLICATION FORM 2012-2013

120040

**GENERAL DETAILS**

CANDIDATE'S NAME  
MARUTHI K N  
CANDIDATE TYPE      SEX      DATE OF BIRTH  
KARNATAKA      MALE      02/03/1991  
MEDIUM      RELIGION      CASTE CATEGORY  
ENGLISH      HINDU      OBC  
FATHER'S NAME      MOTHER'S NAME      GAURDIAN'S NAME  
NAGARAJ K L      PARVATHAMMA      NA



**CONTACT DETAILS**

POSTAL ADDRESS  
NATIONAL FEDERATION FOR THE BLIND, #36, BSK III STAGE, HOSAKEREHALLI,  
BANGALORE  
PIN CODE      MOBILE      TELEPHONE(LANDLINE)      EMAIL ID  
560085      8095719183      7829369447

**PREVIOUS ACADEMIC DETAILS**

QUALIFICATION EXAM	MARKS OBTAINED	OUT OF	GRADE
PUC (KARNATAKA)	427	600	

**APPLYING DEGREE DETAILS**

DEGREE NAME	COURSE TYPE	DATE OF ADMISSION	FEES
B.A	A60	21/06/2012	671

**SUBJECT OPTED**

**LANGUAGES**

KANNADA  
ENGLISH

**SPECIALIZATION**

History,Economics,Political Science

463

BANGALORE



UNIVERSITY

NO:Aca-I/R2/ Lang.Exempt/VC/2011-2012 /2011-12

JNANABHARATHI  
BANGALORE-56  
DATE:23.07.2011

**ENDORSEMENT**

Sub:- Grant of exemption from studying Indian language at degree courses in respect of Deaf, Dumb and learning Disabled candidates .

- Ref:- 1. Representation from the candidate Aakash A Chajjed,  
Dated 01-07-2011  
2. Univ.Not.No. Aca-I/Suptd/Lang/Exempt/2004-2005,  
Dated 28<sup>th</sup> May 2004.

\*\*\*

Mr. Aakash A Chajjed, I B.A., student studying in Surana. College, Bangalore is hereby exempted from studying Indian language at his degree level as per University Notification dated 28<sup>th</sup> May 2004 as he has been declared as learning disability candidate by a Medical Certificate issued from Additional Professor ( National Institute of Mental Health and Neurosciences, Bangalore ).

Yours faithfully,

Draft approved by the Registrar.

*S. Shyamala*  
for ASST. REGISTRAR  
*BS*

- Copy to :-
1. The Principal, Surana Degree College, 16, South End Road, Bangalore -560 004.
  2. Candidate concerned.
  3. The Registrar(Evaluation) Bangalore University, Bangalore , for information.



# BANGALORE UNIVERSITY

## ADMISSION APPLICATION FORM 2011 - 2012

### 1. General Details

APPLICATION ID : 1251

**CANDIDATE NAME**

AAKASH A CHAJJED

**STUDENT TYPE**

KARNATAKA

**MEDIUM**

ENGLISH

**FATHERS NAME**

ASHOK KUMAR T S

**SEX**

MALE

**RELIGION**

HINDU

**MOTHERS NAME**

SUREKHA A CHAJJED

**Date Of Birth**

04/22/1991

**CASTE  
CATEGORY**

GM

**GAURDIANS  
NAME**

ASHOK KUMAR T  
S



### 2. Contact Details

**POSTAL ADDRESS**

FLAT NO A2, #20, ADARSH GARADI APRTS, NEW HIGH SCH

**Pin Code**

560004

**MOBILE**

9845254555, 41225258

**TELEPHONE**

080-26606198

### 3. Previous Academic Details

**QUALIFICATION EXAM**

P.U.C.(KARNATAKA)

**MARKS OBTAINED**

197

**Out Of**

500

**Grade**

NA

### 4. Applying Course Details

**COURSE NAME**

B.A

**COURSE TYPE**

A40 - B.A REGULAR  
WITH OUT PRACTICAL

**Semester**

NA

**DATE OF ADMISSION**

05/23/2011

**FEES**

610

### 5. Subjects Chosen

**PART I ( Languages )**

**EXEMPTION**

EXE

ENGLISH

ENG1S1

**PART II ( Optional )**

HISTORY

AH21S1

ECONOMICS

AE11S1

POLITICAL SCIENCE

AP31S1

1375



BANGALORE UNIVERSITY

No.ACA-I/R6/B.A/Lang/Exempt /2010-11

Jnanabharathi,  
Bangalore-560056  
Dated: 09-11-2010

To,

The Principal  
Surana College,  
South End Road, Bangalore – 560 004

Sir,

Sub: Grant of Exemption from studying Indian Language under  
part-I of I year B.A Degree Course during 2010-2011.

Ref:- Your letter dated : 16/8/2010

\*\*\*

With reference to subject cited above, it is hereby informed you that  
Mr. Vibhav-giri H.S, a I Year B.A student of your college is granted  
exemption from studying Indian Language of I Year B.A degree course during  
2010-2011. Considering his dis-ability, as per University Notification No. Aca-  
I/Supt/lang/exempt/2004-2005 dated : 28-5-2004. However he is informed to  
appear and pass the English language under part-I of B.A degree course  
prescribed by the Bangalore University.

Yours faithfully

REGISTRAR

- Copy to: 1. Candidate.Concerned,  
2. The Registrar (Eva)BUB for information  
3. O/C.,

BANGALORE UNIVERSITY  
20-11-10  
878

Handwritten notes at the bottom left corner:  
- 1375  
- 1375  
- records -  
- Office to process





**BANGALORE UNIVERSITY**

No ACA I /R6/B.Com,B.B.M/Lang.Exempt/ 2010-2011

Jnanabharathi,  
Bangalore -560 056  
Dated: - 13/8/2010

To  
The Principal,  
Surana College,  
# 16, South End Road,  
Bangalore -560 004.

Respected Sir,

Sub:- Grant of exemption from studying Indian Language under Part-I at their degree course during 2010-2011.

Ref:- Your Letter Dated 21/7/2010.

\*\*\*

With reference to the subject cited above, the following students of your college are hereby granted exemption for studying Indian language under part-I at B.Com., and B.B.M. degree course during 2010-2011 considering their disability on medical grounds, as per University Notification No. Aca-I/Suptd/Lang.Exempt/2004-2005 dated 28/05/2004. However they are informed to appear and pass the English Language under part-I at their B.Com., and B.B.M. degree course prescribed by the Bangalore University.

<u>Name of the candidate</u>	<u>Course</u>
1. APOORVA LINGAMBUDI RAO	I Sem B.B.M
2. SHRAVANTHI ASHOK	I Sem B.B.M.
3. FAREED AHMER	I SEM B.B.M.
4. Hussaina Vamiyawala	I Sem B.Com.,

Draft approved by the Registrar.

- Copy to:- 1) The candidate's concerned  
2) The Registrar(Evaluation) B.U.B  
for information.

Yours faithfully

*[Signature]*  
**ASST.REGISTRAR**









BANGALORE UNIVERSITY

No ACA I /R6/B.Com,B.B.M/Lang.Exempt/ 2010-2011

Jnanabharathi,  
Bangalore -560 056  
Dated: - 13/8/2010

To  
The Principal,  
Surana College,  
# 16, South End Road,  
Bangalore -560 004.

Respected Sir,

Sub:- Grant of exemption from studying Indian Language under Part-I at their degree course during 2010-2011.

Ref:- Your Letter Dated 21/7/2010.

\*\*\*

With reference to the subject cited above, the following students of your college are hereby granted exemption for studying Indian language under part-I at B.Com., and B.B.M. degree course during 2010-2011 considering their disability on medical grounds, as per University Notification No. Aca-I/Suptd/Lang.Exempt/2004-2005 dated 28/05/2004. However they are informed to appear and pass the English Language under part-I at their B.Com., and B.B.M. degree course prescribed by the Bangalore University.

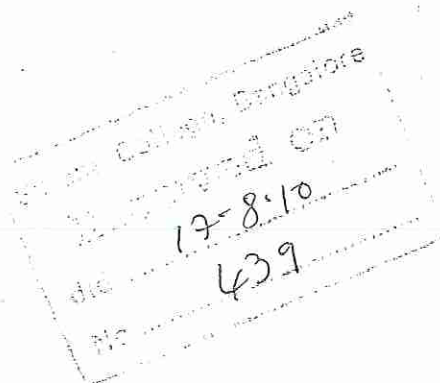
<u>Name of the candidate</u>	<u>Course</u>
1. APOORVA LINGAMBUDI RAO	I Sem B.B.M
2. SHRAVANTHI ASHOK	I Sem B.B.M.
3. FAREED AHMER	I SEM B.B.M.
4. Hussaina Vamiyawala	I Sem B.Com.,

Draft approved by the Registrar.

Copy to:- 1) The candidate's concerned  
2) The Registrar(Evaluation) B.U.B  
for information.

Yours faithfully

  
ASST.REGISTRAR



# BANGALORE UNIVERSITY

Jnana Bharathi, Bangalore : 560 056  
Admission Application form 2010 - 2011

**INSTRUCTIONS :**

1. Read the instructions before filling the form.
2. Use BLACK BALL POINT PEN only for filling this form.
3. Name should be as in the P.U.C / +2 , Marks Card.
4. Please shade the Bubbles : ●

**OMR APPLICATION NUMBER**

**131262**



Course	1. Candidate's Name (in CAPITAL Letter only)																									2. College Code
	A P O O R V A L I N G A M B U D I R A O																									
BA	[Bubble grid for BA course]																									A (A)
B.Sc	[Bubble grid for B.Sc course]																									B (B)
B.Com	[Bubble grid for B.Com course]																									C (C)
BBM	[Bubble grid for BBM course]																									D (D)
BHM	[Bubble grid for BHM course]																									E (E)
BCA	[Bubble grid for BCA course]																									F (F)

3. Student Type		4. Qualified Examination		5. Date of Birth			6. Sex		9. Caste Category	
1. Karnataka		1. P.U.C (Karnataka)		Day: 20	Month: 07	Year: 1991	1. Male		SC	
2. Non Karnataka		2. CBSE		0	0	0	2. Female		ST	
3. NRI Indian Student Passed from other Country		3. ICSE		1	1	1	7. Medium		CAT - 1	
4. Foreign Student		4. JODC		2	2	2	1. Kannada		2A	
		5. 3rd year Diploma Course		3	3	3	2. English		2B	
		6. Others		4	4	4	8. Religion		3A	
				5	5	5	1. Hindu		3B	
				6	6	6	2. Muslim		GM	
				7	7	7	3. Christian			
				8	8	8	4. Others			
				9	9	9				

**10. Full Postal Address (in BLOCK letters only)**

# 63/2 RAGHAVENDRA COLONY,  
CHAMARAPET 5<sup>th</sup> MAIN  
BANGALORE

Pin Code: 560018

**11. PHOTOGRAPH**



Telephone Details: RESIDENCE STD CODE 080 26603200

MOBILE 9986262145

CANDIDATE LEFT THUMB IMPRESSION



Apoorva Rao

Candidate's Signature



BANGALORE UNIVERSITY

No ACA I /R6/B.Com,B.B.M/Lang.Exempt/ 2010-2011

Jnanabharathi,  
Bangalore -560 056  
Dated: - 13/8/2010

To  
The Principal,  
Surana College,  
# 16, South End Road,  
Bangalore -560 004.

Respected Sir,

Sub:- Grant of exemption from studying Indian Language under Part-I at their degree course during 2010-2011.

Ref:- Your Letter Dated 21/7/2010.

\*\*\*

With reference to the subject cited above, the following students of your college are hereby granted exemption for studying Indian language under part-I at B.Com., and B.B.M. degree course during 2010-2011 considering their disability on medical grounds, as per University Notification No. Aca-I/Suptd/Lang.Exempt/2004-2005 dated 28/05/2004. However they are informed to appear and pass the English Language under part-I at their B.Com., and B.B.M. degree course prescribed by the Bangalore University.

<u>Name of the candidate</u>	<u>Course</u>
1. APOORVA LINGAMBUDI RAO	I Sem B.B.M
2. SHRAVANTHI ASHOK	I Sem B.B.M.
3. FAREED AHMER	I SEM B.B.M.
4. Hussaina Vamiyawala	I Sem B.Com.,

Draft approved by the Registrar.

Copy to:- 1) The candidate's concerned  
2) The Registrar(Evaluation) B.U.B  
for information.

Yours faithfully

  
ASST.REGISTRAR

Bangalore University, Bangalore  
Registered on  
17-8-10  
439



678

BANGALORE



UNIVERSITY

No:Aca-I/R2/ Lang.Exemptn/BCom/2012-2013

JNANABHARATHI,  
BANGALORE-56,  
DATE: 23.07.2012.

**ENDORSEMENT**

Sub:- Grant of exemption from studying Indian language at Degree courses in respect of Deaf, Dumb and learning disabled candidates.

Ref:- Representation from the student's parent forwarded by the Principal, Surana College, Bangalore, dated 20.7.2012.

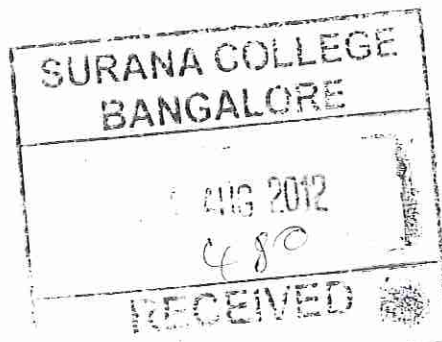
\*\*\*\*


Ms. Ruchika Bhansali, I BCom student studying in Surana College, Bangalore is hereby exempted from studying Indian language in her degree level as per University Notification No: Aca-I/Lang Exemption/Suptd/2004-05 dated 28<sup>th</sup> May 2004 as she has been declared as learning disability candidate by the doctor.

Kindly acknowledge receipt of the same.

  
REGISTRAR 30/7/12

- Copy to :-
1. The Principal, Surana College, 16, South End Road, Bangalore-560 004.
  2. The Candidate concerned.
  3. The Registrar (Evaluation) Bangalore University, Bangalore, for information.



Thru A.O.  
Office processing  
  
07/8/12



**BANGALORE UNIVERSITY**  
ADMISSION APPLICATION FORM 2012-2013

124324

**GENERAL DETAILS**

CANDIDATE'S NAME  
RUCHIKA BHANSALI  
CANDIDATE TYPE / SEX  
KARNATAKA FEMALE  
MEDIUM RELIGION  
ENGLISH OTHERS  
FATHER'S NAME MOTHER'S NAME  
RAJENDRA KUMAR BHANSALI BABITA BHANSALI  
DATE OF BIRTH  
06/01/1993  
CASTE CATEGORY  
GM  
GAURDIAN'S NAME  
NA



**CONTACT DETAILS**

POSTAL ADDRESS  
# 43/120, FLAT NO. 103/002, BHANSALINIKETAN, 5TH MAIN, 6TH CROSS, CHAMARAJPET,  
BANGALORE.  
PIN CODE MOBILE TELEPHONE(LANDLINE) EMAIL ID  
560018 7760487232 26602922

**PREVIOUS ACADEMIC DETAILS**

QUALIFICATION EXAM	MARKS OBTAINED	OUT OF	GRADE
PUC (KARNATAKA)	188	600	

**APPLYING DEGREE DETAILS**

DEGREE NAME	COURSE TYPE	DATE OF ADMISSION	FEES
B.Com	C21	30/05/2012	671

**SUBJECT OPTED**

**LANGUAGES**

HINDI  
ENGLISH

**SPECIALIZATION**

METHOD AND TECHNIQUES FOR BUSINESS DECISIONS

752



BANGALORE

UNIVERSITY

No.Aca-I/R2 /Lang Exemp/VC/2011-12

Jnanabharathi,  
Bangalore-56  
Dt.01.08.2011.

ENDORSEMENT

Sub: Grant of exemption from studying one Indian Language at Degree courses in respect Of Deaf, Dumb & Learning Disabled candidates

Ref: 1) Representation from the candidate Prithvi S, Dtd: 08.07.11

2) Univ Notif No: Aca I/Suptd/Lang Exemp/2004-05, Dtd: 28.05.04

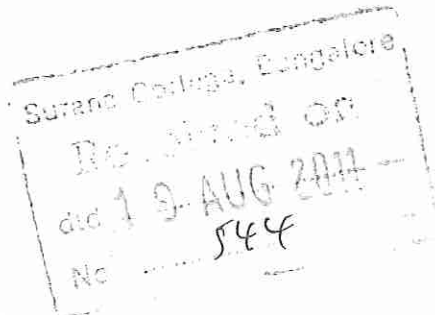
Ms. Prithvi S, B.Com student studying in Surana College, Bangalore is hereby exempted from studying Indian language at his Degree level as per University Notification Dtd: 28.05.04 as he has been declared as Learning Disability Candidate by a Medical Certificate issued by Consultant Clinical Psychologist (NIMHANS).

Yours Faithfully,

T. R. Subhara  
REGISTRAR. 3.8.11  
6/5  
Te

Copy to: 1. The Principal, Surana College,  
#16, South-End Road, B'lore-04

2. The Registrar(Evaluation),  
Bangalore University,  
Bangalore., for information.



Priority

Admin info:-

for Office Records

de  
20/8/11



# BANGALORE UNIVERSITY

## ADMISSION APPLICATION FORM 2011 - 2012

### 1. General Details

APPLICATION ID : 1985

#### CANDIDATE NAME

PRITHVI S

#### STUDENT TYPE

KARNATAKA

#### MEDIUM

ENGLISH

#### FATHERS NAME

SADANAD L

#### SEX

MALE

#### RELIGION

HINDU

#### MOTHERS NAME

HEMA MALINI

#### Date Of Birth

05/20/1992

#### CASTE CATEGORY

GM

#### GAURDIANS NAME

SADANAD L



### 2. Contact Details

#### POSTAL ADDRESS

#414, 8TH B MAIN, 4TH BLOCK, JAYANAGAR, BANGALORE

#### Pin Code

560011

#### MOBILE

9448469318

#### TELEPHONE

080-26543118

### 3. Previous Academic Details

#### QUALIFICATION EXAM

P.U.C(KARNATAKA)

#### MARKS OBTAINED

234

#### Out Of

600

#### Grade

NA

### 4. Applying Course Details

#### COURSE NAME

B.COM

#### COURSE TYPE

B.COM REGULAR

#### Semester

NA

#### DATE OF ADMISSION

05/20/2011

#### FEES

610

### 5. Subjects Chosen

#### PART I ( Languages )

EXEMPTION

EXE

ENGLISH

ENG1S1

#### PART II ( Optional )

FINANCIAL ACCOUNTING

CC1S11

PRINCIPLE OF MANAGEMENT

CC1S12

BUSINESS ECONOMICS

CC1S13

BUSINESS MATHEMATICS

CC1S14





BANGALORE UNIVERSITY

No ACA I /R6/B.Com,B.B.M/Lang.Exempt/ 2010-2011

Jnanabharathi,  
Bangalore -560 056  
Dated: - 13/8/2010

To  
The Principal,  
Surana College,  
# 16, South End Road,  
Bangalore -560 004.

Respected Sir,

Sub:- Grant of exemption from studying Indian Language under Part-I at their degree course during 2010-2011.

Ref:- Your Letter Dated 21/7/2010.

\*\*\*

With reference to the subject cited above, the following students of your college are hereby granted exemption for studying Indian language under part-I at B.Com., and B.B.M. degree course during 2010-2011 considering their disability on medical grounds, as per University Notification No. Aca-I/Suptd/Lang.Exempt/2004-2005 dated 28/05/2004. However they are informed to appear and pass the English Language under part-I at their B.Com., and B.B.M. degree course prescribed by the Bangalore University.

<u>Name of the candidate</u>	<u>Course</u>
1. APOORVA LINGAMBUDI RAO	I Sem B.B.M
2. SHRAVANTHI ASHOK	I Sem B.B.M.
3. FAREED AHMER	I SEM B.B.M.
4. Hussaina Vamiyawala	I Sem B.Com.,

Draft approved by the Registrar.

Copy to:- 1) The candidate's concerned  
2) The Registrar(Evaluation) B.U.B  
for information.

Yours faithfully

  
ASST.REGISTRAR





STANDARD FORMAT OF THE CERTIFICATE

Name & Address of the Institute/Hospital issuing the certificate

Certificate No. 11249

Date: 12/3/10

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt./Kum. VISHAL H.H.

son/wife/daughter of Shri HANSH H.S.

Age 15 yr old male/female, Registration No. 25454 is a case of

BB - pale of the disk Uu-RE 6/18p LB-6/60 He/She is

physically disabled/visual disabled/speech & hearing disabled and has Forty % (40 +

percent) permanent (physical impairment/visual impairment/speech & hearing impairment) in relation to his/her

scribe is required to show in reading & writing. write the exam. MR + 55. Near vision - Ng Dmt

Note:

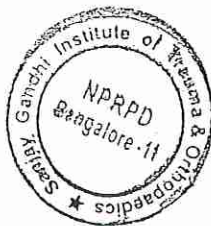
1. This condition is progressive /non-progressive/likely to improve/not likely to improve.\*
2. Re-assessment is not recommended/is recommended after a period of one months/years.\*

\*Strike out which is not applicable.

K. K. Premalatha  
 Sd/-  
 Doctor  
 Ophthalmologist (NRPD)  
 Sanjay Gandhi Institute of Trauma  
 & Orthopaedics, Bangalore -11  
 MC Reg No -25454

Sd/-  
 (Doctor)  
 Seal  
 (Physician)

[Signature]  
 Sd/-  
 DIRECTOR  
 (Doctor)  
 Sanjay Gandhi Institute of  
 Trauma & Orthopaedics,  
 Bangalore -11  
 Medical Board)



vishal.

Signature/Thumb impression  
Of the patient.



[Signature]  
 Sd/-  
 (NRPD)  
 Sanjay Gandhi Institute of Trauma  
 & Orthopaedics, Bangalore -11  
 MC Reg No -25454

[Signature]

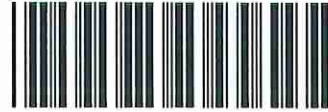
Countersigned by the  
Medical Superintendent/CMO/  
Head of Hospital (with seal)

ATTENDED THIS COPY  
 SHRIDOGA SUBBANNA  
 ADVOCATE & NOTARY  
 "SRI GANESH"  
 3082, 1st Stage  
 Banashankari Second Stage  
 BANGALORE-560 070





**BANGALORE UNIVERSITY**  
ADMISSION APPLICATION FORM 2013-2014



SURANA COLLEGE (KX)

**223384**

**GENERAL DETAILS**

**CANDIDATE'S NAME**

VISHAL H H

**CANDIDATE TYPE**

NON KARNATAKA

**SEX**

MALE

**DATE OF BIRTH**

25/07/1994

**MEDIUM**

ENGLISH

**RELIGION**

HINDU

**CASTE CATEGORY**

GM

**FATHER'S NAME**

HARISH H S

**MOTHER'S NAME**

NANITHA HARISH NA

**GAURDIAN'S NAME**

**CONTACT DETAILS**

**POSTAL ADDRESS**

#44/2, II MAIN, TATA SILK FARM, BASAVANAGUDI, BANGALORE

**PIN CODE**

560004

**MOBILE**

9448491101

**TELEPHONE(LANDLINE)**

08026763000

**EMAIL ID**

hmvishak@gmail.com

**PREVIOUS ACADEMIC DETAILS**

**QUALIFICATION EXAM**

OTHERS

**MARKS OBTAINED**

321

**OUT OF**

500

**GRADE**

**APPLYING DEGREE DETAILS**

**DEGREE NAME**

B.C.A

**COURSE TYPE**

SB6

**DATE OF ADMISSION**

15/06/2013

**FEES**

6655

**SUBJECT OPTED**

**LANGUAGES**

ADDITIONAL ENGLISH

ENGLISH

**SPECIALIZATION**

BCA



Please Affix the Photo with in the Box.

ANNEXURE - II  
STANDARD FORMAT OF THE CERTIFICATE  
NAME & ADDRESS OF THE INSTITUTE/HOSPITAL, ISSUING CERTIFICATE

Certificate No. 283

Date: 29/8/2011

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt/Kum Sachin Tachar  
Son/Wife/Daughter of Shri N. Raghunath Rao Age 18 years Old male/  
female, Registration No. 613089 is in a case of muscular dystrophy affecting limbs/trunk  
affecting both upper (upper limbs and trunk) He/she/ is physically disabled/visual disabled/speech  
& hearing disabled and he/her 50 Per cent) Permanent (physical  
Impairment/Visual Impairment/speech & hearing Impairment) in relation to  
his/her limbs

The condition is progressive for rehabilitation

Note:-

- This condition is progressive / non progressive / likely to improve. not
- Re-assessment if not recommended / is recommended after a period of .....  
Month / Years.

Strike out which is not applicable.

Sd/-  
Doctor  
(seal)

Sachin Tachar

Signature / Thumb impression  
Of the patient



Sd/-  
Doctor  
(seal)

Sd/-  
Doctor  
(seal)

Superintendent  
General Hospital,  
Countersigned by the  
Medical Superintendent/CMO/Head of  
Hospital (with seal).

S. Prabhakar  
(DR/T.S. Prabhakar)  
22082/KMC.  
MEMBER  
ORTHOPEDIC  
MEDICAL BOARD EXAMINATION  
GENERAL HOSPITAL JAYANAGARA  
BENGALURU



**BANGALORE UNIVERSITY**  
ADMISSION APPLICATION FORM 2013-2014



SURANA COLLEGE (KX)

**229250**

**GENERAL DETAILS**

**CANDIDATE'S NAME**

SACHIN JADHAV

**CANDIDATE TYPE**

KARNATAKA

**MEDIUM**

ENGLISH

**FATHER'S NAME**

RAGHUNATH RAO N

**SEX**

MALE

**RELIGION**

HINDU

**MOTHER'S NAME**

ROOPA R RAO

**DATE OF BIRTH**

28/09/1993

**CASTE CATEGORY**

OBC

**GAURDIAN'S NAME**

NA

**CONTACT DETAILS**

**POSTAL ADDRESS**

#257, 7TH MAIN, KSRTC LAYOUT, II PHASE, JP NAGAR, BANGALORE

**PIN CODE**

560078

**MOBILE**

9916444782

**TELEPHONE(LANDLINE)**

08026593344

**EMAIL ID**

jadhav.sachin1993@gmail.com

**PREVIOUS ACADEMIC DETAILS**

QUALIFICATION EXAM	MARKS OBTAINED	OUT OF	GRADE
PUC (KARNATAKA)	347	600	

**APPLYING DEGREE DETAILS**

DEGREE NAME	COURSE TYPE	DATE OF ADMISSION	FEES
B.C.A	SB6	09/07/2013	4898

**SUBJECT OPTED**

**LANGUAGES**

KANNADA

ENGLISH

**SPECIALIZATION**

BCA

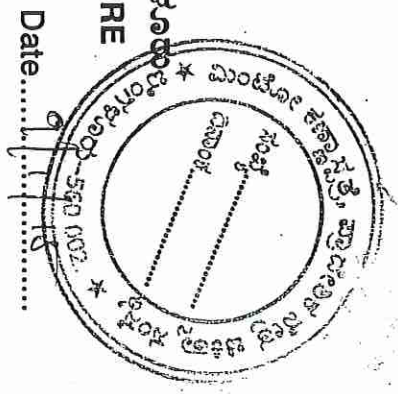




PROFESSOR  
OPHTHALMOLOGY,  
MINTO Ophthalmic Hospital,  
Bangalore-560 002.

ಸುವರ್ಣ ಕರ್ನಾಟಕ ವರ್ಷ 2006  
Government of Karnataka

REGIONAL INSTITUTE OF OPHTHALMOLOGY  
ಪ್ರಾದೇಶಿಕ ನೇತ್ರ ಚಿಕಿತ್ಸಾ ಸಂಸ್ಥೆ ಮಿಂಟೋ ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು  
MINTO OPHTHALMIC HOSPITAL, BANGALORE



**BLIND CERTIFICATE**

Date: 11/11/18

This is to Certify that Sri/Smt. ....HEMAWATHI.....

ವಿಳಿ... ವೇಷ... aged about .....19..... years with

O.P.D. No. 7940 ..... is totally blind in both eyes.

B/L Anophthalmos

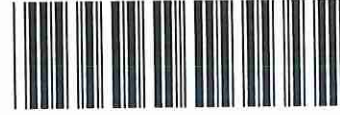


Signature: ASSISTANT PROFESSOR  
OF OPHTHALMOLOGY.

Designation: Regional Institute of Ophthalmology  
Minto Ophthalmic Hospital,  
Bangalore-560 002.



**BANGALORE UNIVERSITY**  
**ADMISSION APPLICATION FORM 2014-2015**



Created Date : 04/08/2014 04:08:33

SURANA COLLEGE (KX)

**140081**

**GENERAL DETAILS**

**CANDIDATE'S NAME**

HEMAVATI VEERABHADRAPPA JALIHAL

CANDIDATE TYPE	SEX	DATE OF BIRTH	MEDIUM	RELIGION
KARNATAKA	FEMALE	13/06/1994	ENGLISH	HINDU
CASTE CATEGORY	FATHER'S NAME	MOTHER'S NAME	GAURDIAN'S NAME	
GM	VEERABHADRAPPA	LAXMIBAI	NA	

**CONTACT DETAILS**

**POSTAL ADDRESS**

SAMARTHANAM TRUST FOR THE DISABLE, #11, VILLA SUCHITA, 17TH A MAIN, I A CROSS,  
JP NAGAR, BANGALORE

PIN CODE	MOBILE	TELEPHONE(LANDLINE)	EMAIL ID
560078	9972400238	9972400238	

**PREVIOUS ACADEMIC DETAILS**

QUALIFICATION EXAM	MARKS OBTAINED	OUT OF	GRADE
PUC (KARNATAKA)	332	600	

**APPLYING DEGREE DETAILS**

DEGREE NAME	COURSE TYPE	DATE OF ADMISSION	FEES
B.A	A60	23/05/2014	900

**SUBJECT OPTED**

<b>LANGUAGES</b>	KANNADA ENGLISH
<b>SPECIALIZATION</b>	History,Economics,Political Science





311  
20/8

No: Aca-I/R5/ Lang. Exemption/BA/2014-2015

Date: 13.08.2014

**ENDORSEMENT**

Sub:- Grant of exemption from studying one Indian language at Degree Courses in respect of Deaf, Dumb and learning Disabled Candidates.

Ref:- Your letter No:SC/AC-AD/LP/Degree/2014-15/234, dated: 28.07.2014

\*\*\*\*

Ms. Samrah Haneef Khan, 1<sup>st</sup> Semester B.A. (HEP) Student studying in Suran College, No.16, South Eng Road, Bangalore-560 004 is hereby exempted from studying one Indian language in his degree level as per University Notification No: Aca-I/Lang Exemption/Suptd/2004-05 dated 28<sup>th</sup> May 2004 as she has been declared as learning disability candidate by the Doctors at Jayanagar General Hospital, Government of Karnataka, Bangalore.

Kindly acknowledge receipt of the same.

Yours faithfully,

*K. K. K.*  
REGISTRAR

To,  
The Candidate concerned.

Copy to:

1. The Principal, Suran College, No.16, South Eng Road, Bangalore-560 004
2. The Registrar (Evaluation) Bangalore University, Bangalore, for information.
3. Office Copy.

To, office to note & inform staff  
B.U.  
26/8

<b>SURANA COLLEGE BANGALORE</b>
21 AUG 2014 2181
<b>RECEIVED</b>
Sl. No.



**BANGALORE UNIVERSITY**  
**ADMISSION APPLICATION FORM 2014-2015**



Created Date : 05/08/2014 03:16:20

SURANA COLLEGE (KX)

**137016**

**GENERAL DETAILS**

**CANDIDATE'S NAME**

SAMRAH HANEEF KHAN

CANDIDATE TYPE	SEX	DATE OF BIRTH	MEDIUM	RELIGION
KARNATAKA	FEMALE	31/08/1995	ENGLISH	MUSLIM
CASTE CATEGORY	FATHER'S NAME	MOTHER'S NAME	GAURDIAN'S NAME	
OBC	MOHAMMED HANEEF	SHAKEELA HANEEF	NA	

**CONTACT DETAILS**

**POSTAL ADDRESS**

#95, IV CROSS, RB EXTN, III BLOCK EAST, JAYANAGAR, BANGALORE

PIN CODE	MOBILE	TELEPHONE(LANDLINE)	EMAIL ID
560011	9449331994	08026651064	

**PREVIOUS ACADEMIC DETAILS**

QUALIFICATION EXAM	MARKS OBTAINED	OUT OF	GRADE
PUC (KARNATAKA)	212	500	

**APPLYING DEGREE DETAILS**

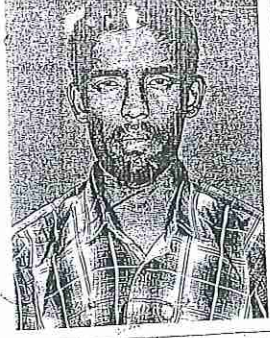
DEGREE NAME	COURSE TYPE	DATE OF ADMISSION	FEEES
B.A	A60	25/07/2014	1300

**SUBJECT OPTED**

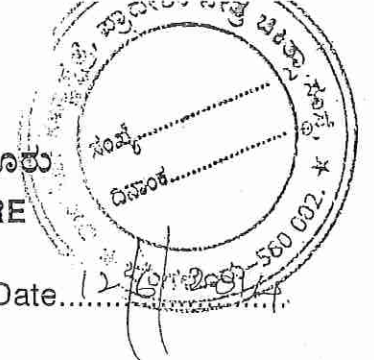
<b>LANGUAGES</b>	LANGUAGE EXCEMPTED ENGLISH
<b>SPECIALIZATION</b>	History,Economics,Political Science



ಸುವರ್ಣ ಕರ್ನಾಟಕ ವರ್ಷ 2006  
Government of Karnataka



REGIONAL INSTITUTE OF OPHTHALMOLOGY  
ಪ್ರಾದೇಶಿಕ ನೇತ್ರ ಚಿಕಿತ್ಸಾ ಸಂಸ್ಥೆ, ಮಿಂಟೋ ಕಣ್ಣಾಸ್ಪತ್ರೆ, ಬೆಂಗಳೂರು  
MINTO OPHTHALMIC HOSPITAL, BANGALORE



PROFESSOR  
OF OPHTHALMOLOGY  
Minto Ophthalmic Hospital

Date: 12/6/2017

### BLIND CERTIFICATE

Regional Institute of Ophthalmology  
Minto Ophthalmic Hospital  
Bangalore-560 002

This is to Certify that Sri/Smt. N. Sandeep  
aged about 18 years with  
O.P.D. No. 5889 is totally blind in both eyes.  
100% Blind.

S. Sandeep  
Signature  
ASSISTANT PROFESSOR  
OF OPHTHALMOLOGY,  
Regional Institute of Ophthalmology  
Minto Ophthalmic Hospital,  
Bangalore-560 002



**BANGALORE UNIVERSITY**  
ADMISSION APPLICATION FORM 2014-2015



Created Date : 05/08/2014 02:56:19

SURANA COLLEGE (KX)

**154159**

**GENERAL DETAILS**

**CANDIDATE'S NAME**

SANDEEP N

<b>CANDIDATE TYPE</b>	<b>SEX</b>	<b>DATE OF BIRTH</b>	<b>MEDIUM</b>	<b>RELIGION</b>
KARNATAKA	MALE	13/08/1995	ENGLISH	HINDU
<b>CASTE CATEGORY</b>	<b>FATHER'S NAME</b>	<b>MOTHER'S NAME</b>	<b>GAURDIAN'S NAME</b>	
SC	NAMI CHANDRU V	JAYALAKSHMI	NA	

**CONTACT DETAILS**

**POSTAL ADDRESS**

NO 11,2ND CROSS,VISHNUPRIYA LAYOUT,BYLAKONENAHALLI,NEAR CAUVERY  
FARAM,BANGALORE

<b>PIN CODE</b>	<b>MOBILE</b>	<b>TELEPHONE(LANDLINE)</b>	<b>EMAIL ID</b>
562123	9632992698	9632992698	

**PREVIOUS ACADEMIC DETAILS**

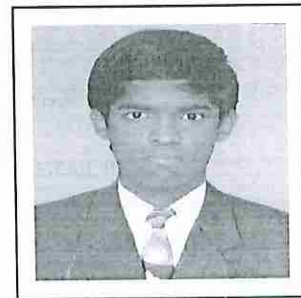
<b>QUALIFICATION EXAM</b>	<b>MARKS OBTAINED</b>	<b>OUT OF</b>	<b>GRADE</b>
PUC (KARNATAKA)	256	600	

**APPLYING DEGREE DETAILS**

<b>DEGREE NAME</b>	<b>COURSE TYPE</b>	<b>DATE OF ADMISSION</b>	<b>FEES</b>
B.A	A60	30/07/2014	1300

**SUBJECT OPTED**

<b>LANGUAGES</b>	KANNADA ENGLISH
<b>SPECIALIZATION</b>	History,Economics,Political Science





SENIOR SPECIALIST  
(Ophthalmology)

0/

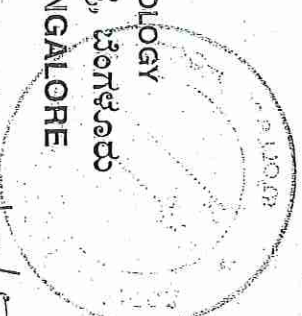
200

MINTO Ophthalmic Hospital  
Bangalore-560 004

ಸುಪರ್ದರ್ ಕರ್ನಾಟಕ ವರ್ಷ 2006  
Government of Karnataka

REGIONAL INSTITUTE OF OPHTHALMOLOGY  
ಪ್ರಾದೇಶಿಕ ನೇತ್ರ ಚಿಕಿತ್ಸಾ ಸಂಸ್ಥೆ ಮಿಂಟೋ ಕರ್ನಾಟಕ ರಾಜ್ಯ ಬೆಂಗಳೂರು  
MINTO OPHTHALMIC HOSPITAL, BANGALORE

Date: 10/5/11



### BLIND CERTIFICATE

This is to Certify that Sri/Smt. MANSI. M. Elv Madappa

aged about 18 years with

O.P.D. No. 43208 is totally blind in both eyes.

Signature:

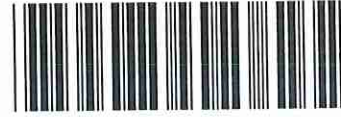
*[Handwritten Signature]*  
MINTO Ophthalmic Hospital  
Bangalore-560 004

Designation:

Senior Ophthalmic Surgeon  
MINTO Ophthalmic Hospital  
Bangalore-560 004



**BANGALORE UNIVERSITY**  
ADMISSION APPLICATION FORM 2014-2015



Created Date : 04/08/2014 05:16:47

SURANA COLLEGE (KX)

**143530**

**GENERAL DETAILS**

**CANDIDATE'S NAME**

MANI M

<b>CANDIDATE TYPE</b>	<b>SEX</b>	<b>DATE OF BIRTH</b>	<b>MEDIUM</b>	<b>RELIGION</b>
KARNATAKA	MALE	25/07/1992	ENGLISH	HINDU
<b>CASTE CATEGORY</b>	<b>FATHER'S NAME</b>	<b>MOTHER'S NAME</b>	<b>GAURDIAN'S NAME</b>	
GM	MADAPPA	LAKSHMI	NA	

**CONTACT DETAILS**

**POSTAL ADDRESS**

#19, GOVT.SCHOOL ROAD, NEW BANK COLONY, KONANAKUNTE, BANGALORE

<b>PIN CODE</b>	<b>MOBILE</b>	<b>TELEPHONE(LANDLINE)</b>	<b>EMAIL ID</b>
560062	9880124846	9742329939	

**PREVIOUS ACADEMIC DETAILS**

<b>QUALIFICATION EXAM</b>	<b>MARKS OBTAINED</b>	<b>OUT OF</b>	<b>GRADE</b>
PUC (KARNATAKA)	337	600	

**APPLYING DEGREE DETAILS**

<b>DEGREE NAME</b>	<b>COURSE TYPE</b>	<b>DATE OF ADMISSION</b>	<b>FEES</b>
B.Com	C31	14/05/2014	900

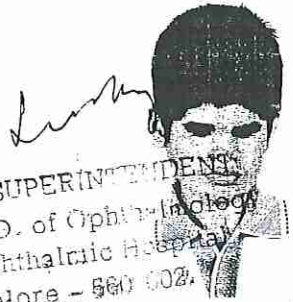
**SUBJECT OPTED**

<b>LANGUAGES</b>	KANNADA ENGLISH
<b>SPECIALIZATION</b>	METHOD AND TECHNIQUES FOR BUSINESS DECISIONS



" Form No. 10-IA  
[ See sub rule (2) rule 11A]

MEDICAL SUPERINTENDENT  
Prof. & H.O.D. of Ophthalmology  
Minto Ophthalmic Hospital  
Bangalore - 560 002.



Certificate of the medical authority for certifying 'person with disability', 'severe disability', 'autism', 'cerebral palsy' and 'multiple disability' for purposes of section 80DD and section 80U

Certificate No. \_\_\_\_\_  
Date. \_\_\_\_\_

This is to certify that Shri/Smt/Ms R. SHASHANK  
son/daughter of Shri H.C. RAJENDRA KUMAR age 12 years  
male/female\* residing at No A39/KPWD Hunter's J.B. Nayan Bangalore, Registration  
No. \_\_\_\_\_ is a person with disability/severe disability\* suffering from  
autism/cerebral palsy/multiple disability\*. Visual disability: 100%. Visually  
(due to Bilateral Anophthalmia) handicapped

2. This condition is progressive/non-progressive/likely to improve/not likely to improve\*.  
Permanent ✓
3. Reassessment is recommended/not recommended after a period of \_\_\_\_\_  
months/years\*.

Sd/- 14/01/08  
(Neurologist/ Pediatric Neurologist/ Civil surgeon/ Chief Medical Officer\*)

Name: DR. SHIVA PRASAD REDDY

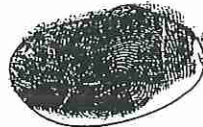
Address of institution/government hospital:

1/0 MEDICAL SUPERINTENDENT  
Prof. & H.O.D. of Ophthalmology  
Minto Ophthalmic Hospital  
Bangalore - 560 002.

Qualification/ designation of specialist:

SEAL

Signature/Thumb impression\* of the patient  
Note: \* Strike out whichever is not applicable."



LTM

S. Suresha

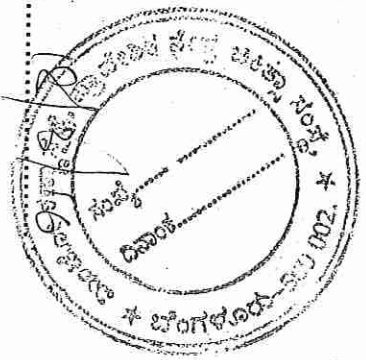
Notification No. 177 /2005 F.No.142/25/2004-TPL

CHANDRAJIT SINGH  
Under Secretary to the Government of India

Note: The principal rules were published under Notification No. S.O. 969 dated 26.3.1962 which has been amended from time to time, the last such amendment was made vide notification S.O. No. 896 (E) dated the 28.6.2005



Government of Karnataka  
MINTO OPHTHALMIC HOSPITAL  
REGIONAL INSTITUTE OF OPHTHALMOLOGY, BANGALORE  
ಮುಂಚೂಣಿ ಕಣ್ಣಿನ ಸ್ಥಿತಿ, ಪ್ರಾದೇಶಿಕ ನೇತ್ರ ಚಿಕಿತ್ಸಾ ಸಂಸ್ಥೆ, ಬೆಂಗಳೂರು



BLIND CERTIFICATE

This is to Certify that Sri/Smt. ....

*Raghunatha*

..... aged about ..... years with

O.P.D. No. .... 47024 is totally blind in both eyes.

BE. Congenital myopia  
with bilateral  
Convergent Squint  
with Anisometropia



Signature:

*Raghunatha*  
ಸೀನಿಯರ್ ರಿಸಿಡೆಂಟ್,  
ನೇತ್ರ ಶಾಸ್ತ್ರ  
ಮುಂಚೂಣಿ ಕಣ್ಣಿನ ಸ್ಥಿತಿ,  
ಬೆಂಗಳೂರು.



ಸುವರ್ಣ ಕರ್ನಾಟಕ ವರ್ಷ 2006  
Government of Karnataka



**ASSISTANT PROFESSOR,**  
(Ophthalmology)  
Minto Ophthalmic Hospital  
Regional Institute of Ophthalmology  
Bangalore-560 002

**REGIONAL INSTITUTE OF OPHTHALMOLOGY**  
ಪ್ರಾದೇಶಿಕ ನೇತ್ರ ಚಿಕಿತ್ಸಾ ಸಂಸ್ಥೆ, ಮಿಂಟೋ ಕಣ್ಣಾಸ್ಪತ್ರೆ, ಬೆಂಗಳೂರು  
**MINTO OPHTHALMIC HOSPITAL, BANGALORE**

Date: 5/3/14

## BLIND CERTIFICATE

This is to Certify that Sri/Smt. P R ASHANTHI

aged about 17 years with

O.P.D. No. 86716 is totally blind in both eyes.

*BIL partial LSLD  
I normal qualities*

*(1071)*

Signature: *[Signature]*

**ASSISTANT PROFESSOR,**  
(Ophthalmology)

Designation: *[Signature]*

**Minto Ophthalmic Hospital**  
**Regional Institute of Ophthalmology**  
Bangalore-560 002



ಸುವರ್ಣ ಕರ್ನಾಟಕ ವರ್ಷ 2006  
Government of Karnataka

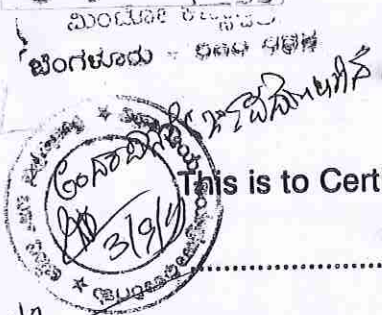


REGIONAL INSTITUTE OF OPHTHALMOLOGY  
ಪ್ರಾದೇಶಿಕ ನೇತ್ರ ಚಿಕಿತ್ಸಾ ಸಂಸ್ಥೆ, ಮಂಟೋ ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು  
MINTO OPHTHALMIC HOSPITAL BANGALORE

refno  
MPO/BMC/14/104  
200

Date..... 14/9/12

**BLIND CERTIFICATE**



This is to Certify that Sri/Smt. Qirish s/o Narayana Rao

aged about 18 years with

O.P.D. No. 7512 is totally blind in both eyes.

Δin pHytrin Bulli  
(BE)

conf. [Signature]  
Signature: ಪ್ರಾಧ್ಯಾಪಕರು (ನೇತ್ರಶಾಸ್ತ್ರ)  
ಮಂಟೋ ಕರ್ನಾಟಕ  
Designation: ಬೆಂಗಳೂರು - 560 002

S. Samuel

3367

103577



ಕರ್ನಾಟಕ ಸರ್ಕಾರ  
GOVERNMENT OF KARNATAKA

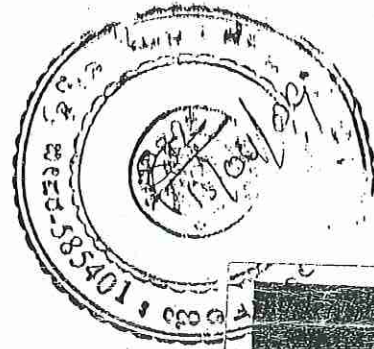


ಅಂಗವಿಕಲರ ಗುರುತಿನ ಚೀಟಿ  
IDENTITY CARD FOR DISABLED

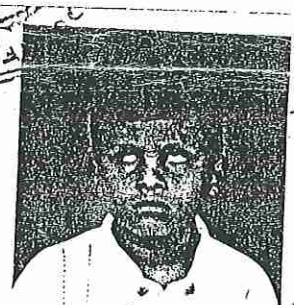
ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಮುದ್ರಣಾಲಯ, ಬೆಂಗಳೂರು - 560 059

ಅಂಗವಿಕಲರ ಮತ್ತು ಹಿರಿಯ ನಾಗರಿಕರ ಕಲ್ಯಾಣ  
ನಿರ್ದೇಶನಾಲಯ, ಬೆಂಗಳೂರು.  
DIRECTORATE OF WELFARE OF DISABLED  
AND SENIOR CITIZENS, BANGALORE

*[Signature]*  
ಸಹಾಯಕ ನಿರ್ದೇಶಕರು,  
ಅಂಗವಿಕಲರ ಮತ್ತು ಹಿರಿಯ ನಾಗರಿಕರ ಕಲ್ಯಾಣ ನಿರ್ದೇಶನಾಲಯ, ಬೆಂಗಳೂರು.



*S. Samuel*



*[Signature]*  
Ophthalmologist  
Member Medical Board  
Dist. Hospital, B...

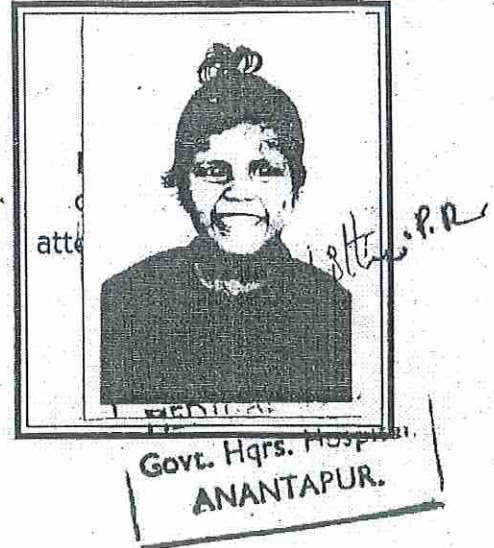
(ಭಾವಚಿತ್ರವನ್ನು ವೈದ್ಯಕೀಯ ಮಂಡಲಿಯ ಸದಸ್ಯರು ದೃಢೀಕರಿಸತಕ್ಕದ್ದು)  
(PHOTO TO BE ATTESTED BY THE MEDICAL BOARD MEMBER)

*[Signature]*  
ಸಹಾಯಕ ನಿರ್ದೇಶಕರು,  
ಅಂಗವಿಕಲರ ಮತ್ತು ಹಿರಿಯ ನಾಗರಿಕರ ಕಲ್ಯಾಣ ನಿರ್ದೇಶನಾಲಯ, ಬೆಂಗಳೂರು.

ISSUED UNDER AUTHORITY VIDE G.O.Ms. No. 109 WOMEN'S DEVELOPMENT CHILD WELFARE AND LABOUR DEPARTMENT Dt. 15-6-1992.

Certified that the District Medical Board Anantapur have this ...14/12/2000... day of 2000 have examined the candidate whose particulars are given below.

- 1. Name of the Candidate : Chandini
- 2. Sex : female
- 3. Approximate Age : 5 years
- 4. Identification Marks : A Scar on the left elbow.
- 5. Fathers Name : Hussain Beera.
- 6. Village / Town : Kathrimala
- 7. Mandal : ~~Gandhinipamidi~~ pamidi
- 8. Extent of Residual Vision, if any
  - i) Right Eye - 0 -
  - ii) Left Eye - 0 -



9. Onset of blindness (Please state whether blindness is from birth or acquired later. if it has been caused afterwards. the age and cause of blindness may be indicated.)

BE Retinitis pigmentosa

(For all the purpose of assistance the blind are those who suffer from either of the following.

- a) Total Absence of Sight.
  - b) Visual acuity not exceeding 6/60 of 20/200 (Snellen) in the better eye with correcting lenses
  - c) Limitation of the field of Vision subtending an angle of 20 degrees or worse.
10. Please state clearly whether the candidate is blind or partially blind. for all the purpose of assistance.
11. Specify whether the candidate is totally blind or partially blind.

Totally blind 100%.

Totally blind

S. Sankar

SIGNATURE OF APPLICANT

L T G of Chandini

Signature of Ophthalmologist (with seal) District Medical Board

Superintendent of Medical ANANTAPUR, (seal) District Medical Board

14/12

# Malleswaram Dyslexia Association ®

*de visu est de gestis tunc hoc et de visu tunc est de gestis*

A 3, Surya Nest, 57, 15<sup>th</sup> Cross

Malleswaram, Bangalore 560 003

**Dr. M. Mallikarjunaiah**, M.B.B.S.D.P.M (NIMIANS)

Consultant Psychiatrist,  
KMC Reg. No. 7275

**Binduu M.**

Consultant Clinical Psychologist

O.P. No. MDA/PSY/SLD/AY 12 - 72 RN 30 Date of testing 21-05-2012

## Psycho Education Report for: SPECIFIC LEARNING DISABILITY

Name Rakshith S Atreyas S/o Sri Sunil Nagaraj  
Smt. Pushpa Sunil  
Gender Male  
Date of Birth 01-03-1997 Age 15 years 2 months  
Class studying 10<sup>th</sup> standard School Laurel High School  
Languages spoken at home Kannada, Telugu  
Information gathered from Father

### I. Behavior Observations:

Behavioral Problems	Yes	Emotional Problems	Yes
Co-operative	Not much	Attention arousal	Yes
Concentration	Not much	Interest	Not much
Vision	Normal	Hearing	Normal
Motor Ability	Below normal	Needs Reinforcement	Yes
Other Handicaps	Multiple Surgeries	Any other Disability	Seizures

### II. Tests Administered and Test Findings

#### Binet-Kamat Test of Intelligence (BKT)

Basal Age 6 years  
Terminal Age 16 years  
Mental Age 11 years 1 month  
Chronological Age 15 years 2 Months  
Intelligence Quotient (IQ) 73

#### Pattern Analysis

Language	5 years level	Non Meaningful Memory	7 years level
Meaningful Memory	6 years level	Verbal Reasoning	8 years level
Conceptual Thinking	7 years level	Numerical reasoning	7 years level
Non verbal reasoning	7 years level	Social Intelligence	11 years level
Visuo-Motor Skills	8 years level		

ಅನುಬಂಧ-6

ಕರ್ನಾಟಕ ಸರ್ಕಾರದ ಅಧಿಕೃತ ಜ್ಞಾಪನ ಸಂಖ್ಯೆ: ಉಅನುಬಂಧ 115 ನವನಿ 2005, ದಿನಾಂಕ 19-11-2005

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Sri/ Smt / Kum. Balavaranji Son / wife/ Daughter of  
 Shri. Gyanappa Age 19 old, male / female, Registration No. 23070 is a case of  
 ..... He / She is physically disabled / visual disabled / speech & hearing  
 disabled and has 100% percent) permanent (Physical impairment/ visual impairment speech  
 & hearing impairment) in relation to his / her.....

Note:

1. This condition is progressive / non-progressive likely to  
 Improve / not likely to improve. X
2. Re-assessment is ~~not recommended~~ is recommended after a  
 Period of ..... months / years.

\* Strike out which is not applicable

Recent attested  
 Photograph showing  
 The disability  
 Affixed here)



Sd/ [Signature] DOCTOR (Seal) 28/4/15  
 Sd/ [Signature] DOCTOR (Seal) 28/4/15  
 Sd/ [Signature] DOCTOR (Seal) 28/4/15  
 Regional Medical Superintendent Bangalore

Countersigned by the  
 Medical Superintendent Head of  
 Hospital (with seal)

Signature/Thumb impression  
 of the disabled person.  
 Date: 28/4/15

Date:

Explanation:-As per Notification No. DPAR 50 SRR 2000 dated 03-09-2005 "Physically Handicapped candidates " or " person with disability " means a person suffering from not less than forty percent of any of the following disabilities: r- (1) Blindness (2) Low Vision (3) Hearing impairment (4) Locomotor disability (5) Leprosy cured (6) Mental retardation. (7) Mental illness.

