

## Facility for differently-abled (Divyangjan)

### 1. Lift:

We made the provision for lift.



Photo of Lift

## 2. Ramps:


Buildings have been provided with ramps.



Photos of Ramps

#### 4. Scribes for examination:

We are providing the scribe in the examination as per students demand with permission of university.

  
UNIVERSITY OF KOLHAPUR, KOLHAPUR DISTRICT, MAHARASHTRA  
विद्यापीठ, कोल्हापूर ४१६००६ महाराष्ट्र  
संस्थापित १९६०

Ref. No. SU/EXAM/OE-4/KDK / 3154 Date: 30/11/2011  
01-12-2011

प्रति  
श्री. महाशुभत गुरुदत्त साळोखे  
द्वारा, मंत्रालय कॉलेज ऑफ इंजिनिअरींग, पन्हाळा,  
कोल्हापूर

विषय - सयटर/जादा वेळ इ. मिळण्याबाबत

संदर्भ - SU/EXAM/OE-4/KDK/4115 दि 10/11/2011 चे फर

विद्यापीठाच्या परिपत्रक क SU/EXAM/OE-4/KDK/8051 Dated 08.2.2007 व शिवाजी वि/परिपत्रक नियुक्ती/1 ते 6/दि 07.09.2007 व Ref. No. शिवाजी वि/परीक्षक नियुक्ती/6451 Dt. 04/02/2010 नुसार व आपण विहित नमुन्यात सादर केलेल्या विनंतीनुसार आपण Dyslexia Person असल्याचे सादर केलेल्या कागदपत्रानुसार निदर्शनास आले आहे. सबब वरील परिपत्रकानुसार खालील सवलती देण्यात येत आहेत

- 1) आपणास 3 तासांच्या पेपरला 1 तास जादा वेळ देणेत येईल
- 2) विद्यार्थ्याने उत्तर पत्रिकेवर Disability Dyslexia Dysgraphia Dyscalculia लिहावे त्यावर बरिष्ठ पर्यवेक्षक यांची स्वाक्षरी घ्यावी
- 3) उत्तीर्ण होण्यासाठी एक किंवा जादा पेपरसाठी गरज पडलेस 20 गुणांचा लाभ देणे
- 4) Concession be given for spelling mistakes or math number (b l 3/5)

उपकुलदक्षिण

1) बरिष्ठ पर्यवेक्षक / केंद्र प्रमुख यांनी विद्यापीठाच्या वरील सदरमाच्या परिपत्रकातील तरतुदीच्या अधिन राहून व त्याप्रमाणे आवश्यक बाबींची पूर्तता संबधित परीक्षार्थीकडून करून घेऊन त्यांना वरीलप्रमाणे सवलत देण्यात यावी


प्रत 1 प्राचार्य, मंत्रालय कॉलेज ऑफ इंजिनिअरींग, पन्हाळा,  
कोल्हापूर  
2. मध्यवर्ती मूल्यमापन केंद्रास माहिती व आवश्यक कार्यवाहीसाठी

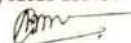
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28/11  
2-2011  
30/11/11  
11/2

Holy-Wood Academy, Kolhapur's

**seti** **SANJEEVAN ENGINEERING AND TECHNOLOGY INSTITUTE**  
Somwar Peth, Panhala, Tal. Panhala, Dist. Kolhapur-416 201

**IDENTITY CARD**

	Name	: SANGALE SIDHARTH SANJAY
	Reg. No.	: 20142293
	Branch	: Mechanical Engineering
	Birth Date	: 05-06-1996
	Contact No.	: 9765792070/02328-239494

  
Principal Sign.

**ATTESTED**

  
**VC PRINCIPAL**  
Sanjeevan Engg. & Tech. Institute,  
Somwar Peth, Panhala.



भारतीय स्टेट बैंक  
**State Bank of India**  
With you - all the way

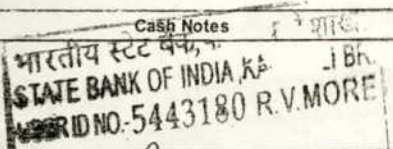
CANDIDATE COPY  
AMUPMDC

Association of Managements of Unaided Private Medical and Dental  
Colleges, Maharashtra.

Application Fee Details

Cash can be tendered at any branch of State Bank of India

SBI-SWO-PLEASE GO THROUGH CBS SCREEN-8888/MENU:PREUPLOADED FEE COLLECTION

FEE TYPE :	242
User Name / Application No. :	1506977
Date of Birth :	27/11/1995
Applicant's Name :	ATIGRE PRANAV SHIVAJI
Description :	AMUPMDC CET 2015
Amount(Fee + 60 Rs. Bank Commission):	Rs.3060
Last Date of Payment :	30/04/2015 (dd/mm/yyyy)
Deposit Date :	07/04/2015 (dd/mm/yyyy)
Cash Notes	Amounts
	X 1000 X 500 X 100 X 50 X 10
Transaction ID (Bank Journal No.)	014565482
Branch Stamp	Authorized Signatory
<p>Candidate has to ensure that the Transaction ID Number is given by the Bank on Challan-copy.          Candidate should deposit fee on second working day.          Helpline No. for Payment related issue: SBI Mumbai Main Branch 022-22623971.</p>	

