

APPLICATION FOR AIDS & APPLIANCES

1. Name of the Applicant _____

2. Father's Name & Guardian _____

3. Age Day..... Month Year

4. Gender Male Female

5. Permanent Address _____

6. Please Tick the Appliances what you need

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Tricycle | <input type="checkbox"/> KAFO, Caliper | <input type="checkbox"/> Adult Wheel Chair |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> CP Wheel Chair | <input type="checkbox"/> Artificial Limbs |

7. What type Disability (%) OH CP MR HH VH Percentage

8. Amputation B/K A/K B/E A/E Syme Amputation

9. Mobile Number _____

10. Age 25 to 45 _____

Disability both lower Limbs _____

Hand tailoring Stitching machine _____

11. Sadram certificate ID No. _____

12. Hearing Aid _____

13. MR Children HKAFO Caliper with Spinal Brace _____

Enclosures : SADRAM CERTIFICATE
AADHAR CRAD
RATION CARD
4 PASSPORT SIZE PHOTOS

Signature of the applicant