(1) Blindness refers to a condition where a person suffers from any of the following conditions, namely:- (a) Total absence of sight; or (b) Visual acuity not exceeding 6/60 or 20/200 (Snellen) in the better eye with correcting lenses; or (c) limitation of the field of vision subtending an angle of 20 degree or worse; (2) Person with low vision means a person with impairment of visual functioning even after treatment or standard refractive correction, but who uses or is potentially capable of using vision for the planning or execution of a task with appropriate assistive device; (3) "Hearing impairment" means loss of sixty decibels or more in the better ear in the conversational range of frequencies. (4) "Locomotor disability" means disability of the bones, joints or muscles leading to substantial restriction of the movement of the limbs or any form of cerebral palsy. (5) Leprosy cured:-means any person who has been cured of Leprosy, but is suffering from, (i) loss of sensation in hands or feet as well as loss of sensation & paresis in the eye & eyelid, but with no manifest deformity; (ii) manifest deformity & paresis but having sufficient mobility in their hands & feet to enable them to engage in normal economic activity; (iii) extreme physical deformity as well as advanced age which prevents him from undertaking any gainful occupation; and the expression " Leprosy cured " shall be construed accordingly; (6) Mental Retardation:-means a condition of arrested or incomplete development of mind of a person who is specially characterised by sub normality of intelligence; (7) Mental Illness:- means any mental disorder other than mental retardation.



**BANGALORE UNIVERSITY**  
ADMISSION APPLICATION FORM 2016-2017



SURANA COLLEGE (KX)

**283073**

**GENERAL DETAILS**

**CANDIDATE'S NAME**  
BASAVARAJ

<b>CANDIDATE TYPE</b>	<b>SEX</b>	<b>DATE OF BIRTH</b>
KARNATAKA STUDENT PASSED OUT FROM KARNATAKA PU BOARD	MALE	10/07/1996
<b>MEDIUM</b>	<b>RELIGION</b>	<b>CASTE CATEGORY</b>
ENGLISH	HINDU	OBC
<b>FATHER'S NAME</b>	<b>MOTHER'S NAME</b>	<b>GAURDIAN'S NAME</b>
GYANAPPA	SAVITHRAMMA	GYANAPPA

**CONTACT DETAILS**

**POSTAL ADDRESS**  
GYANAPPAMADIVALA, UCHAKUNTTA, HIREVANKALAKUNTTA HOBLI, KOPPLA DIST

<b>PIN CODE</b>	<b>MOBILE</b>	<b>TELEPHONE(LANDLINE)</b>	<b>EMAIL ID</b>
583237	7676044163	7676044163	

**PREVIOUS ACADEMIC DETAILS**

<b>QUALIFICATION EXAM</b>	<b>MARKS OBTAINED</b>	<b>OUT OF</b>	<b>GRADE</b>
PUC (KARNATAKA)	422	600	

**APPLYING DEGREE DETAILS**

<b>DEGREE NAME</b>	<b>COURSE TYPE</b>	<b>DATE OF ADMISSION</b>	<b>FEES</b>
B.A	A80	16/06/2016	1540

**SUBJECT OPTED**

**LANGUAGES**

KANNADA  
ENGLISH

**SPECIALIZATION**

History,Economics,Political Science





**BANGALORE UNIVERSITY**  
ADMISSION APPLICATION FORM 2016-2017



SURANA COLLEGE (KX)

**282770**

**GENERAL DETAILS**

**CANDIDATE'S NAME**  
KOTRESH HK

<b>CANDIDATE TYPE</b>	<b>SEX</b>	<b>DATE OF BIRTH</b>
KARNATAKA STUDENT PASSED OUT FROM KARNATAKA PU BOARD	MALE	11/05/1995
<b>MEDIUM</b>	<b>RELIGION</b>	<b>CASTE CATEGORY</b>
ENGLISH	HINDU	GM
<b>FATHER'S NAME</b>	<b>MOTHER'S NAME</b>	<b>GAURDIAN'S NAME</b>
KALLESHPA	MANGALAMMA	KALLESHPA

**CONTACT DETAILS**

**POSTAL ADDRESS**  
# CA-39, 15TH CROSS, SAMARTHANAM TRUST FOR THE DISABLED, BANGALORE

<b>PIN CODE</b>	<b>MOBILE</b>	<b>TELEPHONE(LANDLINE)</b>	<b>EMAIL ID</b>
560102	9449864782	8710858210	cool.kotresh1997 @gmail.com

**PREVIOUS ACADEMIC DETAILS**

QUALIFICATION EXAM	MARKS OBTAINED	OUT OF	GRADE
PUC (KARNATAKA)	293	600	

**APPLYING DEGREE DETAILS**

DEGREE NAME	COURSE TYPE	DATE OF ADMISSION	FEEES
B.A	A80	18/06/2016	1540

**SUBJECT OPTED**

**LANGUAGES**

KANNADA  
ENGLISH

**SPECIALIZATION**

History,Economics,Political Science





# MEDICAL CERTIFICATE IN RESPECT OF PHYSICALLY HANDICAPPED



Certified that I have this day examined the applicant whose particulars below and that he/she does not fall within the definition of physically handicapped mentioned in the Government order No. SWL, 146 PHP 77 Date 7-11-1977.

1. a) Name of the Candidate Kavitha

b) Father's Name C. Sannalingappa

c) Surname, if any -

2. Sex female

3. Approximate age 12

4. Identification marks -

5. Onset of blindness/deafness since Birth


6. Nature of disability (ortho) Microphthalmia & Coloboma

a) Give the name of defective to enable Government of Karnataka to clarify understand the nature and extent of the disability. Totally Blind  
100%

Signature of the Candidate

Place: Tumkur

Date: 23/12/77

  
Dr. Syed Ali Akbar  
M.B.B.S; D.O M.S.  
Senior Specialist (Eye)  
District Hospital, Tumkur  
Signature of M.O.

Designation, Office Stamp

Note: Please state whether blindness is from birth or acquired later: if it has been caused afterwards the age and cause of blindness may indicate for purpose of this maintenance allowance the blind are those who suffer from either of the following.

1. A) Total absence of sight, B) Visual acuity or exceeding 6/60 or 20/200 in the better eye with correcting lens.
2. Limited of the field of vision subtending an angle of 20 degree or worse.
3. Please state whether deafness is from birth or acquired if it has been caused afterwards the age and cause of deafness may be indicate. For the purpose of this maintenance allowance the deaf are those to whom essence of hearing is non-functional for ordinary purpose of life. Generally loss of hearing at 70 decibels or above 500, 1000, 2000 frequency will make residential hearing non-functional.



**BANGALORE UNIVERSITY**  
ADMISSION APPLICATION FORM 2016-2017



SURANA COLLEGE (KX)

**279560**

**GENERAL DETAILS**

**CANDIDATE'S NAME**

KAVITHA D S

CANDIDATE TYPE	SEX	DATE OF BIRTH
KARNATAKA STUDENT PASSED OUT FROM KARNATAKA PU BOARD	FEMALE	06/03/1989

MEDIUM	RELIGION	CASTE CATEGORY
ENGLISH	HINDU	ST

FATHER'S NAME	MOTHER'S NAME	GAURDIAN'S NAME
SANNALINGAPPA C	SANNAMMA	SANNALINGAPPA C

**CONTACT DETAILS**

**POSTAL ADDRESS**

DODDAGULA, RATHNASANDRA POST, KALLAMBELLA HOBLI, SHIRA (T), TUMKUR DIST.

PIN CODE	MOBILE	TELEPHONE(LANDLINE)	EMAIL ID
572137	9632272514	8147464303	

**PREVIOUS ACADEMIC DETAILS**

QUALIFICATION EXAM	MARKS OBTAINED	OUT OF	GRADE
PUC (KARNATAKA)	229	600	

**APPLYING DEGREE DETAILS**

DEGREE NAME	COURSE TYPE	DATE OF ADMISSION	FEES
B.A	A80	01/08/2016	2040

**SUBJECT OPTED**

**LANGUAGES**

KANNADA  
ENGLISH

**SPECIALIZATION**

History,Economics,Political Science

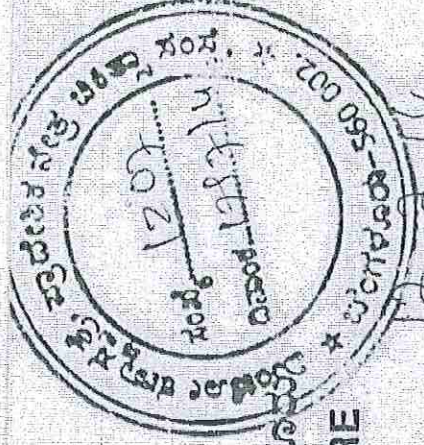


ಸುವರ್ಣ ಕರ್ನಾಟಕ ವರ್ಷ 2006  
Government of Karnataka

REGIONAL INSTITUTE OF OPHTHALMOLOGY  
ಪ್ರಾದೇಶಿಕ ನೇತ್ರ ಚಿಕಿತ್ಸಾ ಸಂಸ್ಥೆ ಮಿಂಟೋ ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು  
MINTO OPHTHALMIC HOSPITAL, BANGALORE



SENIOR SPECIALIST, 200  
MINTO OPHTHALMIC HOSPITAL  
Regional Institute of Ophthalmology  
Bangalore-560 002



Date: 12/11/14

### BLIND CERTIFICATE

Mangala

This is to Certify that Sri/Smt. ....  
..... aged about 20 years with

O.P.D. No. 1207 ..... is totally blind in both eyes.

SENIOR SPECIALIST  
MINTO OPHTHALMIC HOSPITAL  
Regional Institute of Ophthalmology  
Bangalore-560 002



**BANGALORE UNIVERSITY**  
ADMISSION APPLICATION FORM 2016-2017



SURANA COLLEGE (KX)

**282000**

**GENERAL DETAILS**

**CANDIDATE'S NAME**

MANGALA N

<b>CANDIDATE TYPE</b>	<b>SEX</b>	<b>DATE OF BIRTH</b>
KARNATAKA STUDENT PASSED OUT FROM KARNATAKA PU BOARD	FEMALE	12/05/1999

<b>MEDIUM</b>	<b>RELIGION</b>	<b>CASTE CATEGORY</b>
ENGLISH	HINDU	CAT 1

<b>FATHER'S NAME</b>	<b>MOTHER'S NAME</b>	<b>GAURDIAN'S NAME</b>
NAGARAJA	RANGAMMA	NAGARAJA

**CONTACT DETAILS**

**POSTAL ADDRESS**

KAVERI 'M' BLOCK, KORAMANGALA, BANGALORE

<b>PIN CODE</b>	<b>MOBILE</b>	<b>TELEPHONE(LANDLINE)</b>	<b>EMAIL ID</b>
560034	9740579854	9740579854	

**PREVIOUS ACADEMIC DETAILS**

<b>QUALIFICATION EXAM</b>	<b>MARKS OBTAINED</b>	<b>OUT OF</b>	<b>GRADE</b>
PUC (KARNATAKA)	411	600	

**APPLYING DEGREE DETAILS**

<b>DEGREE NAME</b>	<b>COURSE TYPE</b>	<b>DATE OF ADMISSION</b>	<b>FEEES</b>
B.A	A80	27/06/2016	1540

**SUBJECT OPTED**

**LANGUAGES**

KANNADA  
ENGLISH

**SPECIALIZATION**

History,Economics,Political Science



**ALL INDIA INSTITUTE OF SPEECH & HEARING, MYSORE-570 006**  
**PSYCHOLOGICAL REPORT**

This is to certify that Kaveri Kumar (photograph attested below) d/o Sri. Vasudeva Kumar-Smt. Krishnaveni, female, aged 14 years, seeking to appear for class X examinations under National Open School (English Medium), with English, Economics, Data Entry, Home Science and Business Studies as electives undergoing coaching at Brindavan Education Trust, JP Nagar, Bangalore, Karnataka, resident of G001, Magans Gold Belagodu, 216/217, 9<sup>th</sup> Cross, 9<sup>th</sup> Main, JP Nagar, 2<sup>nd</sup> Phase, Bangalore: 560 078, Karnataka, bearing CRF Nos. 342762 was registered on 18<sup>th</sup> June, 2012, at this Institute. As per the records, the student is diagnosed as functioning at the intellectual level of "Average Intelligence-Learning Disability (Dyslexia)". Her current level of mental age as assessed on standardized psychological tests (Bhatia's Battery of Performance Tests of Intelligence & Ravens Progressive Matrices) is age appropriate (IQ: 100). Academic history and performance on achievement tests shows that her current overall grade score is equivalent of primary school levels. Academic history reveals difficulties since primary school levels. Past history is suggestive of no delay in developmental milestones. There is history of school change on three occasions. The child shows great interest and aptitude in painting, athletics, etc.

Owing to her condition, the student requires the following benefits/exemptions as mandated by the United Nations Convention for Persons with Disabilities (UNCRPD), as per provisions under Persons with Disabilities (Equal) Opportunities, Protection of Rights & Full Participation Act (1995) and Right to Education Act (2009) for children with recognizable disadvantage.

- (a) Exemption from study of additional language/s
- (b) Provision for extra one hour time in public examinations
- (c) Reader/Writer facility during examinations (to read out the questions aloud or pantomime them); or alternatively, provide for enlarged print size question papers amenable for reading by partially sighted
- (d) Objective type questions (such as, match the following, one word answers, "True"/"False" statements, etc) during examinations in place of descriptive and "long" answers.
- (e) No denial of admission; Integration with "normal" school going children for pursuit of regular school education.
- (f) Prohibition of Holding Back and Expulsion; Non-discrimination in provision of opportunities, school admission and/or inclusion in regular academic programs.
- (g) Barrier free environment by elimination of physical, psychological or attitude barriers that prevent the child from having access to normal education.

The above information on rights and privileges is given in the interests of necessary planning, programming and education of persons with special needs.

Date: 25.06.12



*Dr. S. Venkatesan,*  
*Professor in Clinical Psychology*  
*Email: psyconindia@gmail.com*  
**DR. S. VENKATESAN**  
Professor, Department of Clinical Psychology  
All India Institute of Speech and Hearing  
(Ministry of Health & Family Welfare, Govt. of India)  
Manasagangotri, Mysore-570 006  
Reg. No. A053



**BANGALORE UNIVERSITY**  
ADMISSION APPLICATION FORM 2016-2017



SURANA COLLEGE (KX)

**300897**

**GENERAL DETAILS**

**CANDIDATE'S NAME**  
KAVERI KUMAR

<b>CANDIDATE TYPE</b>	<b>SEX</b>	<b>DATE OF BIRTH</b>
KARNATAKA STUDENT PASSED OUT FROM KARNATAKA PU BOARD	FEMALE	21/09/1997
<b>MEDIUM</b>	<b>RELIGION</b>	<b>CASTE CATEGORY</b>
ENGLISH	HINDU	GM
<b>FATHER'S NAME</b>	<b>MOTHER'S NAME</b>	<b>GAURDIAN'S NAME</b>
VASUDEVA KUMAR	KRISHNAVENI KUMAR	VASUDEVA KUMAR

**CONTACT DETAILS**

**POSTAL ADDRESS**

A-701, NITESH CAESAR'S PLACE, OPP KSIT, KANAKAPURA ROAD, BANGALORE

<b>PIN CODE</b>	<b>MOBILE</b>	<b>TELEPHONE(LANDLINE)</b>	<b>EMAIL ID</b>
560062	9972874555	9972874555	krveni1@gmail.com

**PREVIOUS ACADEMIC DETAILS**

QUALIFICATION EXAM	MARKS OBTAINED	OUT OF	GRADE
PUC (KARNATAKA)	260	600	

**APPLYING DEGREE DETAILS**

DEGREE NAME	COURSE TYPE	DATE OF ADMISSION	FEES
B.A	A81	11/06/2016	1540

**SUBJECT OPTED**

**LANGUAGES**

LANGUAGE EXCEMPTED  
ENGLISH

**SPECIALIZATION**

Opt.English,Journalism,Psychology

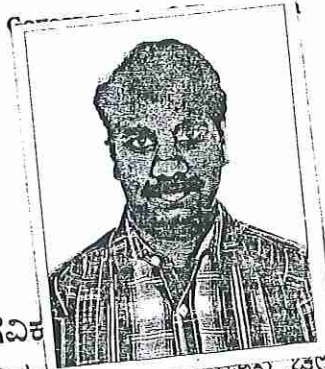




ಕರ್ನಾಟಕ ಸರ್ಕಾರ

570682

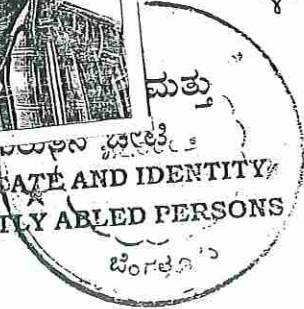
ಕ್ರ.ಸಂ.  
Sl.No.



58766  
4/12/13

ಅಂಗವಿಕಲ ಮತ್ತು

ವಿಕಲಚೇತನರ ಹಾಗೂ ಹಿರಿಯ ನಾಗರಿಕರ ಸಬಲೀಕರಣ  
DISABILITY CERTIFICATE AND IDENTITY  
CARD FOR DIFFERENTLY ABLED PERSONS



ವಿಕಲಚೇತನರ ಹಾಗೂ ಹಿರಿಯ ನಾಗರಿಕರ ಸಬಲೀಕರಣ  
ನಿರ್ದೇಶನಾಲಯ, ಬೆಂಗಳೂರು  
DIRECTORATE FOR THE EMPOWERMENT  
OF DIFFERENTLY ABLED AND  
SENIOR CITIZENS, BANGALORE

4

S. Samuel

Vivek P

**Name and Address of the  
Medical Authority Issuing Disability  
Certificate**

(ಅಂಗವಿಕಲತೆಯ ಸ್ವರೂಪವನ್ನು/ದೃಷ್ಟಿಕರಣವನ್ನು ಸರ್ಕಾರದ ಆದೇಶ ಸಂಖ್ಯೆ: ಮುಮು/65/ಬಿಹೆಚ್‌ಪಿ/2011 ದಿನಾಂಕ:18-02-2011ರಂತೆ ಶೇಕಡವಾರು ಪ್ರಮಾಣವನ್ನು ನಿರ್ಧರಿಸಿ ನಮೂದಿಸಿ ದೃಷ್ಟಿಕರಣಿಸುವುದು.

Differently abled persons % of disability has to be diagnosed, specified and certified as per the Govt. Order No:WCD/PHP/65/2011 Dated:18-02-2011)

ಮೇಲ್ಕಂಡ ಭಾವಚಿತ್ರದ ವ್ಯಕ್ತಿಯ ಅಂಗವಿಕಲತೆಯ ಪ್ರಮಾಣವನ್ನು ಈ ಕೆಳಕಂಡಂತೆ ನಾನು/ನಾವು ದೃಷ್ಟಿಕರಣಿಸಿದ್ದೇನೆ/ದೃಷ್ಟಿಕರಣಿಸಿದ್ದೇವೆ.

As per the above persons affixed Photograph, I am/We are/Satisfied and Certified said persons as below.

Sl. No.	Disability	Affected part of the body	Diagnosis	Permanent physical Impairment/ Mental Disability (in%)
1.	Locomotor Disability	@	CP MILD	
2.	Low Vision	#		
3.	Blindness	Both		
4.	Hearing Impairment	L		
5.	Mental Retardation	X	MF	Permanent
6.	Mental Illness	X		
7.	Multiple Disabilities			

Please strike out (x) the Disabilities which are not applicable.

A. He / She is a case of Mild MF + CP Disability. His/Her extent of permanent Physical Impairment/ Disability has been evaluated as per specified Guidelines for the disabilities ticked ( ) above and shown against the relevant Disability in the above table.

B. 1. In the light of the above, His / Her overall permanent Physical Impairment as per the specified guidelines is as follows -

In figures .... 50 percent (%)

In words: Fifty Percent (%)

2. The condition is progressive / non progressive / likely to improve / not likely to improve

10. ಶಿಫಾರಸ್ಸು ಮಾಡಲಾದ ಸೂಕ್ತ ಸಾಧನ ಸಲಕರಣೆಗಳ ವಿವರ

Recommended suitable Aids and Appliances

1. Awards benefits as per

2. PWD Act

3.

11. ವಿಕಲಚೇತನರ ಸಹಿ/ಹೆಚ್ಚಿನ ನುರುಕು :

Signature : Thumb Impression X Wivek.P

of Differently abled persons

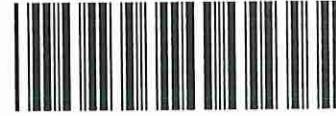
S. Samuel

Wivek.P





**BANGALORE UNIVERSITY**  
ADMISSION APPLICATION FORM 2016-2017



SURANA COLLEGE (KX)

**287698**

**GENERAL DETAILS**

**CANDIDATE'S NAME**

VIVEK P

**CANDIDATE TYPE**

KARNATAKA STUDENT  
PASSED OUT FROM  
KARNATAKA PU BOARD

**SEX**

MALE

**DATE OF BIRTH**

08/02/1987

**MEDIUM**

ENGLISH

**RELIGION**

HINDU

**CASTE CATEGORY**

OBC

**FATHER'S NAME**

M V PRABHU SHANKAR

**MOTHER'S  
NAME**

KR PUSHPA

**GAURDIAN'S NAME**

M V PRABHU SHANKAR

**CONTACT DETAILS**

**POSTAL ADDRESS**

# 340, 5TH MAIN, 2ND CROSS, SADANANDANAGAR, NGEF LAYOUT, BANGALORE

**PIN CODE**

560038

**MOBILE**

9844240817

**TELEPHONE(LANDLINE)**

08025383539

**EMAIL ID**

**PREVIOUS ACADEMIC DETAILS**

**QUALIFICATION EXAM**

PUC (KARNATAKA)

**MARKS  
OBTAINED**

279

**OUT OF**

600

**GRADE**

**APPLYING DEGREE DETAILS**

**DEGREE NAME**

B.A

**COURSE TYPE**

A80

**DATE OF ADMISSION**

06/06/2016

**FEES**

1540

**SUBJECT OPTED**

**LANGUAGES**

**LANGUAGE EXCEMPTED**

ENGLISH

**SPECIALIZATION**

History,Economics,Political Science



50949  
14/9/15



ಕರ್ನಾಟಕ ಸರ್ಕಾರ  
Government of Karnataka

ಕ್ರ.ಸಂ.

Sl.No.

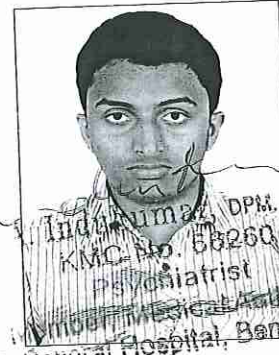
778566

(699)  
14/9/15

ಅಂಗವಿಕಲತೆಯ ಪ್ರಮಾಣ ಪತ್ರ ಮತ್ತು  
ವಿಕಲಚೇತನರ ಗುರುತಿನ ಚೀಟಿ  
DISABILITY CERTIFICATE AND IDENTITY  
CARD FOR DIFFERENTLY ABLED PERSONS

ವಿಕಲಚೇತನರ ಹಾಗೂ ಹಿರಿಯ ನಾಗರಿಕರ ಸಬಲೀಕರಣ  
ನಿರ್ದೇಶನಾಲಯ, ಬೆಂಗಳೂರು  
DIRECTORATE FOR THE EMPOWERMENT  
OF DIFFERENTLY ABLED AND  
SENIOR CITIZENS, BANGALORE

ಕಾ.ಸೂ. P 87. ಸ.ಭ.ಮು.ಬಿಂ. - 2,00,000 ಮಕ್ಕಳಿಗಾಗಿ, ದಿನಾಂಕ: 13-01-2014.



Dr. Indrajit DPM. NIMHANS  
KMC No. 58260  
Psychiatrist  
K.C. General Hospital, Bangalore-03.

(ಭಾವಚಿತ್ರವನ್ನು ವೈದ್ಯಕೀಯ ಪ್ರಾಧಿಕಾರದ  
ಸದಸ್ಯರು ದೃಢೀಕರಿಸತಕ್ಕದ್ದು)

(PHOTO TO BE ATTESTED BY THE  
MEDICAL AUTHORITY MEMBER)

50949  
14/9/15

District Disabled Welfare Officer  
Bangalore Urban District  
Bangalore

(ವಿಕಲಚೇತನರ ಅಂಗವಿಕಲತೆಯ ಪ್ರಮಾಣ ಪತ್ರ  
ಮತ್ತು ಗುರುತಿನ ಚೀಟಿ)

**(DISABILITY CERTIFICATE &  
IDENTITY CARD FOR THE  
DIFFERENTLY ABLED PERSONS)**

**Form No. II:-** In case of amputation or complete permanent paralysis of Limbs and in case of Blindness.

**Form No. III & IV:-** In case of multiple Disabilities and other single 7 Disabilities.

.....ಗ್ರಾಮ .....ತಾಲ್ಲೂಕು .....ಜಿಲ್ಲೆ  
(Village) (Taluk) (District)

**Name and Address of the  
Medical Authority Issuing Disability**

**Certificate** KCCG/MR/AUG-2015.....

(ಅಂಗವಿಕಲತೆಯ ಸ್ವರೂಪವನ್ನು/ದೃಢೀಕರಣವನ್ನು ಸರ್ಕಾರದ ಆದೇಶ ಸಂಖ್ಯೆ: ಮಮಇ/65/ಪಿಹೆಚ್‌ಪಿ/2011 ದಿನಾಂಕ:18-02-2011ರಂತೆ ಶೇಕಡವಾರು ಪ್ರಮಾಣವನ್ನು ನಿರ್ಧರಿಸಿ ನಮೂದಿಸಿ ದೃಢೀಕರಿಸುವುದು.

Differently abled persons % of disability has to be diagnosed, specified and certified as per the Govt. Order No:WCD/PHP/65/2011 Dated:18-02-2011)

ಮೇಲ್ಕಂಡ ಭಾವಚಿತ್ರದ ವ್ಯಕ್ತಿಯ ಅಂಗವಿಕಲತೆಯ ಪ್ರಮಾಣವನ್ನು ಈ ಕೆಳಕಂಡಂತೆ ನಾನು/ನಾವು ದೃಢೀಕರಿಸಿದ್ದೇನೆ/ದೃಢೀಕರಿಸಿದ್ದೇವೆ.

As per the above persons affixed Photograph, I am/  
We are/Satisfied and Certified said persons as below.

Sl. No.	Disability	Affected part of the body	Diagnosis	Permanent physical Impairment/ Mental Disability (in%)
1.	Locomotor Disability	@		
2.	Low Vision	#		
3.	Blindness	Both		
4.	Hearing Impairment	L		
5.	Mental Retardation	X	Mild MR + Autism	
6.	Mental Illness	X		
7.	Multiple Disabilities			

Please strike out (x) the Disabilities which are not applicable.

ಪ್ರಮಾಣ ಪತ್ರದ ಕ್ರ.ಸಂ.

**Certificate Serial No.**

ದಿನಾಂಕ:

**Dated:**

- ಹೆಸರು  
Name
- ತಂದೆ/ತಾಯಿ/ಗಂಡನ/  
ಪೋಷಕರ ಹೆಸರು  
Father/Mother/Husband/  
Guardian Name
- ಖಾಯಂ ಮನೆ ವಿಳಾಸದಲ್ಲಿ  
(ಮುಖ್ಯ ರಸ್ತೆ, ಉಪ ರಸ್ತೆ)  
Permanent Residence  
Address (D.No./Main/Cross)
- ಜನ್ಮ ದಿನಾಂಕ  
Date of Birth
- ವಯಸ್ಸು  
Age
- ಜಾತಿ (ಒಳಜಾತಿಯನ್ನು  
(ಸ್ಪಷ್ಟವಾಗಿ ನಮೂದಿಸುವುದು  
ಪ.ಜಾ, ಪ.ಪಂ, ಹಿ.ವ., ಇತರೆ)  
Specify Caste/ Sub Caste  
(clearly SC, ST, OBC, & Other)
- ಹೆಣ್ಣು ಗಂಡು  
Female Male
- ಉದ್ಯೋಗ  
Occupation
- .....ವೈದ್ಯಕೀಯ  
ಪರಿಷ್ಕಾರದ ವಿಳಾಸ, ಅಂಗವಿಕಲತೆಯ ಪ್ರಮಾಣ ಪತ್ರ (ನಮೂನೆ 2,3,4  
ರಂತೆ) Bangalore

: HARISH.S.SHET

SHASHIDHARS.SHET  
: SHOBHA.S.SHET

271, 5 A CROSS  
: 2<sup>nd</sup> STAGE 8<sup>th</sup> BLOCK  
NAVARBHAVI  
BENGALURU  
560072

: 23.10.1997

: 17 years

: OTHERS

: MALE

: STUDENT

.....ವೈದ್ಯಕೀಯ  
ಪರಿಷ್ಕಾರದ ವಿಳಾಸ, ಅಂಗವಿಕಲತೆಯ ಪ್ರಮಾಣ ಪತ್ರ (ನಮೂನೆ 2,3,4  
ರಂತೆ) Bangalore

Mild mental Retardation  
+ Autism

A. He / She is a case of ..... Disability.  
His/Her extent of permanent Physical Impairment/  
Disability has been evaluated as per specified  
Guidelines for the disabilities ticked ( 5 ) above  
and shown against the relevant Disability in the  
above table.

B. 1. In the light of the above, His / Her overall  
permanent Physical Impairment as per the  
specified guidelines is as follows -

In figures ..... 50% ..... percent (%)

In words ..... Fifty ..... Percent (%)

2. The condition is progressive / non progressive /  
likely to improve / not likely to improve

10. ಶಿಫಾರಸ್ಸು ಮಾಡಲಾದ ಸೂಕ್ತ ಸಾಧನ ಸಲಕರಣೆಗಳ ವಿವರ

Recommended suitable Aids and Appliances

1. For educational benefits

2.

3.

Harish.S.Shet

11. ವಿಕಲಚೇತನರ ಸಹ/ಹೆಚ್ಚಿಟ್ಟನ ಗುರುತು :

Signature : Thumb Impression  
of Differently abled persons





**BANGALORE UNIVERSITY**  
ADMISSION APPLICATION FORM 2016-2017



SURANA COLLEGE (KX)

**282234**

**GENERAL DETAILS**

**CANDIDATE'S NAME**

HARISH S SHET

**CANDIDATE TYPE**                      **SEX**                      **DATE OF BIRTH**

KARNATAKA STUDENT                      MALE                      23/10/1997  
PASSED OUT FROM  
KARNATAKA PU BOARD

**MEDIUM**                      **RELIGION**                      **CASTE CATEGORY**

ENGLISH                      HINDU                      GM

**FATHER'S NAME**                      **MOTHER'S NAME**                      **GAURDIAN'S NAME**

SHASHIDHAR S SHET                      SHOBHA S SHET                      SHASHIDHAR S SHET

**CONTACT DETAILS**

**POSTAL ADDRESS**

# 271, 5A CROSS, 2ND CROSS, 2ND STAGE, 8TH BLOCK, NAGARBHAVI, BANGALORE

PIN CODE	MOBILE	TELEPHONE(LANDLINE)	EMAIL ID
560056	9620203614	08023186614	shetbabu@yahoo.com

**PREVIOUS ACADEMIC DETAILS**

QUALIFICATION EXAM	MARKS OBTAINED	OUT OF	GRADE
PUC (KARNATAKA)	368	600	

**APPLYING DEGREE DETAILS**

DEGREE NAME	COURSE TYPE	DATE OF ADMISSION	FEES
B.A	A80	02/06/2016	1540

**SUBJECT OPTED**

**LANGUAGES**

LANGUAGE EXCEMPTED  
ENGLISH

**SPECIALIZATION**

History,Economics,Political Science



ಸುವರ್ಣ ಕರ್ನಾಟಕ ವರ್ಷ 2006  
Government of Karnataka

REGIONAL INSTITUTE OF OPHTHALMOLOGY  
ಪ್ರಾದೇಶಿಕ ನೇತ್ರ ಚಿಕಿತ್ಸಾ ಸಂಸ್ಥೆ ಮಿಂಟೋ ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು  
MINTO OPHTHALMIC HOSPITAL, BANGALORE

Date: 10/6/12



BLIND CERTIFICATE

This is to Certify that Sri/Smt. VINOD V

aged about 16 years with  
100% is totally blind in both eyes.

O.P.D. No. 56059

Dr. Anupha bulki }  
Dr. Anupha bulki }  
Dr. Anupha bulki }

Signature:

*Anupha* 70

Designation :

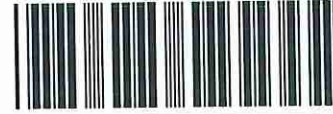
SENIOR RESIDENT  
Ophthalmologist

Minto Ophthalmic Hospital,  
BANGALORE-560 002

Scan on forehead



**BANGALORE UNIVERSITY**  
ADMISSION APPLICATION FORM 2016-2017



SURANA COLLEGE (KX)

**L303481**

**GENERAL DETAILS**

**CANDIDATE'S NAME**

VINODH V

**CANDIDATE TYPE**

KARNATAKA STUDENT  
PASSED OUT FROM  
KARNATAKA PU BOARD

**SEX**

MALE

**DATE OF BIRTH**

30/05/1995

**MEDIUM**

ENGLISH

**RELIGION**

HINDU

**CASTE CATEGORY**

OBC

**FATHER'S NAME**

VISWANATH K R

**MOTHER'S  
NAME**

SHYLA SHREE

**GAURDIAN'S NAME**

VISWANATH K R

**CONTACT DETAILS**

**POSTAL ADDRESS**

C/O. VASANTH KUMARI#12, NEAR TR MILL, CHAMARAJPET, BANGALORE

**PIN CODE**

560018

**MOBILE**

9663413075

**TELEPHONE(LANDLINE)**

9844790814

**EMAIL ID**

**APPLYING DEGREE DETAILS**

**DEGREE NAME**

B.Com

**COURSE TYPE**

C21

**DATE OF ADMISSION**

12/07/2016

**FEES**

1640

**SUBJECT OPTED**

**LANGUAGES**

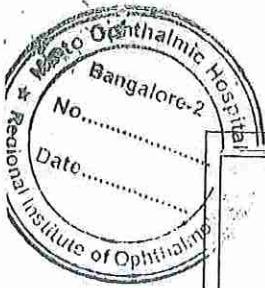
KANNADA

ENGLISH

**SPECIALIZATION**

BCOM





**PROFESSOR OF OPHTHALMOLOGY**  
**Minto Ophthalmic Hospital**  
**Bangalore-560 002**

(ಪಾಸ್‌ಪೋರ್ಟ್ ಅಳತೆಯ ಭಾವಚಿತ್ರವನ್ನು ವೈದ್ಯಕೀಯ ಪ್ರಾಧಿಕಾರದ ಸದಸ್ಯರು ದೃಢೀಕರಿಸತಕ್ಕದ್ದು)

(PASS PORT SIZE PHOTO TO BE ATTESTED BY THE MEDICAL AUTHORITY MEMBER)

*[Signature]*  
 District Disabled Welfare Officer  
 Bangalore Urban District.  
 N-

ವಿಧಿ ಅಂಗವಿಕಲರ ಕಲ್ಯಾಣಾಧಿಕಾರ ರವರ ಕಛೇರಿ ನೋಂದಣಿ ಸಂ: (District Disabled Welfare Office Register No)  
 ಸಹಾಯ ನೋಂದಣಿ ಸಂ:  
 ವೈದ್ಯಕೀಯ ಪ್ರಾಧಿಕಾರ ನೋಂದಣಿ ಸಂ:  
 (Medical Authority Register No)

ದಿನಾಂಕ: 23/5/17  
 ದಿನಾಂಕ:  
 ದಿನಾಂಕ:  
 Dated:

1. ಹೆಸರು Name: **Payankumar**
2. ತಂದೆ/ತಾಯಿ/ ಗಂಡನ/ ಮೋದಕರ ಹೆಸರು Father/ Mother/Husband/ Guardian Name: **Ashek B. # 189/3, 3rd cross. Gowamma layout Chandrapura. Chalka Kane.**
3. ಪಾಲುಂ ಮನೆ ವಿಳಾಸದ್ದು (ಮುಖ್ಯರಸ್ತೆ, ಉಪರಸ್ತೆ) Permanent Residence Address (D. No. / Main/Cross): **Chandapura. Anekal. 3rd cross - 99.**
4. ಜನ್ಮ ದಿನಾಂಕ Date of Birth: **24 year.**
5. ವಯಸ್ಸು Age: **Namadevashilpi (2A)**
6. ಪಾತಿ (ಒಳಪಾತಿಯನ್ನು ಸ್ಪಷ್ಟವಾಗಿ ನಮೂದಿಸುವುದು ವ.ಶಾ. ಶ.ಪಂ. ಒ.ವ., ಇತರ (Specify Caste/ Sub Caste (clearly SC, ST, OBC, & other))
7. ಹೆಣ್ಣು ಗಂಡು Female Male: **Male**
8. ಉದ್ಯೋಗ Occupation
9. ವೈದ್ಯಕೀಯ ಪ್ರಾಧಿಕಾರದ ವಿಳಾಸ ಅಂಗವಿಕಲರ ಕಛೇರಿ

ಪ್ರಮಾಣ ಪತ್ರ (ಸಮೂಹ 2,3,4 ರಂತೆ)

*[Signature]*  
**S. SURANA COLLEGE**  
**SOUTH END ROAD**  
**BANGALORE - 4**

**Name and Address of the Medical Authority Issuing Disability Certificate**

(ಅಂಗವಿಕಲತೆಯ ಸ್ವರೂಪವನ್ನು/ದೃಢೀಕರಣವನ್ನು ಸರ್ಕಾರದ ಆದೇಶ ಸಂಖ್ಯೆ: ಮಮಇ/65/ಒಪೆಪೆ/2011 ದಿನಾಂಕ:21-09-2011ರಂತೆ ಶೇಕಡಾವಾರು ಪ್ರಮಾಣವನ್ನು ನಿರ್ದೇಶಿಸಿ ನಮೂದಿಸಿ ದೃಢೀಕರಿಸುವುದು.

Differently abled persons % of disability has to be diagnosed, specified and certified as per the Govt. Order No:WCD/PHP/65/2011 Dated:21-09-2011)

ಮೇಲ್ಕಂಡ ಭಾವಚಿತ್ರದ ವ್ಯಕ್ತಿಯ ಅಂಗವಿಕಲತೆಯ ಪ್ರಮಾಣವನ್ನು ಈ ಕೆಳಕಂಡಂತೆ ನಾನು/ನಾವು ದೃಢೀಕರಿಸಿದ್ದೇನೆ/ದೃಢೀಕರಿಸಿದ್ದೇವೆ.

As per the above persons affixed Photograph, I am/ We are/Satisfied and Certified said persons as below.

Sl. No.	Disability	Affected part of the body	Diagnosis	Permanent physical Impairment/ Mental Disability (in%)
1.	Locomotor Disability	@		
2.	Low Vision	#		
3.	Blindness	Both		
4.	Hearing Impairment	L		
5.	Mental Retardation	X		
6.	Mental Illness	^		
7.	Multiple			

*[Handwritten notes and signatures]*  
 MSIP

A. He / She is a case of ..... Disability. His/Her extent of permanent Physical Impairment/ Disability has been evaluated as per specified Guidelines for the disabilities ticked ( ) above and shown against the relevant Disability in the above table.

B. 1. In the light of the above, His / Her overall permanent Physical Impairment as per the specified guidelines is as follows -

In figures **100** percent (%)  
 In words **hundred** Percent (%)

2. The condition is progressive / non progressive / likely to improve / not likely to improve

10. ಶಿಫಾರಸ್ಸು ಮಾಡಲಾದ ಸೂಕ್ತ ಸಾಧನ ಸಲಕರಣೆಗಳ ವಿವರ

Recommended suitable Aids and Appliances:

- 1.
- 2.
- 3.

11. ವಿಕಲತೆಗೊಳಗಿನ ವ್ಯಕ್ತಿ/ವ್ಯಕ್ತಿಗಳ ಹೆಸರು  
 Signature - Through Impression of Differently abled persons.



PG ADMISSION APPLICATION FORM 2016-2017  
SURANA COLLEGE ( KX )

1. General Details

CANDIDATE NAME  
PAWAN KUMAR A

STUDENT TYPE	GENDER	DATE OF BIRTH	UNIVERSITY	RELIGION	CASTE CATEGORY
KARNATAKA	MALE	10/04/1993	BANGALORE	HINDU	OBC

FATHERS NAME  
ASHOK B

MOTHER NAME	Admission Type	MEDIUM
SAVITHRI	MANAGEMENT QUOTA	ENGLISH



2. Contact Details

POSTAL ADDRESS	STATE	
#189/3 GOWRAMMA LAYOUT 3RD CROSS ANEKAL ROAD CHANDAPURA BANGALORE	Karnataka	
Pln Code	MOBILE	TELEPHONE
560099	7411369179	7411369179

3. Previous Academic Details

QUALIFICATION EXAM	REG NO	YEAR	MARKS OBTAINED	MAXIMUM	PERCENTAGE
B.Com	13CNC31428	2016	2400	1352	56.33

4. Applying Course Details

COURSE NAME	SPECIALIZATION	DATE OF ADMISSION	APPROVAL FEES PAID
M.COM	MASTER OF COMMERCE	25/07/2016	3850

5. Signature

Thumb Impression

6. Declaration



I here by verified the Documents submitted by the Candidate and confirm that the above information is true and Correct.

Note :

1. Merely submitting the application form and payment of admission fees does not entitle the Candidate's admission to the course unless and until all documents are verified and found correct.
2. Any information given , if later found to be incorrect , the admission of the Candidate will be cancelled without prior notice to the concerned Principal or Candidate.
3. The Principal will be solely held responsible for fake Certificates / Documents submitted from fake / Non - recognized boards / Institutions / University / Organizations, to the University

Signature of the Principal with Seal (with in this box )

7. Bangalore University

OFFICE USE			
Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Checked by
Verified by	1:		Incharge Officer
	2:		

ಗುರುತಿನ ಚೀಟಿಯನ್ನು ಹೊಂದಿರುವವರು ಈ ಕೆಳಗಿನ  
ಸೌಲಭ್ಯಗಳನ್ನು ಪಡೆಯಲು ಅರ್ಹರಿರುತ್ತಾರೆ

ಸರ್ಕಾರಿ ಆದೇಶ ಸಂಖ್ಯೆ : ಮಮಅ/184/ಪಿಹೆಚ್‌ಪಿ/2004  
ಬೆಂಗಳೂರು, ದಿನಾಂಕ: 28-06-2004

1. ಉಚಿತ/ರಿಯಾಯಿತಿ ಬಸ್ ಪಾಸ್ ಸೌಲಭ್ಯ ಪಡೆಯಲು
2. ರೈಲ್ವೆ ರಿಯಾಯಿತಿ ಪಡೆಯಲು
3. ವಿಮಾನದಲ್ಲಿ ಪ್ರಯಾಣಿಸಲು ರಿಯಾಯಿತಿ ಪಡೆಯಲು
4. ಆದಾಯ ತೆರಿಗೆ ಪ್ರಯೋಜನ ಪಡೆಯಲು
5. ಸರ್ಕಾರದ ವಿವಿಧ ಯೋಜನೆಗಳಲ್ಲಿ ವೈದ್ಯಕೀಯ ಪ್ರಮಾಣ ಪತ್ರ ಸಲ್ಲಿಸಬೇಕಾದ ಸಂದರ್ಭಗಳಲ್ಲಿ ಗುರುತಿನ ಚೀಟಿಯನ್ನು ತೋರಿಸಿ/ನಕಲನ್ನು ನೀಡಿ ಪ್ರಯೋಜನ ಪಡೆಯಬಹುದು
6. ಆಧಾರ/NHFDC ಯೋಜನೆಯಡಿ ಪ್ರಯೋಜನ ಪಡೆಯಲು
7. ಆಶ್ರಯ, ರಾಜೀವ್‌ಗಾಂಧಿ, ಸ್ವರ್ಣ ರೋಜ್‌ಗಾರ್ ಯೋಜನೆ ಮುಂತಾದ ನಿವೇಶನ ಮತ್ತು ಮನೆಗಳನ್ನು ಪಡೆಯಲು
8. ವಿಕಲಚೇತನರ ಮಾಸಿಕ ನಿರ್ವಹಣಾ ಭತ್ಯೆಯನ್ನು ಪಡೆಯಲು
9. ವಿದ್ಯಾರ್ಥಿ ವೇತನ/ಪ್ರತಿಭಾವಂತ ವಿಕಲಚೇತನರ ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆ ಪ್ರೋತ್ಸಾಹಧನ ನೀಡುವ ಯೋಜನೆ

*S. Samuel*  
PRINCIPAL  
SURANA COLLEGE  
SOUTH END ROAD  
BANGALORE - 4

5

4

(ವಿಕಲಚೇತನರ ಅಂಗವಿಕಲತೆಯ ಪ್ರಮಾಣ ಪತ್ರ  
ಮತ್ತು ಗುರುತಿನ ಚೀಟಿ)

**(DISABILITY CERTIFICATE &  
IDENTITY CARD FOR THE  
DIFFERENTLY ABLED PERSONS)**

**Form No. II:-** In case of amputation or complete permanent paralysis of Limbs and in case of Blindness.

**Form No. III & IV:-** In case of multiple Disabilities and other single 7 Disabilities.

.....ಗ್ರಾಮ .....ತಾಲ್ಲೂಕು .....ಜಿಲ್ಲೆ  
(Village) (Taluk) (District)

ಪ್ರಮಾಣ ಪತ್ರದ ಕ್ರ.ಸಂ.

Certificate Serial No.

ದಿನಾಂಕ:

Dated: 29/09/2015

1. ಹೆಸರು  
Name : **SANGEETHA S**
2. ತಂದೆ/ತಾಯಿ/ಗಂಡನ/  
ಮೋಷಕರ ಹೆಸರು  
Father/Mother/Husband/  
Guardian Name : **S. RAOJAPPA**
3. ಖಾಯಂ ಮನೆ ವಿಳಾಸದಲ್ಲಿ  
(ಮುಖ್ಯ ರಸ್ತೆ, ಉಪ ರಸ್ತೆ)  
Permanent Residence  
Address (D.No./Main/Cross) : **Salana Cross,  
Late Trusts for  
Disable,  
No. 1101, 10th Main,  
Hampinagar  
R.P.C layout  
Vijayanagar,  
Bangalore,  
560014**
4. ಜನ್ಮ ದಿನಾಂಕ  
Date of Birth : **05/08/1997**
5. ವಯಸ್ಸು  
Age : **18 year**
6. ಜಾತಿ (ಒಳಜಾತಿಯನ್ನು  
(ಸ್ಪಷ್ಟವಾಗಿ ನಮೂದಿಸುವುದು  
ಪ.ಜಾ, ಪ.ಪಂ, ಹಿ.ವ., ಇತರೆ)  
Specify Caste/ Sub Caste  
(clearly SC, ST, OBC, & Other)
7. ಹೆಣ್ಣು ಗಂಡು  
Female Male
8. ಉದ್ಯೋಗ  
Occupation
9. ವೈದ್ಯಕೀಯ  
ಪ್ರಮಾಣಪತ್ರದ ವಿವರಗಳನ್ನು ಪೂರ್ವಾಂಶಿತ (ನಮೂನೆ 2,3,4  
ರೀತಿಯಲ್ಲಿ ಸಲ್ಲಿಸುವುದು ಬೆಂಗಳೂರು ನಗರ ಜಿಲ್ಲೆ ಬೆಂಗಳೂರು



**BANGALORE UNIVERSITY**  
ADMISSION APPLICATION FORM 2017-2018



SURANA COLLEGE (KX)

**413656**

**GENERAL DETAILS**

**CANDIDATE'S NAME**

SANGEETHA S

CANDIDATE TYPE	SEX	DATE OF BIRTH
KARNATAKA STUDENT PASSED OUT FROM KARNATAKA PU BOARD	FEMALE	08/05/1997

MEDIUM	RELIGION	CASTE CATEGORY
ENGLISH	HINDU	SC

FATHER'S NAME	MOTHER'S NAME	GAURDIAN'S NAME
SIDDAPPA	PUSHPA	SIDDAPPA

**CONTACT DETAILS**

**POSTAL ADDRESS**

#215, AK COLONY, NALLUR CAMP, CHANNAGIRI TQ, DAVANAGERE DIST

PIN CODE	MOBILE	TELEPHONE(LANDLINE)	EMAIL ID
577221	9901785135	9901785135	

**PREVIOUS ACADEMIC DETAILS**

QUALIFICATION EXAM	MARKS OBTAINED	OUT OF	GRADE
PUC (KARNATAKA)	296	600	

**APPLYING DEGREE DETAILS**

DEGREE NAME	COURSE TYPE	DATE OF ADMISSION	FEES
B.A	A80	14/06/2017	1513

**SUBJECT OPTED**

**LANGUAGES**

KANNADA  
ENGLISH

**SPECIALIZATION**

History,Economics,Political Science





Minto Ophthalmic Hospital  
Bangalore

0/ 200

Date



ಸುಪರಾ ಕರ್ನಾಟಕ ವರ್ಷ 2006  
Government of Karnataka

REGIONAL INSTITUTE OF OPHTHALMOLOGY

ಪ್ರಾದೇಶಿಕ ನೇತ್ರ ಚಿಕಿತ್ಸಾ ಸಂಸ್ಥೆ ಮಿಂಟೋ ಕರ್ನಾಟಕ, ಬೆಂಗಳೂರು  
MINTO OPHTHALMIC HOSPITAL, BANGALORE

**BLIND CERTIFICATE**

This is to Certify that Sri/Smt. T.C. Anshu

..... aged about 17..... years with

O.P.D. No. 2657

..... is totally blind in both eyes.

(He) congenital Mydriatic & Phthisis bulbi.

Signature: Dr. P. S. Srinivas

Dr. P. S. Srinivas

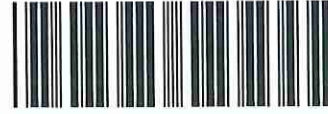
Designation: Senior Resident

Minto Ophthalmic Hospital  
Bangalore





**BANGALORE UNIVERSITY**  
ADMISSION APPLICATION FORM 2017-2018



SURANA COLLEGE (KX)

**413411**

**GENERAL DETAILS**

**CANDIDATE'S NAME**

AMOGH T C

CANDIDATE TYPE	SEX	DATE OF BIRTH
KARNATAKA STUDENT PASSED OUT FROM KARNATAKA PU BOARD	MALE	22/08/1998

MEDIUM	RELIGION	CASTE CATEGORY
ENGLISH	HINDU	OBC

FATHER'S NAME	MOTHER'S NAME	GAURDIAN'S NAME
CHANDRA T M	ANURADHA B	CHANDRA T M

**CONTACT DETAILS**

**POSTAL ADDRESS**

#2119/A, SRI RAMA BADAVANE, OPP TO ISTARHA SIDDI GANAPATI TEMPLE, KENGERI  
UPANAGARA, BANGALORE

PIN CODE	MOBILE	TELEPHONE(LANDLINE)	EMAIL ID
560060	9036120805	9036120805	

**PREVIOUS ACADEMIC DETAILS**

QUALIFICATION EXAM	MARKS OBTAINED	OUT OF	GRADE
PUC (KARNATAKA)	306	600	

**APPLYING DEGREE DETAILS**

DEGREE NAME	COURSE TYPE	DATE OF ADMISSION	FEEES
B.A	A80	28/07/2017	2063

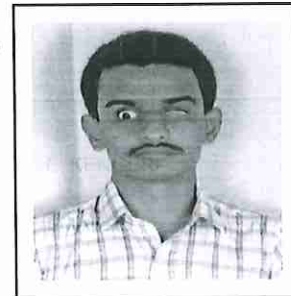
**SUBJECT OPTED**

**LANGUAGES**

KANNADA  
ENGLISH

**SPECIALIZATION**

History,Economics,Political Science

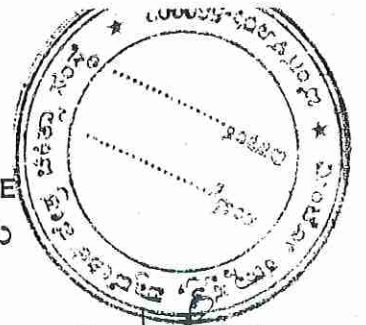


Government of Karnataka

MINTO OPHTHALMIC HOSPITAL

REGIONAL INSTITUTE OF OPHTHALMOLOGY, BANGALORE

ಮಂಟೋ ಕಣ್ಣಾಸ್ಪತ್ರಿಕೆ, ಪ್ರಾದೇಶಿಕ ನೇತ್ರ ಚಿಕಿತ್ಸಾ ಸಂಸ್ಥೆ, ಬೆಂಗಳೂರು



ASSISTANT PROFESSOR  
OF OPHTHALMOLOGY,  
Regional Institute of Ophthalmology,  
Minto Ophthalmic Hospital,  
Bangalore-560-002

Date: 29/9/12

BLIND CERTIFICATE

This is to Certify that Sri/Smt. D. Shona  
aged about 27 years with

O.P.D. No. 5/09/4 is totally blind in both eyes.

Diagnosis: Bilateral Nyctalopia (B0).

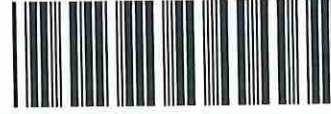
(100-5)  
Signature: [Signature]

Designation: ASSISTANT PROFESSOR  
OF OPHTHALMOLOGY,  
Regional Institute of Ophthalmology,  
Minto Ophthalmic Hospital,  
Bangalore-560-002





**BANGALORE UNIVERSITY**  
ADMISSION APPLICATION FORM 2017-2018



SURANA COLLEGE (KX)

**413366**

**GENERAL DETAILS**

**CANDIDATE'S NAME**  
SHIVA D

CANDIDATE TYPE	SEX	DATE OF BIRTH
KARNATAKA STUDENT PASSED OUT FROM KARNATAKA PU BOARD	MALE	27/02/1996

MEDIUM	RELIGION	CASTE CATEGORY
ENGLISH	HINDU	OBC

FATHER'S NAME	MOTHER'S NAME	GAURDIAN'S NAME
NARASIMHALU D	KAMAKSHI	NARASIMHALU D

**CONTACT DETAILS**

**POSTAL ADDRESS**  
11TH MAIN ROAD, 3RD CROSS, BEHIND RAMA TEMPLE, KAMMAGONDANAHALLI,  
BANGALORE

PIN CODE	MOBILE	TELEPHONE(LANDLINE)	EMAIL ID
560015	8553346240	8553346240	

**PREVIOUS ACADEMIC DETAILS**

QUALIFICATION EXAM	MARKS OBTAINED	OUT OF	GRADE
PUC (KARNATAKA)	432	600	

**APPLYING DEGREE DETAILS**

DEGREE NAME	COURSE TYPE	DATE OF ADMISSION	FEES
B.A	A80	28/07/2017	2063

**SUBJECT OPTED**

**LANGUAGES**

KANNADA  
ENGLISH

**SPECIALIZATION**

History,Economics,Political Science

