APPLICATION FORM OF PHYSICALLY HANDICAPPED PERSONS FOR ISSUE OF IDENTIFY CERTIFICATE

 Name in full (In block letters) (a) Permanent address- 		
At -	P.O.	Via –
P.S	Block/Municipality	Dist -
(b) Nationality –		
(c) Married/ Unmarrie	ed	
2. Name of Father /Guardian -	-	
(a) Permanent address		
At -	P.O.	Via
(b) Relationship with the gua	ardian	

- 3. Nature of physically handicap and its cause (with
- a short history)
- 4. Date of birth (in Christian era)

(Attested copy of Matriculation certificate/ other educational certificate, If not matriculate should be attached)

- 5. Educational Qualification and vocational training (Attested copy of certificate and mark sheet should be attached in support of education training, age. etc.
- 6. whether the candidate has enjoyed any scholarship stipend or any financial aid from state/ central Govt. If so give details.
- 7. Whether the candidate has registered his /her name in the Employment Exchange or special Employment Exchange or handicapped, If so the NO. and date & Name of employment Exchange should be indicated.
- 8. Whether the candidate belongs to SC/ST . If so attached copies of the caste certificates be attached.
- 9. Postal address to which communication should be sent.

Signature /L.T.I. of the candidate, with attestation from any Gazetted Officer or Panchayat Samiti Chairman or Local M.L.A.

Date: