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*7.1.7- Copies Of Application, Approval, and Related Documents For The PH Students Seeking/Obtaining Human Assistance, Reader, Scribe*

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**Letter of Undertaking for Using Own Scribe/Reader**

I Aum Savjani, a candidate with lupine crack in right thumb (name of the disability) appearing for the end semester (3<sup>rd</sup>) (name and semester of examination bearing Roll No. 92101041028). My qualification is B.Com L.L.B. (Hons.) 2<sup>nd</sup> Sem. complete

I do hereby state that Kansara Madhav Balvantbhai (name of scribe/reader) will provide the service of scribe/reader for the undersigned for taking the aforesaid examination.

I do hereby undertake that his qualification is BSC in case, subsequently it is found that his qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post and claims relating thereto.

Aum. J. Savjani

Aum. Savjani

(Signature & Name of the Candidate with Disability)

Place: Marwadi University, Rajkot.

Date: 29/11/22

Documents to be enclosed:

- Certificate duly signed by the Chief Medical Officer/ Civil Surgeon / Medical Superintendent of Government Hospital/Health Care with clear recommendations to avail facility of a Scribe for his / her Examinations
- Scribe/Reader's ID proof, educational details, No relationship certificate with the candidate



Dr. UJJWAL C. HATHI  
M.S. (ORTHO.)  
M. : 98244 10192



**CHINMAY HOSPITAL**

**ORTHOPEDIC & TRAUMA CENTRE**

Nirmala Convent School Road,  
Near Hanuman Madhi Chowk,  
Rajkot - 360 007. Ph. : 2585270

Dr. USHMA U. HATHI  
M.D. (Anas)

Date: 08/11/22

Certificate

This is to certify that Om  
Jayeshbhai Sarjani 21y is  
under my treatment for fracture  
of base of 1<sup>st</sup> metacarpal (of  
(R) thumb) with plaster cast  
to be kept upto 25/11/22. He  
shall not be able to work  
or write well with his  
(R) hand for at least one month  
after cast removal, i.e. upto 25/12/22

Dr. Ujjwal C. Hathi.  
3-19635 M.S. (ORTHO)  
CHINMAY HOSPITAL  
NIRMALA CONVENT ROAD,  
NEAR HANUMAN MADHI CHOWK  
RAJKOT - 360 001.  
1281-2585270.M : 98244 10192

કોન પર ઓર્થોડોન્ટમેન્ટ લઈને આવવું. 0229-2424290





ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ  
ભારત સરકાર  
Unique Identification Authority of India  
Government of India

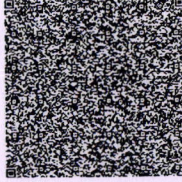
નામાંકન ક્રમ સંખ્યા/ Enrolment No.: 0651/50338/08516

To  
ડૉસારા માધવ બલવંતભાઈ  
Kansara Madhav Balvantbhai  
S/O: Balvantbhai  
lakhaji road  
up of gopal nenson jandu  
Rajkot  
Rajkot  
Rajkot Gujarat - 360001  
9408664060

Download Date: 16/09/2019

Generation Date: 08/03/2019

Signature Not Verified  
Digitally signed by  
Kansara Madhav Balvantbhai  
Unique Identification Authority of India  
Date: 2019.09.16 14:44:13  
IST



QR Code with Photograph

તમારો આધાર નંબર / Your Aadhaar No. :

6205 6168 4538

VID : 9160 6763 4290 3516

મારો આધાર, મારી ઓળખ



ભારત સરકાર  
Government of India



ડૉસારા માધવ બલવંતભાઈ  
Kansara Madhav Balvantbhai  
જન્મ તારીખ/DOB: 05/05/1998  
પુરુષ/ MALE

6205 6168 4538

VID : 9160 6763 4290 3516

મારો આધાર, મારી ઓળખ



Government of India



સંખ્યા

- આધાર ઓળખાણનું પ્રમાણ છે. નાગરિકતાનું નહિ.
- ઓળખાણનું પ્રમાણ ઓનલાઇન ઓથેન્ટિકેશન દ્વારા પ્રાપ્ત કરો.
- આ ઇલેક્ટ્રોનિક પ્રક્રિયા દ્વારા જનાવેલા દસ્તાવેજ છે.

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
- This is electronically generated letter.

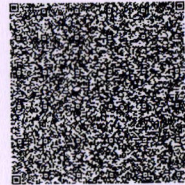
- આધાર દેશભરમાં માન્ય છે.
- આધાર ભવિષ્યમાં સરકારી અને બિન-સરકારી સેવાઓનો લાભ મેળવવામાં ઉપયોગી થશે.
- Aadhaar is valid throughout the country.
- Aadhaar will be helpful in availing Government and Non-Government services in future.



ભારતીય વિશિષ્ટ ઓળખાણ પ્રાધિકરણ  
Unique identification Authority of India

સરનામું :  
S/O: બલવંતભાઈ, લાખાજી રોડ, ગોપાલ નેન્સન જેંડુ  
ની ઉપર, રાજકોટ, રાજકોટ,  
ગુજરાત - 360001

Address:  
S/O: Balvantbhai, lakhaji road, up of  
gopal nenson jandu, Rajkot, Rajkot,  
Gujarat - 360001



QR Code with Photograph

6205 6168 4538

VID : 9160 6763 4290 3516

help@uidai.gov.in

www.uidai.gov.in

X m.p. Kankar





# SHRI LALBAHADUR SHASTRI VIDYALAYA

## શ્રી લાલબહાદુર શાસ્ત્રી વિદ્યાલય

Opp. Shashtri Ground, Rajkot-360 001. Telephone : 2480533

શાસ્ત્રી મેદાન સામે, રાજકોટ-૩૬૦ ૦૦૧. ફોન : ૨૪૮૦૫૩૩

MANAGED BY : SHRI MAHATMA GANDHI CHARITABLE TRUST RAJKOT.

સંચાલક શ્રી મહાત્મા ગાંધી ચેરિટિબલ ટ્રસ્ટ રાજકોટ.

(ACCREDITED BY THE GOVT. OF GUJARAT) (ગુજરાત સરકાર માન્ય સંસ્થા)

Registration No. : 5/67 Date : 16-06-1966

### SCHOOL LEAVING CERTIFICATE N° 000186

#### (શાળા છોડવાનું પ્રમાણપત્ર)

G. R. No. / જી. આર. નં : 17954

S. S. C. Index No. : 64.012

Medium / માધ્યમ : Gujarati / ગુજરાતી

H. S. C. Index No. : 14.016

- Full Name of the Student (Surname First) : KANSARA MADHAV BALVANTBHAI  
વિદ્યાર્થીનું પુરું નામ (અટક પ્રથમ) :
- Religion and Caste : HINDU KANSARA  
ધર્મ અને જાતિ :
- Mother's Name : \_\_\_\_\_  
માતાનું નામ :
- Place of Birth (With Taluka/District) : RAJKOT  
જન્મ સ્થળ (તાલુકા, જિલ્લા સહીત) :
- Date of Birth : 05-05-1998 FIFTH MAY NINETEEN  
(In Figure and Words as per NINETY EIGHT  
Christian Calender) :  
ખ્રિસ્તીવર્ષ અનુસાર જન્મ તારીખ (આંકડામાં અને શબ્દમાં) :
- Last School Attended : CHANAKYA MADHYAMIK VIDYA-  
જ્યાં ભણ્યા હોય તે છેલ્લી શાળા : - MANDIR, RAJKOT
- Date of Admission (With Class) : 01-06-2012 8. Date of leaving School : \_\_\_\_\_  
પ્રવેશ તારીખ (ધોરણ સહીત) : X-D શાળા છોડ્યા તારીખ : 31-05-2013
- In which Standard He/She : IN STD X (TENTH) SINCE  
Studying & Since When ? : THE DATE OF ADMISSION.  
ક્યાં ધોરણમાં અભ્યાસ કરે છે ? ક્યારથી ?
- Reason for Leaving School : SENT UP FOR S.S.-C. EXAM. MARCH.  
શાળા છોડવાનું કારણ : 2013
- Progress / પ્રગતિ : GOOD
- Conduct / વર્તણૂક : GOOD
- Remarks / વિશેષ નોંધ : SEAT NO : C-820898

Date : 31 MAY 2013  
તારીખ :

I Certify that the above information is verified by me with school register and found to be correct.  
આથી પ્રમાણિત કરવામાં આવે છે કે ઉપરની માહિતીની ચકાસણી શાળાના જનરલ રજીસ્ટર સાથે કરવામાં આવેલ અને સાચી માલુમ પડેલ છે.



29/11/22

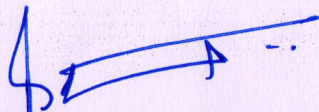
To,  
Respected Dean Sir,  
Faculty of Law,  
Marwadi University.  
Subject - Application for writer  
Respected Sir,

I, Anam Savjani B.Com L.L.B. (Hons.) 3<sup>rd</sup> Semester, 92101041028,  
115300. Request you to please allow me to have a  
writer for the upcoming 3<sup>rd</sup> Semester Examination  
from 6<sup>th</sup> to 22<sup>nd</sup> December, 2022 as I have recently  
suffered hairline crack in my right thumb and  
am unable to write the paper by my self.

Hope you will consider my situation and grant the  
permission.

To  
The COE  
Kindly allow writer  
as per the university  
rules and regulations

Regards,  
Anam Savjani,  
B.Com L.L.B. (Hons.)  
3<sup>rd</sup> Semester,  
92101041028,  
115300.  
Anam J. Savjani

  
Controller of Examination  
Marwadi University,  
Rajkot





**Letter of Undertaking for Using Own Scribe/Reader**


I Gajera Poojan, a candidate with left hand thumb fracture (name of the disability) appearing for the 1<sup>st</sup> sem. CE. Diplo. (name and semester of examination bearing Roll No. 92200116938116). My qualification is \_\_\_\_\_.

I do hereby state that Ved Bhatt (name of scribe/reader) will provide the service of scribe/reader for the undersigned for taking the aforesaid examination.

I do hereby undertake that his qualification is 10<sup>th</sup> standard in case, subsequently it is found that his qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post and claims relating thereto.

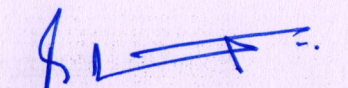
(Signature & Name of the Candidate with Disability)

Place: Rajkot  
Date: 28/11/22

 Gajera Poojan

Documents to be enclosed:

- Certificate duly signed by the Chief Medical Officer/ Civil Surgeon / Medical Superintendent of Government Hospital/Health Care with clear recommendations to avail facility of a Scribe for his / her Examinations
- Scribe/Reader's ID proof, educational details, No relationship certificate with the candidate

  
Controller of Examination  
Marwadi University,  
Rajkot





# જયનાથ હોસ્પિટલ

Managed By

## સદ્ભાવના હોસ્પિટલ

(સદ્ભાવના જનકલ્યાણ ટ્રસ્ટ)

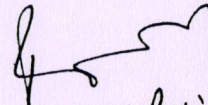
ગીતાજ્ઞાન મંદિરની બાજુમાં, ભક્તિનગર સર્કલ પાસે,  
રાજકોટ-૩૬૦ ૦૦૨. ફોન : (૦૨૮૧) ૨૩૭૮૧૦૦-૨૩૭૮૨૦૦

18/11/2022

Certificate

This is to certify that  
Mr. Pragam Parsothambhar Gajjar  
is having fracture proximal Humerus  
@ thumb. He is kept immobilized  
He is advised Rest for 1 month  
for. 4-11-2022

Dr. D. M. Rajivani  
M.S. (Ortho)  
Senior Ortho Surgeon  
1995-2019

  
DR. D. M. Rajivani

સૂચના : (૧) ફરી બતાવવા આવો ત્યારે આ કાગળ સાથે લાવવો જરૂરી છે.  
(૨) દવાનું રીએક્શન આપવું એ દર્દીની તાસીર પર આધારીત છે. તેને માટે ડોક્ટર જવાબદાર નથી.





