FORM-DYSLEXIC-2

*CERTIFICATE TO BE PRODUCED BY DYSLEXIC CANDIDATE FROM THE PRINCIPAL OF THE SCHOOL/COLLEGE LAST ATTENDED

Testimonial

	Date:	
Name of the candidate: Date of Birth:		Passport size Photograph of the Candidate
Name and Address of the Sc	chool/College:	
son/daughter of	village/town passed his/her Class, availed concession under dysle	of ss XII from
Signature with seal:	r eauivalent through open school system o	

^{*} A candidate passing Class XII or equivalent through open school system or in private mode may submit the certificate to this effect from the competent authority in the board certifying the concessions availed under dyslexia.