

कृत्रिम अंग योजना

(Assistance to Disabled for Purchase of Artificial Limbs etc.)

Application form for financial assistance for the physically handicapped for prosthetic aid.

1. Nature of handicap
2. Sex
3. Name in full (in block letters).
4. Name of father/guardian with relationship
5. Date of birth (In Christian Era)
6. Age in years.
7. State of Domicile.
8. Present address in Block letters.
9. Permanent Address.
10. Total monthly income of both the parents/guardians.
11. Please state if the applicant is in receipt of any Financial assistance from any other source of earnings.
The following particulars.
 - a. The source of earnings
 - b. Monthly amount.
 - c. The purpose for which assistance is given.
 - d. Whether you have ever received any assistance from Govt. of India? If so, what form.

I hereby, certify that I have read the eligibility requirements prescribed by the Govt. of H.P. for the scheme. Assistance for the Physically handicapped and I undertake abide by them. The information given above is true and I have not concealed any information.

Place.....

Date.....

Signature of the applicant.

Certificate from the Institution.

Certified that the information submitted by the applicant is correct to the best of my knowledge and that no material information has been concealed or withheld which has a bearing on his/her.

Signature of the Head of the Institution

Please tick mark the certificates attached:-

1. Disability Medical Certificate from Distt. Level Medical Board.
2. Evidence of age.
3. Income Certificate.
4. Declaration.

Affidavit

(for prosthetic aids from Social Justice & Empowerment Department)

I-----Son/daughter of She-----r/o-----

-----P.O.-----

-----Teh.-----Distt.----- do hereby solemnly declare and affirm
as under:-

1. That my monthly income from all sources is -----
2. That I have ever received any similar aid for the
Govt. of India or any other Government/organisation
for the purpose which the aid is now sought
from the Social Justice & Empowerment Deptt.

Deponent

Verification

I-----Son/daughter of Sh.----- do hereby affirm
and declare that the above statement is true to the best of my knowledge and belief and
nothing has been concealed herein.

Deponent

(Attestation to the Oath Commissioner)