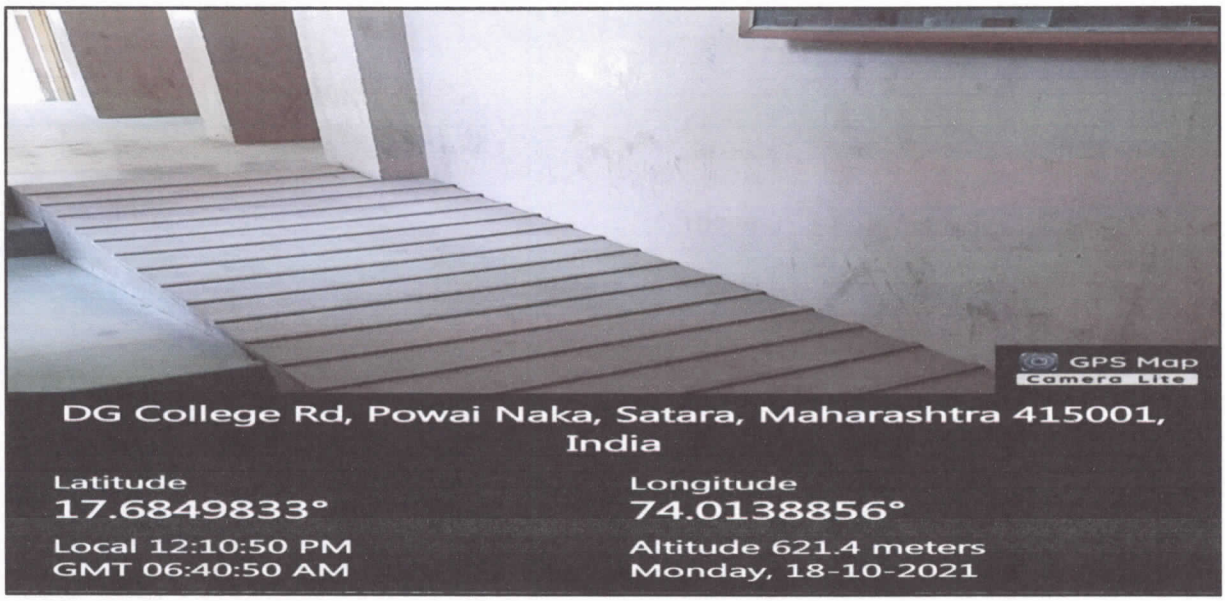
Rayat Shikshan Sanstha's

Dhananjayrao Gadgil College of Commerce, Satara

(An Autonomous College)

7.1.7 Facilities for Divyangjan

I) Provision of Ramps: Classrooms (H Building)

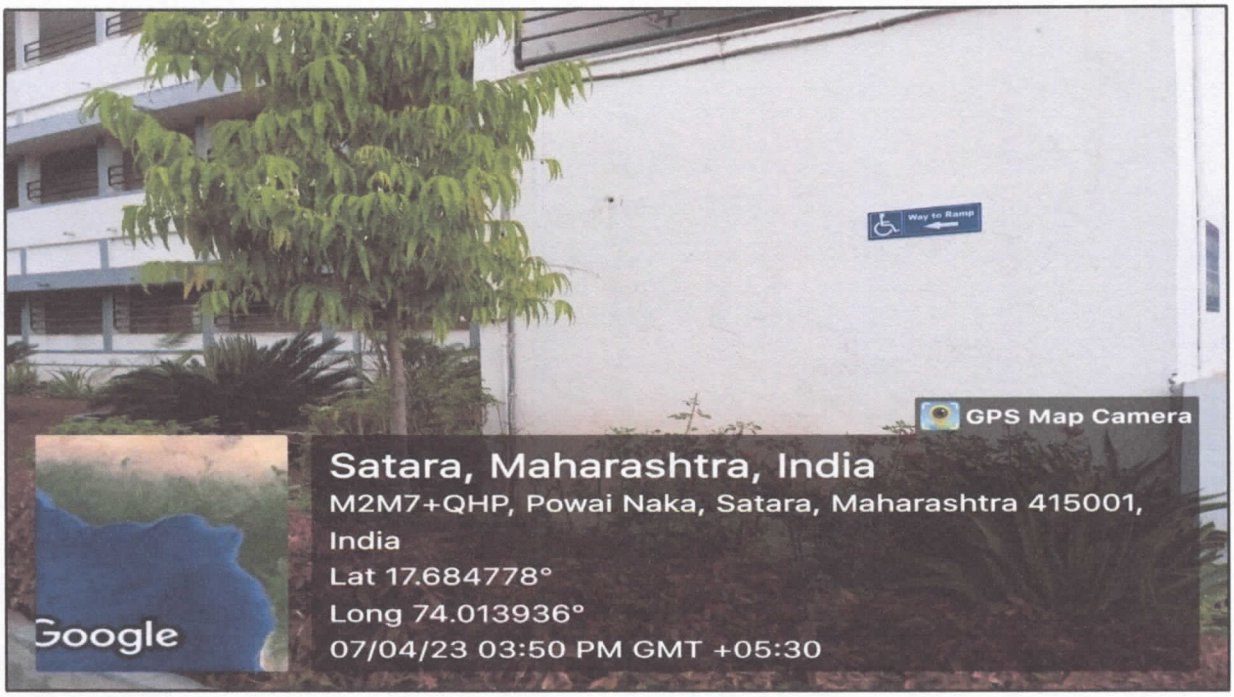


I) Provision of Ramps: Library

I) Provision of Lift

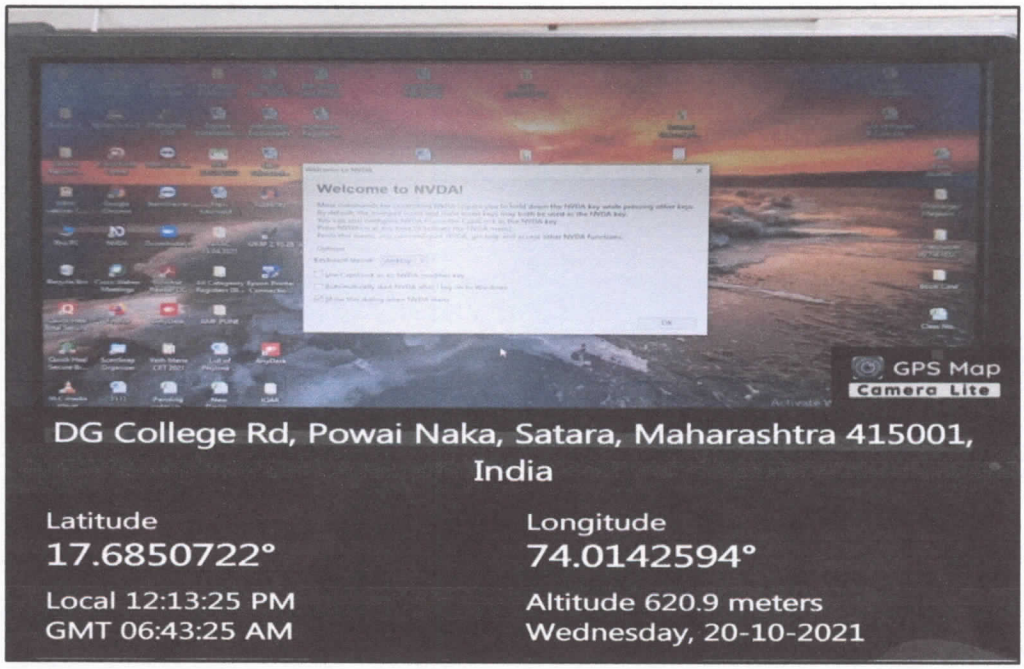
II) Divyangjan Friendly Washrooms

III) Signposts in Campus

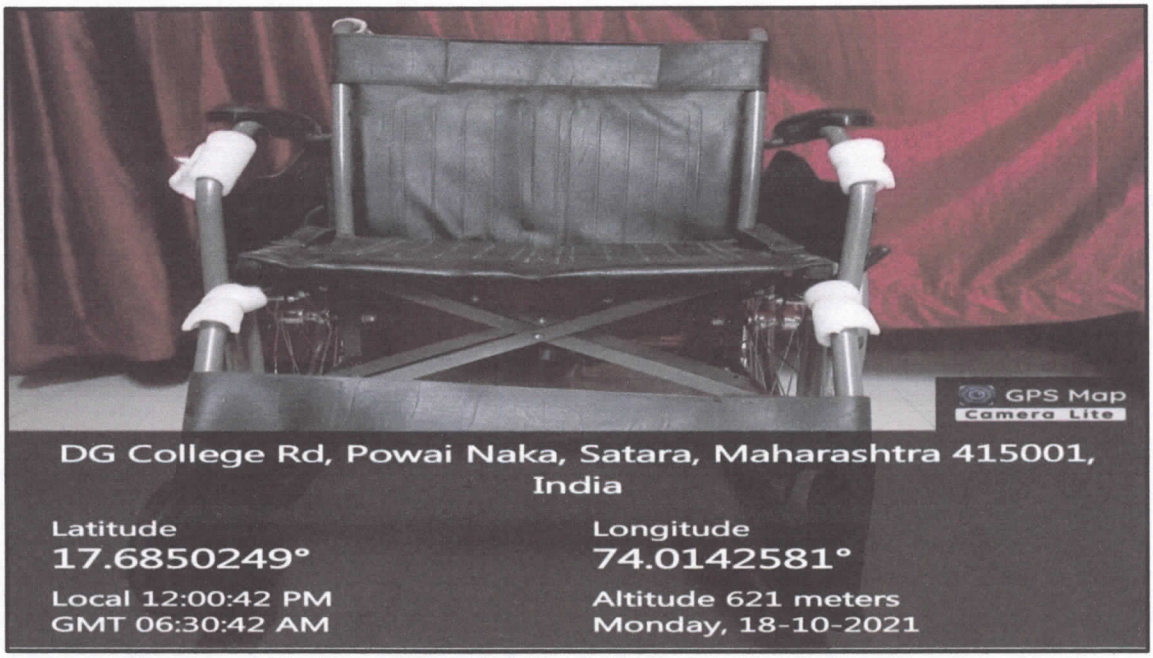


Dhananjayrao Gadgil College of Commerce ★ Satara ★

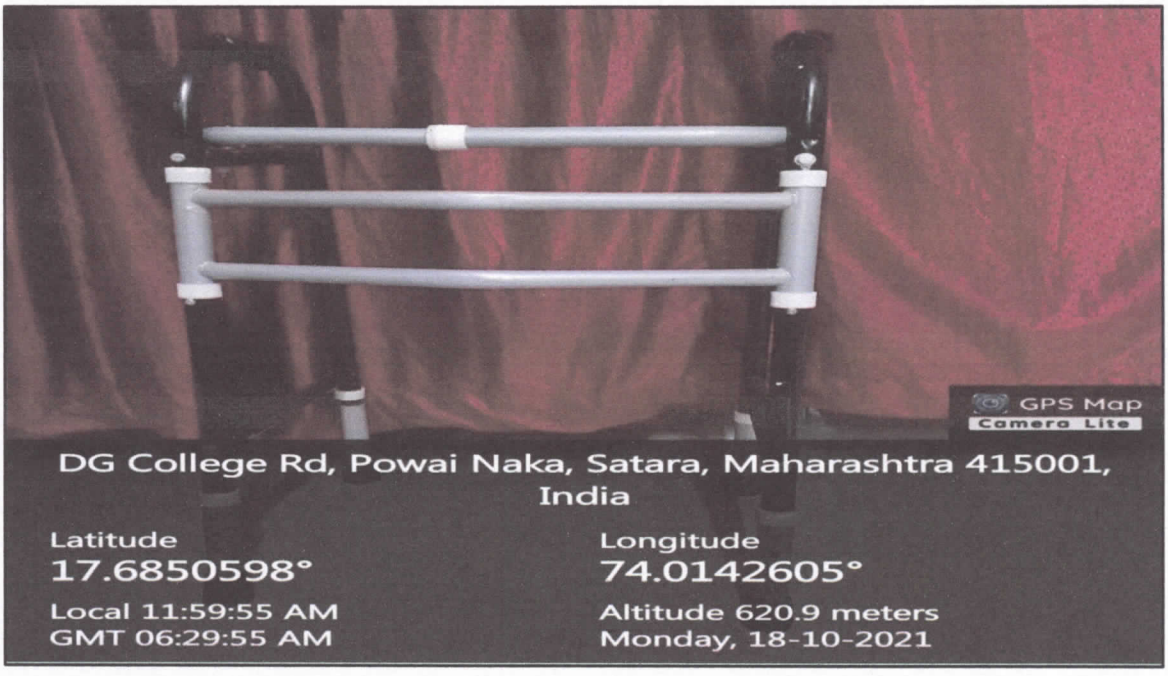
IV) Screen Reading Software: NVDA



IV) Mechanized Equipment's: Wheelchair



IV) Mechanized Equipment's: Walker



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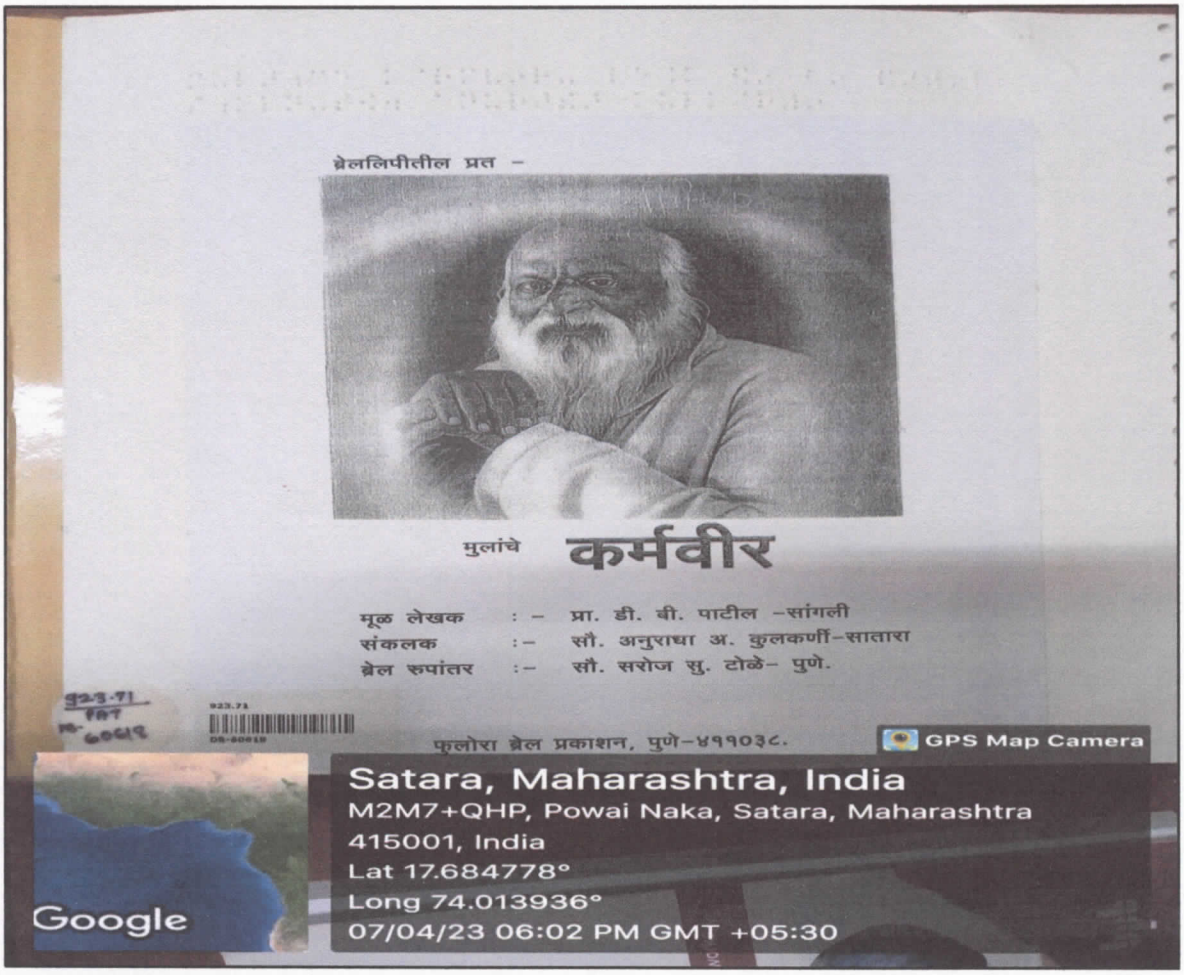
Satara

