

**APPLICATION FOR AVAILING OF CONCESSIONS**

(Physically / Mentally Challenged)

1	Name of the Candidate (in block letters):					
2	Name of the Department:					
3	Programme:		Year of Admission			
4	UPRN of the candidate:					
5	Category:	Physically Challenged	Blind	Partially Blind	Deaf & Dumb	Mentally Challenged
6	Year and Semesters for which Concession is requested			Year	Sem	
7	Nature of Disability , with Details:					
12	Particulars of document attached:					
13	Signature of the Candidate:				Date:	
14	Signature of the Guardian:				Date:	
Signature and Seal of the Head of the Department						

**For Office Use**

Remark:

No.

**Controller of Examination**