

IMPORTANT:

Candidates should note that:

- **Certificates are strictly as per the Proforma- no deviation is permitted**
- **Certificate should be typed on Letter head of the organization**
- **Certificate should bear Name of the Authority, seal of the office, outward no. etc.**
- **Enclose necessary supporting documents wherever necessary.**

Proforma – A

(Proforma for the sons and daughters of Defense / Paramilitary force / I.A.S. / I.P.S. / I.F.S. / J& K Police officials posted in Jammu & Kashmir to combat terrorist activities.)

Ref. no.

Date:

CERTIFICATE

This is to certify that Shri / Smt. is an official belonging to Defense / Paramilitary force / I.A.S. / I.P.S. / I.F.S. / J& K Police presently posted and working at Which is treated as disturbed area in Jammu & Kashmir.

This certificate is issued for the purpose of his / her son / daughter 's admission to Post Graduate Degree course in Management in Maharashtra State for the year 2008-09.

Date:

Head of the Office

Place:

Seal of the Office

Proforma – B

(For Jammu & Kashmir Migrant Candidates, staying in refugee camps.)

Ref. no.

Date:

CERTIFICATE

This is to certify that Mr./ Miss. belongs to a family residing in this refugee camp after being displaced after 1990 due to terrorist activities in Jammu and Kashmir.

The details of refugee status is as under.

Ration card Number:

Names of the members on the ration card:

This certificate is issued for the purpose of his / her admission to Post Graduate Degree course in Management for the year 2008-09.

Date:

Place:

Head of the Office
Migrant / Refugee Camp

Seal of the Office

Proforma – C

(Displaced Jammu & Kashmir Migrant Candidates staying with relatives / friends in India other than Migrant / Refugee camp/ Refugees staying with relatives.)

Ref. no.

Date:

CERTIFICATE

This is to certify that Mr./ Miss. is a displaced person from Jammu & Kashmir after 1990 due to terrorist activities in Jammu and

Kashmir. He / She is staying with
(Name and complete address of the Person with whom
.....
the candidate is staying at present)

..... since pastyears.

This certificate is issued for the purpose of his / her admission to Post Graduate Degree course in Management for the year 2008-09.

Date:
Place:

District Collector

Seal of the Office

Proforma – D

(For Type C candidates)

(For Govt. of India / Govt. of India undertaking employees / sons and daughters of Govt. of India / Govt. of India undertaking employees.)

Ref. no.	Date:
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CERTIFICATE

This is to certify that Shri / Smt. is an employee
in the capacity ofin
(Designation) (Name of the Organisation /Establishment/Department)

..... This Organisation /Establishment / Department is under
Department of Govt. of India / Govt. of India undertaking.

Shri / Smt. is transferred to
in Maharashtra State vide transfer order No..... Dated.....

He / She has joined duty in Maharashtra on And is currently working
in the same post.

This certificate is issued for the purpose of his/her / his son or daughter / her son or daughter
.....'s admission to Post Graduate Degree course in Management for the
year 2008-09.

Date:
Place:

(Signature)
Name & Designation
of the Head of the office

Seal of the Office

Note: This pro forma is to be accompanied by attested copy of Transfer order and
Joining report

Proforma – E
(For Type D/E candidates)

(For sons and daughters of Maharashtra State Govt./Maharashtra State Govt. undertaking employees.)

Ref. no.	Date:
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CERTIFICATE

This is to certify that Shri / Smt. is an employee in the capacity of in
(Designation) (Name of the Organisation /Establishment / Department)

This Organisation /Establishment / Department is under

Department of Maharashtra State Govt. / Maharashtra State Govt. undertaking.

Shri / Smt. is transferred to

in Maharashtra State vide transfer order No..... Dated.....

He / She has joined duty in Maharashtra on and is currently working in the same post.

This certificate is issued for the purpose of his / her son / daughter

.....'s admission to Post Graduate Degree course in Management for the year 2008-09.

Date:

Place:

(Signature)

Name & Designation
of the Head of the office

Seal of the Office

Note: This pro forma is to be accompanied by attested copy of Transfer order and Joining report

Pro forma - F (To be issued on the Printed Letter Head of the concerned office)
(For **P1/ P2/ P3** Candidates)

(For Physically Handicapped Candidates)
CERTIFICATE

This is to certify that I have examined Mr. / Miss
..... on He / She has
.....

(Name of the Physical Disability)

which comes under the sub category Blindness (**P1**)/Speech & Hearing
impaired(**P2**)/Orthopedic disorder (**P3**)

Photograph of
the candidate
showing the
Physical
disability

Certified that:

1. The percentage of handicap is not less than 40% and is equal to%.
2. The disability is permanent in nature.
3. The candidate is capable of carrying out all activities related to theory and practical works as applicable to Two Year Post Graduate Degree course in Management without any special concessions and exemptions.
4. This Certificate is issued as per the provisions given in the Person with Disability Act, 1995 and its amendments.

This certificate is issued for the purpose of his/her admission to First Year of Two Year Post Graduate Degree course in Management in Maharashtra for the academic year 2008-09.

Outward no. & Date:

Place :

(Name & Signature)

Director, All India Institute of Physically Handicapped, Mumbai

Or

Dean/Civil Surgeon of Government Hospital

(Name of the issuing Authority)

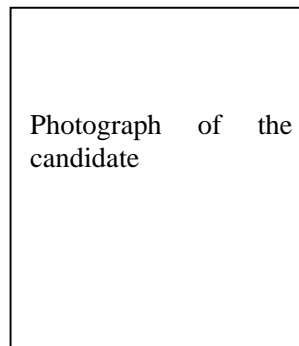
Seal of the Office

Proforma-F-1(To be issued on the Printed Letter Head of the concerned office)

(For Physically Handicapped Candidates)

P3 (Learning Disability) Candidates

LEARNING DISABILITY CLINIC
L.T.M.G. HOSPITAL, SION, MUMBAI-400 022.



CERTIFICATE

Name :
Age :
Date of Birth :
Date of Registration : L.D.No.
Father's Name :
Std. : School Name :
Physical & Neurologic Assessment (Date :)

Psychologic Assessment (Date :)

WISC (R) Verbal IQ :
Performance IQ :
Global IQ :

Interpretation:

Educational Assessment (Date:) WRAT : R
S
A

Certified that:

1. The percentage of handicap is not less than 40% and is equal to%.
2. The disability is permanent in nature.
3. The candidate is capable of carrying out all activities related to theory and practical works as applicable to Two Year Post Graduate Degree course in Management without any special concessions and exemptions.
4. This Certificate is issued as per the provisions given in the Person with Disability Act, 1995 and its amendments.

This certificate is issued for the purpose of his/her admission to First Year of Two Year Post Graduate Degree course in Management in Maharashtra for the academic year 2008-09.

Recommendations:

(Name and Signature
of Issuing Authority)

Outward no. & Date:

Seal of the Office

Proforma- G

(Work Experience Certificate: *to be printed on the letterhead of the Organization*)

This is to certify that,

- 1(Name of the employee) is working in this organization as(Designation).
- 2 He/She is/was working in our organization from..... to on full time and paid basis.
- 3 He/She was selected for the said post vide appointment letter no..... dated.....
- 4 He/She has completed years....months of service in our organization.
- 5 Our company/organization is listed onStock Exchange and is having the code.....
- 6 In the above mentioned duration of experience, the period of Apprenticeship, Articleship, Internship etc. is not included.
- 7 He/She was responsible for following duties: (*mention nature of responsibilities*)
 -
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Place:

(Seal of Organization)

Authorized Signatory
With name & Designation

Date:

Enclose: Attested Xerox copies of-

1. Appointment Order
2. Joining Report
3. Marklist of qualifying examination
4. Relieving letter (if applicable)