IV) Mechanized Equipment's: Stick for Blind

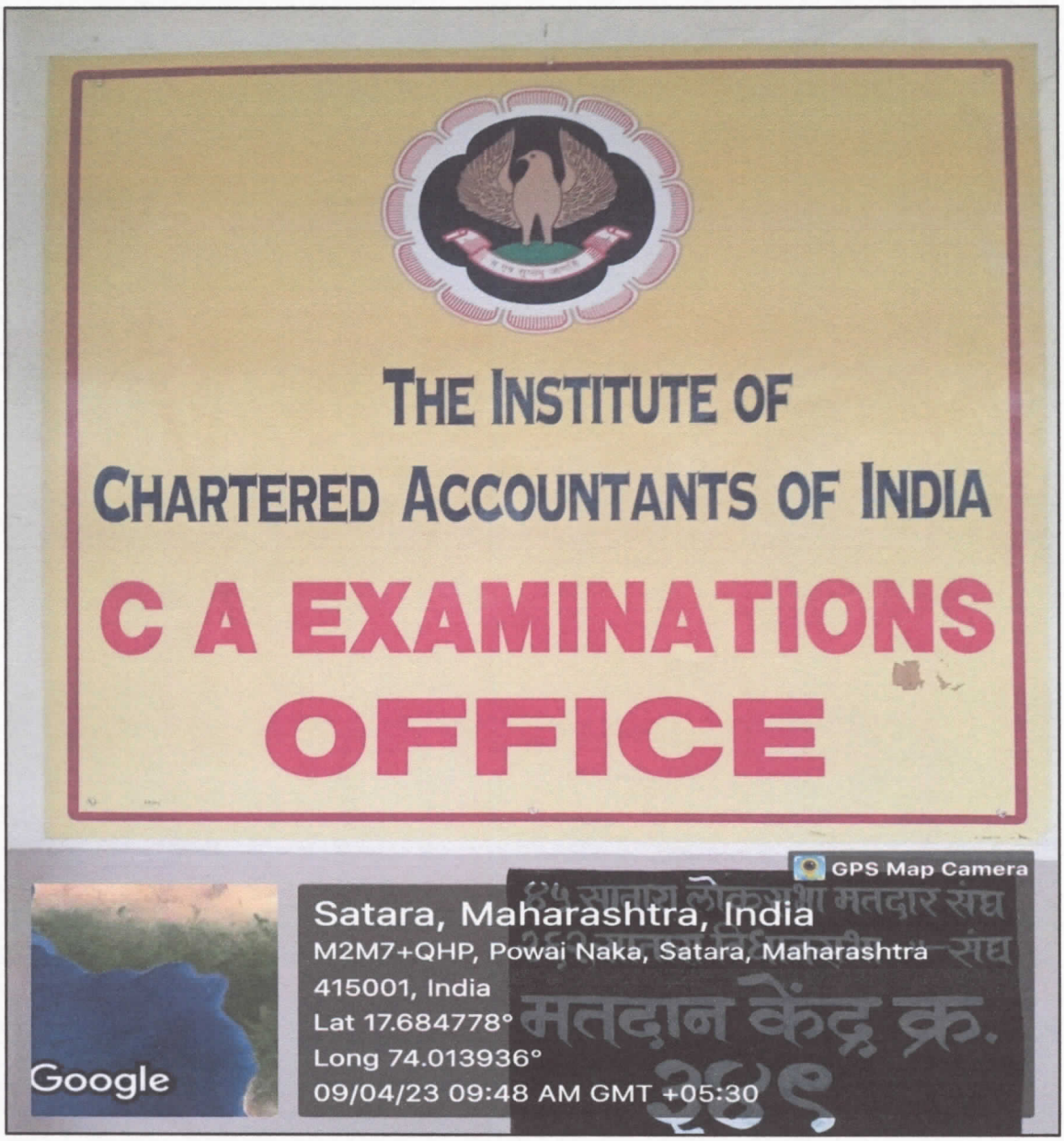
V) Human Assistance: Deputation of Staff for Assistance in Library

Dhananjayrao Gadgil College of Commerce Satara

V) Reading Material



V) Scribe Facility at CA Examination Centre



Dhanajayrao Gadgil College of Commerce Satara

THE INSTITUTE OF CHARTERED ACCOUNTANTS OF INDIA

[Set up by an Act of Parliament]

STRICTLY CONFIDENTIAL

No. 13 CA (EXAM)/ DECEMBER 2022 / 455

November 22nd, 2022

Dr. Bal Kamble
Principal
Dhananjayrao Gadgil College of Commerce
SATARA

Madam / Dear Sir,

Sub: Chartered Accountants Examination – DECEMBER – 2022 – Collection of Confidential Material through designated branch of BANK OF BARODA and its Address thereof.

You will soon be receiving the cloth bag containing the Attendance Registers and other stationery material required for the conduct of our Chartered Accountants Examination to be held in **DECEMBER- 2022** and will be busy chalking out necessary arrangements for ensuring the smooth conduct of our CA Foundation Examination.

The confidential material is being delivered to the designated Branch of BANK OF BARODA in your city between **5th to 10th December 2022** as per the detail given below: -

STD CODE	2162	MR. RAWAT UMRAO SINGH SATARA BRANCH NEAR COLLECTOR OFFICE GENERATION BUILDING SADAR BAZAR SATARA - 415001 MAHARASHTRA
TEL (O)	234184 / 227594 /	
MOBILE	9923208942 / 9766279542 / 8806109268 / 7397967502	

You are requested to visit the above Bank Branch two or three days in advance (after a formal appointment with the officials as indicated above) of the commencement of our examinations to familiarize yourself with its location and assess the travel time from your centre to the said branch.

The procedure for collection of question paper envelopes on a day-to-day basis from the designated Branch of **BANK OF BARODA** has been given in detail in the manual ("**Instructions to Centre Superintendents**") already sent to you along with the attendance register & other important material. You, as the Centre Superintendent, are requested to kindly spare your valuable time and go through the said detailed instructions for thorough understanding of the procedure for doing the needful.

ICAI Bhawan", Post Box No.7112
Indraprastha Marg, New Delhi-110 002, India

Telephones: 0120-3054822, 3054829
E-Mail: prashant.bakshi@icai.in

Dhananjayrao Gadgil College of Commerce * Autonomous * Satara

ANNEXURE - 20

The Institute of chartered Accountants of India

Honorarium claim form for "Writers" in CA. examinations

Name of the examination centre .....

.....

.....

.....

.....

Name of the Candidate .....

Examination .....

Month and Year .....

Registration number of the candidate .....

Roll No. .....

Group admitted .....

Permanent Concession Card No. .....

Name of the writer .....

Address of the writer .....

.....

.....

.....

Phone No. of Writer .....

Educational Qualifications of Writer .....

Current Occupation of Writer .....

Amount claimed .....

Date	Paper No.	Subject	Amount Claimed

Declaration by the candidate

I declare that the information provided as above is true. I hereby declare that the writer fulfills the eligibility criteria for acting as a writer, as per ICAI rules, on my behalf. I hereby undertake to abide by the rules framed by ICAI in this regard. I understand that in case the information as provided as above is found to be incorrect, at a later date, I would be liable for action by ICAI for adoption of unfair means, as per the Chartered Accountant Regulations, 1988.

Date

Place Signature of the Candidate

Declaration by Writer

I declare that the information provided as above is true and correct. I hereby declare that fulfill the eligibility criteria for acting as a writer, as per ICAI rules in this regard. I hereby undertake to abide by the rules framed by ICAI for providing assistance of a writer to physically challenged candidates. I understand that in case the information as provided as above is found to be incorrect, at a later date, ICAI may take such action as may be deemed fit.

Date

Place Signature of the Candidate

Receipt

Received a sun of Rs. .....(Rupees .....

.....) as honorarium for acting as writer for

Shri .....Roll No. .....

A candidate of .....examination, as per details give above.

Date

Place Signature of the Candidate

Declaration by the Centre Superintendent

I certify that Shri ..... was

Permitted by the undersigned to act as a writer for the candidate Shri .....

(Roll No. .....) and that he fulfills the eligibility criteria prescribed by ICAI in this behalf and

Has furnished proof of his educational qualification to my satisfaction.

Date

Place Signature of the centre superintendent

ANNEXURE - 21

CA CPT/Foundation/ Intermediate (IPC)/ Intermediate (New) / FINAL (Old & New) Examination .....
(Please write the Month/ Year of Exam.)

Writer Certification for differently abled candidates

PART - A

This section is to be signed by the candidate appearing in

CA Examination .....[Month/Year of Exam and Roll No. (if known)]

1. I declare that Shri/Smt/Ms. _____ will be my designated
(Writer's Name - please write - Full Name)

   Writer for CA CPT Foundation/ Intermediate (IPC)/ Intermediate (New) / FINAL (Old & New)..... (Please write the Month/Year of Exam.) He/she is not an individual whose participation in the ensuing CA Examination might create a potential conflict of interest, vis-a-vis Guidelines for granting of Writer/Extra time to differently abled candidates.

2. The said writer's qualification is (latest in/ upto preceding year)_____,

3. Further I certify that the above person is neither involved in my/nor others' academic tutoring or preparation for the test/examination to be administered as stated in the guidelines in force.

4. I understand that the writer's task is to only to write the examinations as per my directions, verbatim, since I am physically unable to write, and that the writer shall not paraphrase, translate, add emphasis, embellish the written text in any way, or engage in any type of communication with me concerning the interpretation of question paper content.

5. I shall ensure that the writer's copy of mark sheet; certificate of educational qualification latest in/upto preceding year is sent along with this declaration and that he/she shall bring his/her valid photo identification (i.e. identity card issued by school/college, Aadhar card, voter identity card, driving License, etc.) to the examination centre at the time of the examination.

6. I certify that the writer has academic qualification that falls within the eligibility as specified in the Guidelines in force.

7. I understand that any violation of any of these guidelines shall tantamount to adoption of unfair means within the meaning of Regulation 41 of the Chartered Accountants Regulations, 1988 and the Institute of Chartered Accountants of India shall invalidate my examination results in the event of any of these conditions are violated.

8. I have read the guidelines in force for granting of compensatory time and/or writer and my writer/scribe also has understood the guidelines.

9. Details of examination to be written by the writer/scribe

Paper No.	Name of Paper	Date of exam.	Name of Writer
1			
2			
3			
4			
5			
6			
7			
8			

Signature:

Candidate's Name:

Student's Registration Number:

Name and address of Centre:

Date: .....

PART- B

This section to be signed by the Writer

As the Writer for _____ _____ Roll No.....
(Candidate's Name - please write full name) (Student Regn. No.)

Name of examination..... Month and year of examination.....

I certify that:

1. I am not involved in the academic tutoring or preparation for the CA and other examination as stated in the guidelines in force, which I am writing.

2. I understand that my task is to write the answers to the questions as per the directions of the above candidate, verbatim, since he is unable to write. I shall not paraphrase, translate, or embellish the written text in any way, or engage in any type of communication with the candidate concerning the interpretation of test content.

3 I declare that I am not registered for/passed any course of ICAI, ICWAI and ICSI, as a candidate for the..... (Please write Month/Year of Exam.) CA examination.

4. I have qualification as stated in the guidelines and do not possess any educational qualification over and above than what has been stipulated in the guidelines in force.

5. I will bring my photo identification (i.e. identity card issued by school/college, Aadhar card, voter identity card, driving license, etc.), to the examination centre at the time of the examination each day.

6. I have also read and understood the guidelines in force for grant of extra time/writer for differently abled candidates.

_____ _____ _____ _____
Writer's Name and Qualification Writer's Signature Date

Writer's address with contact telephone no.:

.....

.....

.....

.....

_____
Candidate's signature

This form must be signed by both the examinee and the Writer and returned to the Centre Superintendent. Relevant copies of certificates and identity proof of the writer/scribe should be enclosed with this declaration.

FORM A

Prescribed form of Medical Certificate

4000

Date : 6 / 11 / 2007

Certificate of Persons with Disabilities

This is to certify that Shri/Smt. कु. किरण श्यामराव कोळके

Resident of वाई Taluka वाई District सातारा was

examined in this Hospital under O.P.D. No. .... Dated 6-11-07

by Medical Board for Persons with Disabilities.

He / She is found to be Persons with Disabilities as Mentioned below.

Sr. No.	Type of Disability	Description of Disability	% age of Disability/I.Q./D.B; loss
1	Blindness		
2	Low vision	Osteogenesis	Permanent
3	Leprosy Cured	imperfecta.	disability
4	Hearing impairment	As per old cer	of sixty
5	Locomotor disability	no. 19897	percent
6	Mental retardation	Date: 17/2/2000	60%.
7	Mental illness		

He / She is fit / unfit for benefits of Persons with Disabilities.

Identification marks - [illegible] किरण श्या. कोळके [illegible]

(1)

(2)

Left hand thumb impression of the candidate.

Specialist in Subject / Member	R.M.O. / Member	Civil Surgeon / President
Medical Officer	Late Krantisinh Nana Patil	Late Krantisinh Nana Patil
Late Krantisinh Nana Patil	General Hospital, Satara.	General Hospital, Satara.
General Hospital, Satara.	Resident Medical Officer	Civil Surgeon, Satara
	Margiya Krantisinha Nana Patil	
	General Hospital, Satara	

Photograph of Student at CA Examination

The Institute of Chartered Accountants of India

(Setup by an Act of Parliament)

The Institute of Chartered Accountants of India, ICAI Bhawan, Indraprastha Marg, Post Box No. 7100, NEW DELHI - 110 002

Intermediate (Integrated Professional Competence) Examination / Accounting Technician Examination - May 2018

ADMIT CARD

OLD SYLLABUS

Candidate's Name: **VEENA SHAMRAO KAMBLE**	
Candidate's Address:	
VEENA VANITA PLOT NO 1 VISHVAKOSH COLONY WAI TAL WAI WAI Pincode - 412803	
Roll No.	**447864**
Exam / Group(s) / Unit	Intermediate (IPC) Group-1 / ATE
City	SATARA
Medium	ENGLISH
Registration No	WRO0424552
Mobile Number	9881867891
Centre of Examination	

Candidate's Signature

DHANANJAYRAO GADGIL COLLEGE OF COMMERCE
SADAR BAZAR CAMP AREA
SATARA (MAHARASHTRA)
Pincode - 415001

1184170236

Joint Secretary (Exams), ICAI

- Please see the time table and acknowledgement record placed below.
- Please carefully read and understand instructions given in the enclosed "Instructions to Examinees" and instructions given on the second page of answer book to avoid WITHHOLDING / CANCELLATION OF YOUR RESULT.
- In case the admit card does not bear the photograph and signature of the candidate, he/she is advised to paste the photograph and put signatures in the area marked on the printout of the admit card and get this page attested by a member of the Institute (member may indicate his/her Name, membership number, and office stamp while signing/attesting at the bottom of this page) and carry the same to the examination centre, in duplicate, as proof of his/her identity. He/she will be required to hand over the original attested admit card to the examination centre, while retaining one copy of the same, for his/her own record. He/She is also advised to carry one* stamp size photograph (matching with the photograph affixed on the attested letter referred above) to the exam centre for affixing the same at the appropriate place in the attendance register.

  *NOTE: Please carry two stamp size photograph if a unit/both groups candidate.

  IMPORTANT NOTE: The Examination timings are 02:00 P.M to 05:00 P.M.(IST)

MOBILE PHONES OR ANY OTHER ELECTRONIC GADGETS / DEVICE IN ANY FORM (EXCEPT THE CALCULATOR AS DEFINED IN PARA 23 OF THESE INSTRUCTIONS) ARE BANNED IN THE EXAMINATION CENTRES

Dhananjayrao Gadgil College of Commerce * Satara *

The Institute of Chartered Accountants of India

(Setup by an Act of Parliament)

The Institute of Chartered Accountants of India, ICAI Bhawan, Indraprastha Marg, Post Box No. 7100, NEW DELHI - 110 002

Intermediate (Integrated Professional Competence) Examination / Accounting Technician Examination - December 2021

ADMIT CARD

OLD SYLLABUS

Candidate's Name: **VEENA SHAMRAO KAMBLE**

Candidate's Address:

VEENA VANITA PLOT NO 1
VISHVAKOSH COLONY WAI
TAL WAI
WAI
Pincode - 412803

Roll No.	**428768**
Exam / Group(s) / Unit	Intermediate (IPC) Group-I / ATE
City	SATARA
Medium	ENGLISH
Registration No	WRO0424552
Mobile Number	9881667891

Centre of Examination

DHANANJAYRAO GADGIL COLLEGE OF COMMERCE
NEAR Z.P. GROUND
SATARA (MAHARASHTRA)
Pincode - 415001

Candidate's Signature

2214701618

Additional Secretary (Exams), ICAI

- **In case of Composite Papers i.e. the papers which have multiple choice and descriptive Questions, the candidates are required to answer the MCQs on the OMR answer sheet as given on the cover page of specially designed descriptive answer book / Section-A answer book in case of sectional paper, as the case be. The response to MCQs, if given inside the descriptive answer books shall not be evaluated.**
- Please see the time table and acknowledgement record placed below.
- In case the admit card does not bear your photograph and signature, you are advised to paste the photograph and affix signatures in the area marked on the printout of the admit card and get this page attested by a member of the Institute (member may indicate his/her Name, membership number, and office stamp while signing/attesting at the bottom of this page) and carry the same to the examination centre, in duplicate, as proof of your identity. You will be required to hand over the original attested admit card to the examination centre, while retaining one copy of the same, for your own record. You are also advised to carry one* stamp size photograph (matching with the photograph affixed on the attested print out referred above) to the exam centre for affixing the same at the appropriate place in the attendance register.
*NOTE: Please carry two stamp size photographs if you are a unit/both groups candidate.
IMPORTANT NOTE: The Examination timings are 02:00 P.M to 05:00 P.M.(IST). **Reach exam centre latest by 01:00 P.M. (IST).**

MOBILE PHONES OR ANY OTHER ELECTRONIC GADGETS / DEVICE INCLUDING SMART WATCH IN ANY FORM [EXCEPT THE CALCULATOR AS DEFINED IN PARA 23 OF THESE INSTRUCTIONS] ARE BANNED IN THE EXAMINATION CENTRES

Dhananjayrao Gadgil College of Commerce * Satara

The Institute of Chartered Accountants of India

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The Institute of Chartered Accountants of India, ICAI Bhawan, Indraprastha Marg, Post Box No. 7100, NEW DELHI - 110 002

Intermediate (Integrated Professional Competence) Examination / Accounting Technician Examination - December 2021

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Candidate's Signature

DHANANJAYRAO GADGIL COLLEGE OF COMMERCE
NEAR Z.P. GROUND
SATARA (MAHARASHTRA)
Pincode - 415001

2214701618

Additional Secretary (Exams), ICAI

- **In case of Composite Papers i.e. the papers which have multiple choice and descriptive Questions, the candidates are required to answer the MCQs on the OMR answer sheet as given on the cover page of specially designed descriptive answer book / Section-A answer book in case of sectional paper, as the case be. The response to MCQs, if given inside the descriptive answer books shall not be evaluated.**
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Dhananjayrao Gadgil College of Commerce * Satara *