ATTESTED

*Shobalee*

110 PRINCIPAL  
Sanjeevan Engg. & Tech. Institute,  
Somwar Peth, Panhala.



Writer

Std.: <u>12<sup>th</sup></u> Div: <u>C</u>	Name: <u>Atigre Prangav S.</u>
Medium: <u>English</u>	Address: <u>At. Hirawade (Cha.</u>
Branch: <u>Shahupuri</u>	<u>Post - Hasur. Tal - Karver</u>
Year: <u>2013-14</u>	<u>Dist - Kolhapur</u>
 Signature of Principal	Tel.: <u>                    </u> Blood Gr. <u>O<sup>+</sup></u>
	Date of Birth: <u>27. Nov. 1995</u>
	Subjects Offered
	1. <u>Physics</u> 4. <u>Chemistry</u>
	2. <u>Maths</u> 5. <u>Biology</u>
	3. <u>English</u> 6. <u>I.T.</u>
	Signature of Student

**Correct Guidance, well planned and consistent hard work lead to a bright future!**

**ATTESTED**

*Chokde*

**Pr. PRINCIPAL**  
Sanjeevan Engg. & Tech. Institute,  
Somwar Peth, Panhala.

HOLY WOOD ACADEMY'S  
**SANJEEVAN ENGINEERING & TECHNOLOGY INSTITUTE**  
Somwarpath, Panhala

**Fee Receipt**

Receipt No. 13512

Date : 05/05/2015

Received the amount from

Mr/Ms Chingale Sidharth Sanjay  
Branch Mech Class FE

Gr. No.	Particulars	Amount) Rs.
1	Exam. Fee (winter fee) (Nov.-Dec./March-April.....)	100/-
2	Late Fee	}
3	Super Late Fee	
4	Mark Sheet Fee	
5	Verification / Photo copy Fee	
6	Other Fee	
7	.....	
8	.....	
Total (Rs.)		
In word <u>one hundred only</u>		
<u>Cash</u>		



Authorized Signatory

Form -III

MEDICAL CERTIFICATE IN RESPECT OF AN ORTHOPAEDICALLY (PHYSICALLY) HANDICAPPED OR SPASTIC CANDIDATE

For the purpose of concession granted to orthopaedically (Physically) handicapped, the orthopaedically (Physically) handicapped are those who have physical defect or deformity which caused an interference with the normal functioning of bones, muscles and joints.

This is certified that I, Dr. Sanjay S. More Registration No. 68139 have this

Day of May 200 15 examined the applicant whose particulars are given below; and that he/she falls within the above definition

1. Name of the candidate Mr. Sangale Sidharth Sanjay
2. Fathers Name Mr. Sanjay Ganpati Sangale
3. Gender Male
4. Approximate Age 18
5. Identification Mark None at home



6. a) Nature of disability: (Please tick relevant from following list):  
~~CONGENITAL~~ Fracture  
~~POST-POLIO PARALYSIS, HEMIPLEGIA,~~  
~~QUADRAPLEGIA, MALINED FRACTURE, NERVE~~ h1 vertebra  
~~PARALYSIS, (UPPER EXTREMITY, LOWER EXTREMITY,~~  
~~LIMB, RAINFUL, SHORTENING, DEFORMITY,~~  
~~CONGENITAL, ACQUIRED, ABOVE KNEE, BELOW KNEE,~~  
~~HIP, EMIPLECTOMY, SYMES, CHEOPARTS, WRITS,~~  
~~FINGERS, BELOW ELBOW, ABOVE ELBOW,~~  
~~SHOULDERS, FOFE QUARTER, UNILATERAL,~~  
~~BILATERAL~~



b) Extent of disability  
 Estimate in Percentage  
 (No Bridge Scale) (In figure and in Word's)  
 ON ANATOMICAL FUNCTIONAL, (PATIENTS ASSESSMENT, EXAMINER ASSESMENT)

PERCENTAGE  
 (Please state whether the Percentage of disability in 25 or above)

more than 25%  
Temporary physical  
Disability.

c) Use of appliance  
 (Tick relevant from following list)  
 CALLIPER, CRUTCH, ABOVE KNEE, BELOW KNEE,  
 PROSTHESIS, CANE, UNILATERAL, BILATERAL, ABOVE  
 ELBOW, BELOW ELBOW, HOMIPEVICTOMY,  
 SHOULDERS DIS-ARTI CULATION.

strict bed rest

d) Any Operation Done or Indicated

Not required at present

e) PHOTOGRAPH (Attest)

(To show the nature of disability and any appliance if used)

7. Any other particulars to clarify the nature and extent of disability that the Surgeon might like to point out.

Signature of Applicant 12456 Place : \_\_\_\_\_ (Signature of Orthopedic Surgeon) SM  
 Date : 26-4-15 Designation : \_\_\_\_\_  
 Office Stamp : \_\_\_\_\_  
 Address : \_\_\_\_\_

**Dr. Sanjay More**  
 M.S. (Ortho) D.N.B. (Ortho)  
 Reg. No. 68139  
 Abhinav Nursing Home,  
 1764, 'A' Shivaji Peth, Kolhapur.

Certificate is given for  
 To Certify that he/she Mr. Sangale Sidharth Sanjay is unable to write due  
 to his/her compression h1 vertebra & plexus palsy of upper extremity.  
Shankar