

1. Applicants Name: \_\_\_\_\_
2. Fathers/Mothers Name: \_\_\_\_\_
3. Applicants Address: \_\_\_\_\_
4. Tel/Mobile/Email ID: \_\_\_\_\_
5. Date of Birth : \_\_\_\_\_ Gender : \_\_\_\_\_
6. Type of Disability : \_\_\_\_\_
7. AADHAAR Number/AADHAAR enrollment number :  
\_\_\_\_\_
8. Annual Income of the family : \_\_\_\_\_
9. Disability Certificate Details :-
  - (a) Registration Number : \_\_\_\_\_
  - (b) Date of Issue : \_\_\_\_\_
  - (c) Issued by : \_\_\_\_\_
10. Purpose and Quantum of Financial Assistance:  
  
(Details of the customized Mobility equipment to improve activity of daily living - amount required)
11. Recommendations of the Assessment Board : \_\_\_\_\_
12. State Government Recommendations (copy to be enclosed) :  
\_\_\_\_\_
13. List of Documents to be attached:-
  - (a) Certificate of Disability
  - (b) Recommendation of the Assessment Board
  - (c) Income Certificate
  - (d) PAN Number, if any
  - (e) AADHAAR/AADHAAR Enrollment Receipt
  - (f) Quotations with respect to the cost of the equipment/services required

(Signature of the applicant)