JAY GURUDEV

# JAYNATH HOSPITAL

Healthy Through the highest level of Disciplined Service and Dedication.

Beside Geeta Gyan Mandir, Near Bhaktinagar Circle, Rajkot-360 002.(India)

Phone : 0281-2378100, email : jaynathhospital.rajkot@gmail.com

Managed By : Sadbhavna Jankalyan Trust

## RECEIPT

RPT No. : 22232

Case No. : 22734

Date : 04/11/2022 10:59 am

Received with thanks from Pujan Parshotambhai Gajera Mobile : 9427270145

Rupees ONE HUNDRED FIFTY ONLY

AD Registration Fee : Rs. 145.00

AD Registration Fee & File Charge : Rs. 1.00

Remarks :

JAYNATH HOSPITAL



JAY GURUDEV

# JAYNATH HOSPITAL

Healthy Through the highest level of Disciplined Service and Dedication.

Beside Geeta Gyan Mandir, Near Bhaktinagar Circle, Rajkot-360 002.(India)

Phone : 0281-2378100, email : jaynathhospital.rajkot@gmail.com

Managed By : Sadbhavna Jankalyan Trust

Dr. D. M. Raiyani

22,734

Name of Patient : Pujan Parshotambhai Gajera

Address :

City : Rajkot

Age : 17 Yrs

Date : 04/11/2022 Sex : Male

Date

Receipt No.

Clinical Notice Note

Advice & Investigation

4/11/22

clw 12cc  
seen 1 @fluor

xys on

# - ben 2

Praxap plus

@fluor

Adi

X Fluor Bozeler  
or spmc. lysesm

Fluor Aclees SP (B)

X(2)

Adi

Res for 1 mm

for 4-11-2022





ભારત સરકાર  
Government of India



વેદ જીગ્નેશભાઈ ભટ્ટ  
Ved Jigneshbhai Bhatt  
જન્મ તારીખ / DOB : 14/06/2007  
પુરુષ / Male



2976 7521 7705

મારો આધાર, મારી ઓળખ



Managed By Gajera Education Trust (Reg. No. E / 5795 / RAJKOT / Dt. 1/11/2000)

# KRISHNA HIGHER SECONDARY SCHOOL

Behind Hemu Gadhavi Hall, Indraprasth Nagar, Gautam Nagar Main Road, Near Railway line, Rajkot. PH : 0281-2431215

S.S.C. Index No. 64.593 (Guj.)

H.S.C. Index No. 14.147 (Guj.)

S.S.C. Index No. 64.635 (Eng.)

H.S.C. Index No. 14.187 (Eng.)

Ref. No. 25 / 2022 - 23

Date : 25 / 11 / 22

પ્રતિ,  
આચાર્યશ્રી,  
મારવાડી ડાહજ  
રાજકોટ

વિષય : ભકીયા બાબતે.

સપિન્દે જીભાપવાળું કું  
ભકી વેદ જીરોમભાઈ આ શાળામાં દા. 10  
અંગ્રેજી માધ્યમમાં અભ્યાસ કરે છે તે  
ગણેશ પૂજન પરસોતમભાઈની સાથે ભકીયા ભકીયા  
સાથે આપણે તે મળી બધું - -

H. B. Desai

PRINCIPAL,  
Krishna Hig. Sec. School,  
Rajkot.



28/11/22

Gajera Poojan

92200938116

CE, Diploma

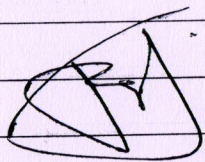
Respected Sir,

My ~~bro~~ I Gajera Poojan  
studying in Diploma in Computer  
Engineering Department in 1<sup>st</sup> year  
is having fracture in his left hand  
thumb due to which he is unable to  
attend his mid-semester exam. He is  
left handed, this is to notify you  
that on behalf of him Ved Bhatt  
student of Krishna Higher Secor-  
dary School and pursuing his  
10<sup>th</sup> standard will appear as  
writer, I here by request you  
to let him sit in exam with  
poojan as his writer to write  
exam.

Thank you,

→ Request accepted.

Poojan



28/11/22





**Marwadi  
University**

APPENDIX- I

**Letter of Undertaking for Using Own Scribe/Reader**

I **Vrujkumar Arunkumar Nena**, a candidate with **Fracture in Right Hand**(name of the disability) appearing for the **7th Semester Final Examination** (name and semester of examination bearing Roll No.**91800151044**. My qualification is **Semester 6th Passed**.

I do hereby state that **Harita Jayesh Bhalsod** (name of scribe/reader) will provide the service of scribe/reader for the undersigned for taking the aforesaid examination.

I do hereby undertake that his qualification is **Standard 6th Passed** in case, subsequently it is found that his qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post and claims relating thereto.

**Vrujkumar Nena**

(Signature & Name of the Candidate with Disability)

Place: **Marwadi University**

Date: **16-10-2021**

*Vrujkumar Nena*  
(MADHU)

Documents to be enclosed:

- o **Certificate duly signed by the Chief Medical Officer/ Civil Surgeon / Medical Superintendent of Government Hospital/Health Care** with clear recommendations to avail facility of a Scribe for his / her Examinations
- o **Scribe/Reader's ID proof, educational details, No relationship certificate with the candidate**

*[Handwritten Signature]*

**Controller of Examination  
Marwadi University,  
Rajkot**





भारत सरकार

Government of India



आधार



हरिता जयेश भल्सोड

Harita Jayesh Bhalsod

जन्म तिथि / DOB : 15/09/2009

महिला / Female

7550 7614 3087

मेरा आधार, मेरी पहचान

02/02/2017



02/02/2017

16989840

To

हरिता जयेश भल्सोड

Harita Jayesh Bhalsod

Jayesh Nivas, Block No-10 Ami Park,

Nr Ghantakarna Mandir, 150 Feet Ring Road,

VTC: Rajkot,

PO: Rajkot Raiya Road,

District: Rajkot,

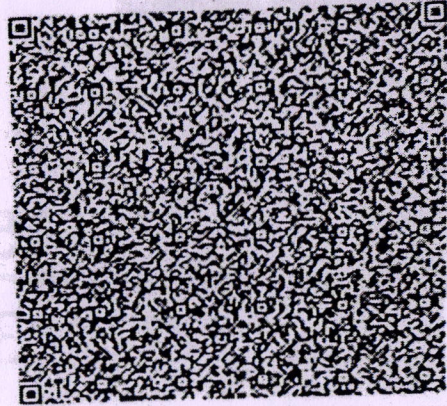
State: Gujarat,

PIN Code: 360007,

Mobile: 8954789142



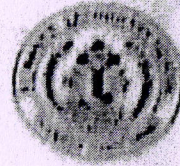
MF169898400FI







# ST. MARY'S SEC. SCHOOL



CLEMENT TOWN, DEHRADUN  
 AFFILIATED TO CBSE, (AFFILIATION NO. 3530003)  
 Academic Session: 2020-21  
Report Card - Class VI

Student's Name: Harita  
 Father's Name: Mr. Jayesh Bhalsod  
 Mother's Name: Mrs. Lina Bhalsod  
 Date of Birth: 15.09.2009  
 Section: VI-A

Roll No. 20  
 Adm. No. 8519

Subject Name	Term - 1 (100)						Term - 2 (100)					
	Periodic Test (10)	Note Book (5)	Subject Enrichment (5)	Half Yearly (80)	Marks Obtained (100)	Grade	Periodic Test (10)	Note Book (5)	Subject Enrichment (5)	Yearly Exam (80)	Marks Obtained (100)	Grade
Maths	10	5	5	72	92	A1	10	5	5	72	92	A1
Science	10	5	5	79	99	A1	10	5	5	80	100	A1
English	10	5	5	74	94	A1	9	5	5	79	98	A1
History	10	5	5	79	99	A1	10	5	5	71	91	A1
Art	10	5	5	80	100	A1	10	5	5	77	97	A1
Physical Education	10	5	5	80	100	A1	10	5	5	80	100	A1

Scholastic Areas: Term 1	Grade	Co-Scholastic Areas: Term 2	Grade
Education Art & Craft	A	Work Education Art & Craft	A
Education	A	Value Education	A*
	A	Dance	A*
	A	Music	A
	A*	Computer	A*
	A	P.T.	A*
	A*	GK	A*
	Grade		Grade
Discipline: Term - 1	A	Discipline: Term - 2	A

Roll No: 252/252  
 Teacher's remarks: Outstanding performance.  
 Promoted to Class: VII - B (Online Exam)

Signature of Class Teacher.....*[Signature]*.....

Signature of Principal.....*[Signature]*.....  
 St. Mary's Sec. School  
 Clement Town



Name : Vraj Arunkumar Nena  
Age/Sex : 20 Years/M

09/09/2021



### CT SCAN OF RIGHT WRIST JOINT

*Thin slice CT was performed using 3mm thin contiguous axial scan of wrist joint. Reformatted coronal and sagittal images were obtained. Images were viewed in MIP, SSD and Volume rendering.*

### OBSERVATION:

Comminuted fracture of lower end of radius seen with intra articular extension and volar placement of fracture fragment.  
Soft tissue swelling seen around wrist joint.  
No cast in situ.

Unossified bones show normal density.  
Unossified portion of ulna appear normal. Distal radio-ulnar and radio-carpal joint are normal.

Carpal bones are normal, No evident fracture is noted at present.  
Carpometacarpal joints and carpo-metacarpal joints are normal.

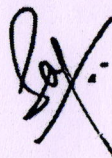
1st metacarpal bones are normal, and metacarpo-phalangeal joints are normal.  
1st phalanges and inter-phalangeal joints are normal.

- no definite erosion or sclerosis is seen.
- no intra-articular bony fragment or loose body is seen.

Muscles and intermuscular fascial planes are normal.  
no fluid collection, hematoma or abscess formation is seen.

### IMPRESSION:

Comminuted fracture lower end of radius.

A very faint, illegible signature in the bottom left corner.A handwritten signature in the bottom right corner, appearing to be "Dr. Jay Hapani".

Dr. Arunesh Padhara  
M.D.

Dr. Himanshu Zalawadia  
M.D.

Dr. Jay Hapani  
D.N.B.

Reported By :  
Delta Radioimaging Pvt. Ltd.



No. :

OPD / Indoor No. : *OPD*

# CERTIFICATE

Date : *16/9/21*

is is to certify that..... *VRAJ ARUNKUMAR MENA* .....

ffering from..... *Radiu forearm Right wrist* .....

/ She was undergoing my treatment from..... *9/9/21* to..... *onwards* .....

/ She is advised rest from..... *9/9/21* ..... to..... *9/11/21* .....

/ She was admitted on..... *—* ..... and discharged on..... *—* .....

/ She Underwent..... *Plaster* ..... Procedure.

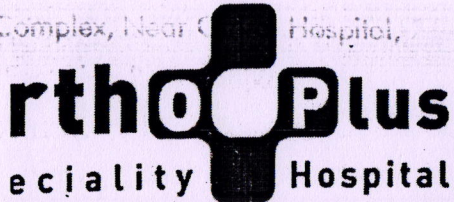
/ She is fit to resume his / her duties from..... *10/11/21* .....

*1 leg*

**Dr. HARSHIL FAREKH**  
MBBS D'ORTHO  
FELLOWSHIP IN HAND AND MICROVASCULAR  
RECONSTRUCTION SURGERY  
REG. NO. G-16727

Signature

Signature



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