

FORM-A
(see rule 16(1))
Form of application to the Local Level Committee
by a parent, relative or a registered organisation
for appointment of guardian for person with Disability

From

Date :

To

The Local Level Committee. Sir/Madam,

_____ is a person with disability and requires protection of his person and property _____ through a guardian. We hereby request that _____ be appointed as guardian of the said _____ for the protection of his person property.

We furnish hereunder further details and request early decision :

1. Particulars of the person to be provided guardian

Name:

Age:

Nature of disability:

Address:

2. Particulars of the person proposed to be appointed as guardian

Name:

Age:

Relationship with ward, if any Address:

We enclose herewith disability certificate of the said _____ obtained from _____

Yours faithfully,

Witnesses

1st Witness

Authorised signatory

Name:

2nd Witness

Designation:

Office stamp:

Consent of the person proposed to be appointed Guardian

I hereby agree to be the guardian of the person and property of _____ and shall discharge my obligations with due diligence.

Signature:

Name:

Date:

Consent of the guardian, if any, to the aforesaid proposal

I hereby agree to the above proposal to appoint _____ as the guardian of _____.

Signature:

Name:

Date: