

APPLICATION FOR UNEMPLOYMENT ALLOWANCE TO DISABLE D PERSONS.

1.	Name of the Disable Person/ Applicant.	:	
2.	Name of Father/Husband	:	
3.	Date of Birth/Age (Proof to be attached)	:	
4.	Full Address where the Applicant is residing for the last three years.	:	
5.	Caste (Whether belongs to SC/OBCs/ others)	:	
6.	Sex (Male/female)	:	
7.	Whether married/unmarried	:	
8.	Nature & Percentage of disability (certificate to be attached).	:	
9.	Education Qualification	:	a) b)
10.	Total annual income of family from all sources.	:	
11.	Whether Registered with Regional Employment Exchange, UT, Chandigarh, if so, please indicate Registration No. Date.	:	

Signature of the Applicant.

DECLARATION

I, _____ S/o, D/o _____ do hereby solemnly affirm resident of _____ do hereby solemnly affirm and declare that the information/ particulars given above by me are correct to the best of my knowledge and belief and nothing has been concealed therein.

Signature of the Applicant

Place:

Date:

**(Attestation by Executive Magistrate/
Gazetted Officer/Notary/Oath
Commissioner)**

REQUIRED DOCUMENTS:-

- (i) Date of Birth Certificate.
- (ii) Identity Card (Shows nature and percentage of disability)
- (iii) Education Qualification
- (iv) Copy of Employment Registration Card.