## APPLICATION FOR OBTAINING IDENTITY CARD FOR PERSONS WITH DISABILITIES

	Name:(surname)	(first name)	(middle name)
2.	Fathers name		
	(As applicable)		
3.	DATE OF BIRTH / AGE	:	
4.	SEX	:	
5.	WHETHER MARRIED	:	
6.	ADDRESS	:	
	(Please mention permanen	t address and address for commu	nication)
	PERMANENT ADDRESS	S:	
	(a)		
	ADDRESS FOR COMMU	UNICATION	
	(b)		
7.	EDUCATIONAL STATUS		
	(Please indicate school and	d college attendance)	
	Name of School/	N. C. I.	Year of passing and
	College/professional Institution	Years of attendance	certificate / degree obtained.
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8. FAMILY INCOME : Rs. ..... per annum

(Note: Add income of all the earning members of the family living together in the same household.)

9. Occupation:

(Describe here official designation and also nature of work performed by you.)

SPEC VOCA 10. 1. 10. 2. 10. 3. 11. IDEN (i) (ii) 12. BLOO 13. NAT (Indic given 14. DEG OF DO PART 15. (a) M (b) D (c) V	ATIONAL REMPLOTMENT EXCHANGE/ ATIONAL REHABILATION CENTRE(VRC) Registration Number: Date of registration: Name and address of employment exchange/ Special Employment Exchange/VRC ATIFICATION MARK  OD GROUP URE OF DISABILITY ate here the category of disability or diagnostic description of the disability as in the medical certificate issued by designated medical board) REE AND PERCENTAGE ISABILITY: CICULARS OF MEDICAL CERTIFICATE: Ledical authority issuing the certificate: Leate of issue: Whether disability condition is permanent or correctable:  NATURE OR RIGHT/LEFT THUMB IMPRESSION OF PERSON WITH BILITY OR LEGAL GUARDIAN FOR PERSONS WITH MENTAL ARDATION, AUTISM, CEREBRAL PALSY & MULTIPLE DISABILITIES
(for o	ffice use only)
17. SIGN CAR	NATURE AND STAMP OF AUTHORITY ISSUING THE DISABILITY D
DATE:	SIGNATURE OF ISSUING AUTHORITY
PLACE:	STAMP
Note:	<ul><li>(1) The application form can be used for obtaining identity card for persons with disabilities. In case the original card has been lost and duplicate card is required to be obtained, the format of application will remain the same.</li><li>(2) Please attach two passport size photographs. One photograph be affixed on</li></ul>
	the application while the other photograph be stapled along with the application form, the second photograph will be used for affixing on the disability card.
Note:	(3) Please attach a copy of the medical certificate obtained by you from the authorized medical board constituted by the State Government/Defence

authorities.

## DISABILITY CODE

AU -Autism

CP -

Cerebral Palsy
Hearing Impairment
Locomotor Disability
Mental Retardation HI LD -MR -MI -Mental Ill ness Multiple Disabilities MD -Visual Impairment VI -

## STATE/UT CODE

STATE CODE	STATE
AP	ANDRA PRADESH
AR	ARUNACHAL PRADESH
AS	ASSAM
ВН	BIHAR
GJ	GUJARAT
GO	GOA
HR	HARYANA
HP	HIMACHALPRADESH
JK	JAMMU & KASHMIR
KR	KARNATAKA
KL	KERALA
MH	MAHARASHTRA
MP	MADHYA PRADESH
MN	MANIPUR
MZ	MIZURAM
MG	MEGHALAYA
NL	NAGALAND
OR	ORISSA
PB	PUNJAB
RJ	RAJASTHAN
SK	SIKIM
TN	TAMILNADU
TR	TRIPURA
UP	UTTARPRADESH
WB	WEST BENGAL
AN	ANDAMAN & NICOBAR
CH	CHANDIGARH
DL	DELHI
PN	PONDICHERRY
DD	DIU & DAMAN
DN	DADRA & NAGAR HAVELI
LD	LAKSHADWEEP