FORM-IV

Application for Obtaining Certificate of Disability by Persons with Disabilities

[See rule 19(1)]

(1)	Name:				
	(Surname)	(Fi	rst Name)	(Middle Name)	
(2)	Father's Name:	Mother's Name:			
	Date of Birth :/				
	(Date)	(Month)	(Year)		
(4)	Age at the time of application :		years		
(5)	Sex: Male/Female/Transgender				
(6)	Address:-				
	(a) Permanent Address		(b) Current Address(i.e	. for communication)	
	(c) Period since when residing at cu	rrent address			
(7)	Educational Status(please tick as ap	plicable)			
	i) Post Graduate				
	ii) Graduate				
	iii) Diploma				
	iv) Higher Secondary				
	v) High School				
	vi) Middle				
	vii) Primary				
	viii) Non-literate				
(8)	Occupation				
(9)	Identification marks (i)		(ii)		
(10)Nature of disability :				
(11)Period since when disabled: From Birth/since year					
(12)(i) Did you ever apply for issue of a $\mathfrak c$	certificate of	disability in the past	yes/no	
	(ii) If yes, details:				
	(a) Authority to whom and	district in wh	ich applied	_	
	(b) Result of application			- <u></u>	

(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 inaccuracy is detected in the application, I shall be liable to forfeiture of any benefits derived and other action as per law.

	disabilities, etc)
Date :	
Place:	
Enclos	ires:
1.	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 Panchyat, municipality, cantonment board, any gazette officer, or the concerned Patwari or Head Master of a Government school,
(i) and o	In case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill, ther 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

(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