FORM- IV

Application for Obtaining Certificate of Disability by Persons with Disabilities [See rule 17(1)]

(1)	Name	·			
		(Surname)		(First Name)	(Middle Name)
(2) Father's Name :(3) Date of Birth :				Math	E N
(3) [Date of	f Birth:	1		ers Name:
			(Date)	(Month)	(Va.s.)
(4) Age at the time of application :					
(5) S	Sex: Ma	ale/Female/Trar	nsgender		years
(6) A	ddress	S:	a -		
_	(a) Permanent address	ě	(b) Current Ad	ldress (i.e. for mmunication)
10_					
(0) Peric	od since when re	esiding at	current addres	SS
(7) Eo	lucatio	nal Status (plea	se tick as	s applicable)	
	(1)	Post Graduate	Э	•	
	(ii)	Graduate			
	(iii)	Diploma			
	(iv)	Higher Second	dary		
	(v)	High School			
	(vi)	Middle	36		
	(vii)	Primary			
OFFICE SPECIAL		Non-literate			
(8) Occ	upatio	n			
(9) Iden	titicatio	on marks (i)			/ii\
(10) N	ature (of disability:			(ii)
(11) F	Period	since when disa	abled: Fro	om Birth//since	year
(i) Did you ever apply for issue of a certificate of disability in the past					
(i	i) ii ye.	s, details:			
	(a) (b)	Authority to who Result of applic	om and cation	district in which	applied

(13) Have you ever been issued a certificate of disability in the past? If yes, please enclose a true copy.

Declaration: I hereby declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further state that if any 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 intellectual disability, autism, cerebral palsy and multiple disabilities, etc)

Date:

Enclosures:

- 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 the 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
- (i) in case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill, and other disability, a certificate of residence from head of such institution.

2.	Two recent passport size photographs
	(For office use only)

Date: Place:

Signature of issuing authority Stamp