

**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 _____

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 _____

Signature/Thumb impression of the applicant

DECLARATION

I, _____ S/o, D/o, W/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/Thumb impression of the applicant

Place:

Date:

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. A copy of Disability Certificate along with Identity Card.
4. Aadhaar Card

For use in the office of the Tehsildar (Revenue), Chandigarh

Certified that:

1. The applicant Sh./Smt./Ms. S/o, W/o, D/o Sh. is permanent resident of Chandigarh. He/She is residing in Chandigarh for the last Years.
2. The Annual family income of the applicant from all sources is Rs.....(Rupees only)

**Tehsildar (Revenue), Chandigarh
(with office seal)**

**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 _____

Self-undertaking

I, _____ S/o,W/o,D/o,Sh./Smt. _____

Resident of House No. _____ Sector _____

Chandigarh do hereby solemnly affirm and declare as under:-

1. That I am residing in Chandigarh for the last _____ years.
2. That I have applied for purchase of _____
(name of the artificial limbs/appliance) on the recommendation of medical authorities.
3. That I have not received the appliances/artificial limbs applied for in this application from any State Govt./Red Cross/Any Other Agency during the last 3 years.
4. That my total family monthly income from all sources is Rs. _____
5. That I have not received motorized tricycles/scooter from any State Govt./Red Cross/Any other agency during the last 15 years.
6. That I do not have any property and I am not generating any income out of any property.

Signature

Place:

Date: