

**APPLICATION FOR ASSISTANCE TO PURCHASE OF
AIDS/ APPLIANCES FOR DISABLED PERSON**

1.	Name of the applicant (in block letters)	:	
2.	Name of father/ guardian	:	
3.	Date of Birth/ Age	:	
4.	Permanent Address (residing at Chandigarh for the last 3 years).	:	
5.	Total Monthly income of the family from all sources.	:	
6.	Nature of Disability (enclosed Medical Certificate/ Disability Identity Cards).	:	
7.	(i) Name of the appliance/ artificial limb etc. the applicant desires to purchase. (ii) Present actual/approximate cost of appliance. (iii) Source from which the applicant is willing to purchase.	:	
8.	Amount of grant applied for	:	
9.	Other particulars, if any	:	

I have not received the appliances/artificial limbs applied for in this application from State Govt. during the last three years.

Signature/ Thumb-impression of the applicant

DECLARATION

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

Signature/ Thump-impression of the

Applicant

Place

Date :

Commissioner)

(Attestation by Executive Magistrate/
Gazetted Officer/Notary/Oath

Required Documents:-

1. Two passport size photographs.
2. Attested copy of the ration card or copy of the voter identity card for residence proof.
3. Recommendation of Medical Authorities as per enclosed format (Annexure 'A')
4. A copy of Disability Certificate alongwith Identity Card.

ANNEXURE 'A'

Certificate to be signed by a Doctor of Government/semi-Government/ Local Bodies or Government approved Hospital examining the Candidate:

I, _____ has examined Sh./Smt. _____ and certify that his/ her deafness/ eyesight/ orthopathic condition is as below:-

(extend and character of the defect) _____

2. I further certify that Sh./Smt. _____ is physically and mentally fit, apart from his/ her disability to undertake work/ studies.

3. In my opinion fitting of _____ appliances artificial limb to the applicant would be useful to him/ her in increasing the mobility.

Signature: _____

Designation: _____