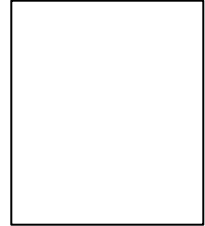


APPLICATION FORM FOR DISABLED PENSION: HYDERABAD DISTRICT:

MANDAL : _____ LOCALITY _____

1. Name of the applicant : Affix Photo
2. Father's Name :
3. Full Residential Address :
4. Since how long Resident of Hyderabad District:
5. Caste Certificate Sub Caste : (enclose Xerox Certificate)
6. Age as on the date of application: (enclose sufficient proof)
7. Annual Income :
8. Whether applicant has any : Property of their source of Income
9. Whether the applicant has any person or Persons to help him/her:
10 Specify the type of Disability Orthopedically Handicapped, Blind, Deaf & Dumb, Mentally Retarded, Leprosy cured:
11. Percentage of Disability :
12. Are you in receipt of Unemployment Allowance :



SELF DECLARATION:

I _____ S/o,D/o,W/o _____ do hereby state that what is stated above is true and correct to the best of my knowledge and belief Hence certified this _____ day of _____.

Place: SIGNATURE OR THUMB IMPRESSION

Recommended for Sanction / Rejected

NODAL OFFICER / M.R.O.

GUIDE LINES FOR SUBMISSION

I. ELIGIBILITY:

1. Age from 18 years to 65 years
2. Disability percentage should be above 60%
3. Percentage of Disability relaxed to 40% for S.C. & S.T candidates.
4. Medical Certificate should be obtained from Medical Board.

For

ORTHOS: Osmania General Hospital, Gandhi Hospital, King Koti Hospital.

VISUALLY HANDICAPPED : Sarojini Devi Eye Hospital
HEARING HANDICAPPED : E.N.T. Hospital
MENTALLY HANDICAPPED : Mental Hospital, Erragadda
LEPROSY CURED : Govt. Leprosy Doctor

Persons getting widow and old age pension are not eligible

II ENCLOSERS TO APPLICATION:

1. Medical Certificate issued by Medical board
(Xerox copy to be enclosed)
2. Caste certificate (Xerox copy to be enclosed)
3. Three passport size photos showing the Disability

OFFICE ADDRESS

Assistant Director
Disabled Welfare Department
Manoranjan Complex, Block M4
Near exhibition Grounds,
Nampally,
Hyderabad