

Form –A
[See rule 16(1)]

Form of application to the Local Level Committee by a patient, relative or a registered organisation for appointment of guardian for a person with Disability

From

Date:

To

The Local Level Committee.

Sir/Madam

_____ is a person with disability and requires protection of his person and property through a guardian. We hare by request that _____ be appointed as guardian of the said _____ for the protection of his person property.

We furnish hereunder further details and request early decision :

1. Particulars of the person to be provided guardian
Name :
Age :
Nature of Disability:

Address :
2. Particulars of the person proposed to be appointed as guardian
Name :
Age :
Relationship with ward, if any :
Address :

We enclose herewith disability certificate of the said _____ obtained from _____

Yours Faithfully,

Authorised Signatory
Name:
Description:
Office Stamp

Witness

1st Witness
2nd Witness

Consent of the person proposed to be appointed Guardian

I hereby agree to be the guardian of the person and property of _____
and shall discharge my obligations with due diligence.

Signature :

Name:

Date:

Consent of the guardian, If any, to the aforesaid proposal

I hereby agree to the above proposal to appoint _____ as the
guardian of _____

Signature:

Name:

Date: