FORM-VI

[See sub-rule (1) of rule 4] APPLICATION FOR OBTAINING DISABILITY CERTIFICATE BY PERSONS WITH DISABILITIES

1.	Name: (Surname) (First name)
	(Middle Name)
2.	Father's name:
3.	Date of Birth: (date)/ (month)/ (Year)
4.	Age at the time of application: Years
5.	Sex: Male/Female
6.	Address:
(a)	Permanent address
••••	
••••	
(b)	Current address (i.e. for communication)
••••	
(c)	Period since when residing at current address
••••	
7.	Educational Status (Please tick as applicable)
I.	Post Graduate
II.	Graduate
III.	. Diploma
IV.	. Higher Secondary
V.	High School

VI. Middle	
VII. Primary	
VIII. Illiterate	
8. Occupation:	
9. Identification marks (i)	(ii)
10. Nature of disability: locomotor/hearing/visual/mental/oth	ers
11. Period since when disabled: From Birth/Since year	
12. (i) Did you ever apply for issue of a disability certificate is	in the past Yes/No.
(ii) If yes, details:	
(a) Authority to whom and district in which applied	
(b) Result of application	
13. Have you ever been issued a disability certificate in the particular that the particular is the particular that the particular that the particular is the particular that the pa	ast? If yes, please enclose a true copy.
Declaration	
I hereby declare that all particulars stated above are true t	o the best of my knowledge and belief,
and no material information has been concealed or misstated.	I further, state that if any inaccuracy is
detected in the application, I shall be liable to forfeiture of an	y benefits derived and other action as
per law.	
	(Signature or left thumb impression of person with disability, or of his/her legal guardian in case of persons with mental retardation, autism, cerebral palsy and multiple disabilities)
Date: Place:	
Encl: 1. Proof of residence (Please tick as applicable)	

(a) Ration card.

	(b)) Voter identity card
	(c)	Driving license
	(d)) Bank passbook
	(e)	PAN card
	(f)	Passport
	(g)	Telephone, electricity, water and any other utility bill indicating the address of applicant.
	(h)	A certificate of residence issued by a Panchayat, Municipality, cantonment board, any
		gazetted officer or the concerned Patwari or Head Master of a Government School.
	(i)	In case of an inmate of a residential institution for persons with disabilities, destitute,
		mentally ill, etc. a certificate of residence from the head of such institution.
	2.	Two recent passport size photographs.
		(For office use only)
Date: Place:		Signature of Issuing Authority
		Stamp.