

# Provision of Assistance during End Term Exams.

Guru Gobind Singh Indraprastha University  
Sector-16C, Dwarka, New Delhi-110078



## EXAMINATION DIVISION

A.D. Lamba  
Dy. Registrar

Ph.: 011-25302261, 62  
Fax: 011-25302248

Dated: 07.05.2019

To,

The Centre Superintendent  
Banarsidas Chandiwala Institute of  
Hotel Management & Catering Technology  
Chandiwala Estate, Maa Anandmai Marg,  
Kalka Ji, New Delhi-110019  
Ph:

Sub: Regarding Permission for Separate Room/Extra Time/Writer,  
arrangement for the person with Temporary Injury end Term  
Examination, April-May, 2019.

Sir/Madam,

This is with reference to the application received from Mr. Dhawal Sareen Roll No. 40751102417, Prog. BAJMC for End Term Exam. April-May, 2019 Examination, for the same, I am to state that as per the University Notification No. GGSIPU/Exam/COE(O)/2014/2070(a) dated 12.09.2014, for giving equal opportunities to the person with disabilities (Equal opportunities protection of Right and full Participations) Act-1995 and/or for temporary injuries/accident cases, the Controller of Examination has allowed this student under Proposal-B

You are requested to kindly allow/make arrangement for the said student following the guidelines/instructions as per the copy of above-mentioned University Notification enclosed herewith.

Paper Codes: 24202, 24204, 24206, 24210.

(A D Lamba)

Copy to:

1. PS to COE
2. FO-II
3. Concerned Student
4. Guard file, Conduct April-May, 2019



GOBIND SINGH INDRAPRASTHA UNIVERSITY, DELHI

Examination Admit Card  
(MAY, 2019, PROVISIONAL)

COE/F10/OCT-13

DHAWAL SAREEN

40751102417

DME ( Code: 511 )

BA(JMC), Batch of: 2017, Code: 024



papers Appearing in :

24152 24154 24202 24204 24206 24210 24252 24254 24256  
24260



Note:  
Morning Session  
Entry in the Examination Hall will start from 09:15 a.m. and no entry will be allowed after 09:45 a.m.  
Evening Session  
Entry in the Examination Hall will start from 02:15 p.m. and no entry will be allowed after 02:45 p.m.

Ran Kant Sharma  
Dean / Director / Principal

*Dhawal*

Signature of the Candidate

*Bavin Chandan*

Controller of Examination



*Shandari*



Guru Gobind Singh Indraprastha University  
Sector-16C, Dwarka, New Delhi-110078

EXAMINATION DIVISION

A.D. Lamba  
Dy. Registrar

Ph.: 011-25302261, 62  
Fax: 011-25302248

To,

Dated: 06.05.2019

The Centre Superintendent  
Banarsidas Chandiwala Institute of  
Hotel Management & Catering Technology  
Chandiwala Estate, Maa Anandmai Marg,  
Kalka Ji, New Delhi-110019  
Ph:

Sub: Regarding Permission for Separate Room/Extra Time/Writer,  
arrangement for the person with Temporary Injury end Term  
Examination, April-May, 2019.

Sir/Madam,

This is with reference to the application received from Ms. Sanjoli Malhotra Roll No. 11817702416, Prog. BAJMC for End Term Exam. April-May, 2019 Examination, for the same, I am to state that as per the University Notification No. GGSIPU/Exam/COE(O)/2014/2070(a) dated 12.09.2014, for giving equal opportunities to the person with disabilities (Equal opportunities protection of Right and full Participations) Act-1995 and/or for temporary injuries/accident cases, the Controller of Examination has allowed this student under Proposal-A

You are requested to kindly allow/make arrangement for the said student following the guidelines/instructions as per the copy of above-mentioned University Notification enclosed herewith.

Paper Codes: 24202, 24302, 24304, 24306.

(A D Lamba)

Copy to:

1. PS to COE
2. FO-II
3. Concerned Student
4. Guard file, Conduct April-May, 2019



To

Date 10-05-19

The centre Superintendent,

Banarsidas Chandiwala,

Institute of Hotel management & Catering Technology,

Chandiwala Estate,

Maa Anandmai Marg,

Kalka ji,

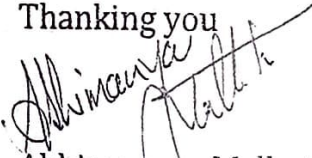
New Delhi : 110009

Sub: Regarding handling Over Letter of Registrar for Sanjoli Malhotra for extra time.

Respected Sir/Madam,

As Above I am handing over letter by Dy. Registrar A.D Lamba dated 06/05/2019. My Daughter Sanjoli Malhotra perusing Bachelor of Arts in Journalism and Mass Communication BA (JMC) 2016 - 2019 Enrollment 11817702416. Kindly pride extra time.

Thanking you

  
Abhimanyu Malhotra







  
10/05/19

S.No - 4520/10 # 122153

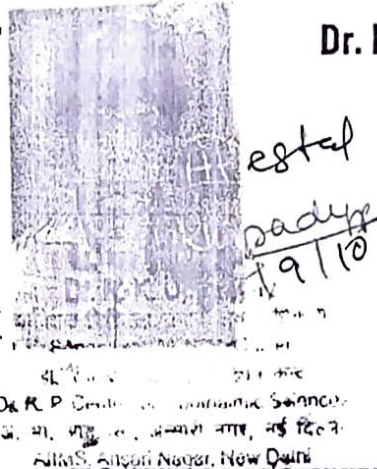
23/9/10

द्वार का पता - "मेडिन्स्ट"  
TELEGRAM - "MEDINST"

डा० राजेन्द्र प्रसाद नेत्रविज्ञान केन्द्र  
अखिल भारतीय आयुर्विज्ञान संस्थान  
अंसारी नगर, नई दिल्ली-११००२९ (भारत)

Dr. Rajendra Prasad Centre for Ophthalmic Sciences

All India Institute of Medical Sciences  
Ansari Nagar, New Delhi-110029 (India)  
Tel.: 6864851-65, 6561123  
Fax: 91-011-6852919, 91-011-6862663



Dated: 23/9/10

**TO WHOMSOEVER IT MAY CONCERN**

This is to certify that Mamty Paswan, age 16 male/female,  
S/W/D/I of S.h. Shankar Paswan, was examined in the RPC  
OPD (No. 264512). He/She was diagnosed to have B/E optic atrophy  
His/Her best corrected visual acuity in R/E. fcct and  
L/E. fcct  
Therefore, he/she is visually handicapped by 100 % (Hundred) Percent.

(Print)  
चिकित्सक के हस्ताक्षर, यूनिट - VI  
Signature of the Doctor, Unit  
Dr. Pranshu

LTI  
Attested  
रोगी के हस्ताक्षर  
Signature of the Patient  
R. K. Upadhyay

प्रतिहस्ताक्षरित  
COUNTERSIGNED

Counter Signed

चिकित्सक अधीक्षक

Medical Superintendent

डा० राजेन्द्र प्रसाद नेत्र विज्ञान केन्द्र  
Dr. R.P. Centre for Ophthalmic Sciences  
अखिल भारतीय आयुर्विज्ञान संस्थान / AIIMS  
नई दिल्ली / New Delhi



Dr. R. K. Upadhyay  
अ. म. आयु. स., अंसारी नगर, नई दिल्ली  
AIIMS, Ansari Nagar, New Delhi

X To  
The Examination Controller,  
Belkhet, New Delhi

Subject: Permission for Writer for  
Visual Impairment.

Sir,

Please grant me permission for  
a writer as I am visually impaired, to  
write CET Exam on April 16, 2016. (B.Ed).

Yours Sincerely,



(Monty Paswan)

Roll No. - 1221539

S/o - Shri Shankar Paswan

Medical Attached



Bhandari

Examination dept in GGSIP university  
was informed. As per their instruction  
writer was provided.

Date - 16/4/16

Bhandari  
16/4/16

R. K. Bhandari  
Principal  
Banarsidas Chandiwala Institute of  
Hotel Management & Catering Technology  
Chandiwala Estate, New Anandm: Marg  
Kalkaji, New Delhi-110019

1/16  
16-4-16

Sept - 2016 00500 20800

DR. RAJENDRA PRASAD CENTRE FOR OPHTHALMIC SCIENCES  
A.I.I.M.S., Ansari Nagar, New Delhi-110 029

FORM OF MEDICAL CERTIFICATE FOR PERSONS WITH VISUAL DISABILITIES

Certificate No. 292/16

Date: 23/3/16

This is to certify that Smt/Shri/Kum

M/F/Other Son/Daughter of Shri

Lakhan Singh  
Vijay Singh



Signature/Thumb Impression  
[Handwritten signature and thumb impression]

Date of Birth 16/8/1987 Age 29/19 having identification marks as below

1. Whose photograph is affixed above and has submitted the Identity/Address Proof (PAN CARD/AADHAR/DRIVING LICENCE/RATION CARD) or mention if any other

Has been diagnosed to have RE Retinitis Bulbi  
LE Retinitis Bulbi  
Atrophic

and is suffering from visual disability of following category :

Blindness or low vision Category 0 / I / II / III / IV One eyed BCVA Recorded as Better Eye  Worse Eye   
Percentage of disability in his/her case is 100% Hundred percent.

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

In our assessment the disability is Temporary / Permanent in nature.

Reassessment of this case is (not recommended) / is recommended after a period of years

Signature of Senior Resident  
Name Dr. Manpreet Kaur  
Registration No. [Handwritten]

Signature of Faculty Member

Signature of Unit Head  
Name Dr. J.S. Titiyal  
Registration No. [Handwritten]

Dr. R.P. Centre for Ophthalmic Sciences  
Place: A.I.I.M.S., New Delhi-29

Professor of Ophthalmology  
Dr. R.P. Centre for Ophthalmic Sciences  
A.I.I.M.S., New Delhi-29

Date: 5/3/16

Counter Signature of the Medical Superintendent  
[Handwritten signature]



Note: The certificate is valid for... years in cases of temporary disability and validity is permanent in cases of permanent disability. The criteria of disability is mentioned overleaf.

Disclaimer: This document is a medical report and not a validated proof of age/ identity/ address.

[Handwritten signature]

X

To

The controller Examiner,

I am Lakham Singh son of shri Vijay Singh,  
My Cat no is 1221403 Actually I require  
a writer for me, as I am visual  
disable category. So please Allow me  
for the writer thank you

Date

16/04/2016



Signature  
Name of the Candidate  
Lakham Singh

Medical attached

Examination dept in GGSIB university was  
informed. As per their instructions writer was  
provided.

Bhandari  
16/4/16

R. K. Bhandari  
Principal

Banarsidas Chandiwala Institute of  
Hotel Management & Catering Technology  
Chandiwala Estate, Mac Anandmal Marg  
Kalkaji, New Delhi-110019

16/4/16



Bhandari





GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY  
SECTOR 16 C, DWARKA, DELHI 110075

CET CELL  
Examinations Division

Date: 16.04.2016

To,  
Director/Principal  
Banarsidas Chandiwala Institute  
of Hotel Management &  
Catering Technology  
Chandiwala Estate, Maa Anandmai Marg,  
Kalkaji, New Delhi-110019

CENTRE CODE: 305

Sub: Information for providing Writers to Visually Impaired / PH Category Candidate.

Dear Sir/Madam,

This is to inform you that the following visually impaired / PH candidate shall appear for the B.ED/B.ED(SPL.EDUCATION), CET CODE-122, CET-2016 on 16<sup>th</sup> April, 2016 (10:30AM to 1. PM) at your centre.



SL. NO	ROLL NO	NAME OF CANDIDATE
1.	1221247	Satish Vishwakarma


You are requested to kindly provide the writer to the candidate for the exam. If required, he may also be given extra time up to maximum of 50 minutes for the exam as per the University guidelines.(20 minutes per hour of exam).

Extra payment of writer and invigilator will be made to the centre as per University norms.

With regards

Thanking You.

  
(Udayan Ghose)  
Incharge, CET Cell

में,

✓

श्रीमान प्रशासनिक अधिकारी जी,  
गुरु गोविंद सिंह इण्डियन कॉलेज,  
दिल्ली,

विषय: प्रवेश परीक्षा के लिए स्कूल विद्यार्थी लेखक प्रदान करने के लिए

सविनय,

निवेदन यह है कि, महोदय मेरा नाम सतीश विश्वनाथ है।  
मैं गिरंग वी कॉम्प गे दिल्ली सरकार के दूरस्थ हीन दूरस्थवाण गे नं० 18,  
नं० 18, HCGBS, सेवापुरी दिल्ली - 110009 रहता हूँ। महोदय मैंने  
इस वर्ष रामजल कॉलेज, दिल्ली के तृतीय वर्ष का परीक्षा दी  
है। जिसके बाद मैं गुरु गोविंद सिंह इण्डियन कॉलेज के  
द्वारा बी.एड./बी.एड. (विशेष शिक्षा) के प्रवेश परीक्षा जो कि  
16-04-2016 को होने जा रही है। महोदय मैं दृष्टि होने का  
हूँ, जिस कारण मुझे स्कूल विद्यार्थी लेखक का आवश्यकता है।  
क्या महोदय मुझे 16-04-2016 को होने वाली प्रवेश परीक्षा  
के लिए स्कूल विद्यार्थी लेखक प्रदान किया जाया, कृपया यह  
दृष्टान्त रखा जाए कि वह कोई कॉलेज कार्यकारी न है।  
आफनी उत्ति कृपया होगी धन्यवाद,

धन्यवाद,

दिनांक

-04-2016

आपका शर्मा, 12

नाम :- सतीश विश्वनाथ

प्रवेश परीक्षा :- B.ED / R.ED (Sp. Ed)

शील नं० :- 1221247

Handari





GURU GOBIND SINGH INDRAPARSTHA UNIVERSITY, DWARKA, DELHI  
Take Two Printouts of this Admit Card and bring both at the time of CET

ADMIT CARD CET-2016

CET Roll No :

1 2 2 1 2 4 7

CET Date & Time : 16/04/2016 at 10.30 AM to 1 PM

CET Code : 122

Center Code : 305

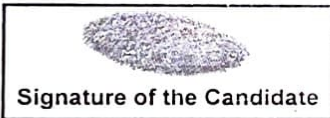
Name of CET : B.ED / B.ED (SPL. EDUCATION)

CET Center Name & Address : Banarsidas Chandiwala Institute of Hotel Management & Catering Technology  
Chandiwala Estate, Maa Anandmai Marg, Kalka ji., New Delhi-110019

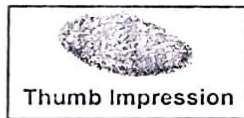
Candidate's Name & Address : SATISH VISHWAKARMA  
ROOM NO. 18, HCGBS, SEWAKUTIR  
KINGSWAY CAMP, DELHI NEW DELHI  
Delhi 110009



Please Paste Your Photograph  
(Same) Here



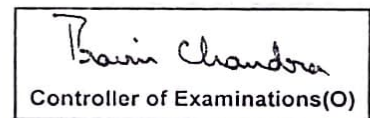
Signature of the Candidate



Thumb Impression



Invigilator's Signature

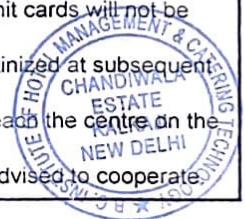


Controller of Examinations(O)

Remarks :

Instructions to the candidate: CET-2016

1. No entry to the CET centre is allowed after the scheduled commencement of the CET.
2. The entry into the examination centre is not permitted before 30 minutes prior to the commencement of the CET.
3. No candidate without the possession of the admit card is permitted to enter the examination centre. The admit card must be produced for verification in the examination hall.
4. The Candidate should carry any photo ID with him/her.
5. Candidate must ensure that he/she has occupied the correct allotted seat.
6. Candidates are allowed to leave the allotted seats only after the COMPLETE DURATION OF THE TEST and after submitting the OMR Answer sheet and the test booklet to the invigilator.
7. Use only BLACK BALL POINT PEN for filling of the OMR Answer Sheet.
8. While answering mark only one answer per question, more than one answer for particular question will be treated as incorrect.
9. Carrying books, notebooks, electronic watches, cellular phones, pagers, calculators or any other similar gadgets inside the CET centre is not permissible. If any candidate found to possess these items he/she would be booked under Unfair Means Case and such items would be confiscated.
10. Candidate should RETAIN ONE COPY OF THE ADMIT CARD (WITH INVIGILATOR'S SIGNATURE) till the admissions are finished. Second copy should be handed over to the Invigilator at the time of CET. Duplicate admit cards will not be issued after test.
11. Issue of the admit card does not necessarily mean acceptance of eligibility which will be further scrutinized at subsequent stages of admission process.
12. Candidates are advised to check the address of CET centre allotted, in advance, so that, they can reach the centre on the date of CET well within time.
13. Photography of Individual Candidates may be done during a particular CET. All the candidates are advised to cooperate.



*Signature of Controller of Examinations(O)*

257 155295

OFFICE OF THE MEDICAL SUPERINTENDENT  
HINDU RAO HOSPITAL  
(MUNICIPAL CORPORATION OF DELHI)

No. 257

Dated 16 JAN 2007



MEDICALLY HANDICAPPED CERTIFICATE

DR. BISHU KUMAR  
M.D. (A.I.M.S.)  
SPECIALIST  
EYES DEPTT.  
Hindu Rao Hospital, Delhi-7

Department of \_\_\_\_\_  
(Ortho./ENT/Ophthalmology/Other)

This is to certify that patient Shri/Smt./Km. Satish Kumar

age 14 years son/wife/daughter of Shri Bhawan Kishan Kumar

(D/MRD No. En. 2054 whose specimen signature is given below is suffering

from B/L Microphthalmia

His/Her disability is 100% (in percentage). It is, therefore,

recommended/advised that he/she may be considered as a candidate for the benefits of partially/

completely visually handicapped person.

[Signature]  
16/1/07

Signature of Medical Officer KUMAR  
with seal M.D (A.I.M.S.)  
Sr. EYE SPECIALIST &  
HEAD OF EYES DEPTT.  
Hindu Rao Hospital Delhi-7



Attested  
C.T.I.

[Signature]  
16/1/07  
DR. BITHI CHOWDHURY  
M.B.B.S., M.S. (Cphtho)  
EYE SPECIALIST  
Hindu Rao Hospital, Delhi

(Signature of the patient)

Countersigned

[Signature]  
Medical Superintendent  
Hindu Rao Hospital, Delhi  
Addl. Medical Superintendent  
Hindu Rao Hospital Delhi-7

[Signature]

