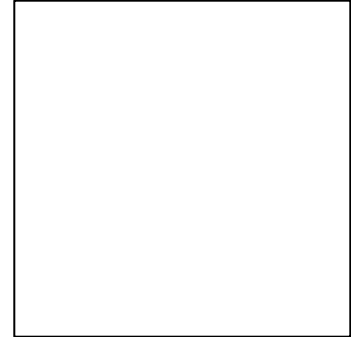


APPLICATION FORM FOR DISABLED PENSION: HYDERABAD DISTRICT

MANDAL: _____ LOCALITY _____

1. Name of the applicant:
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?

Affix Photo



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

DECLARATION OF BRIDEGROOM & BRIDE

We declare that the particulars furnished above are true and correct. This is the first claim and not claimed previous from any other District. In case the claim proved false at later date we are liable for any action taken by the Government and the amount payable recovered from us immediately.

Signature of (1) _____ (Disabled person)

Both Persons (2) _____ (Normal person)

NOTE: Following shall be enclosed to the application.

1. Medical Certificate is obtained from Medical Board.
 - a) Orthopaedically surgeon for Orthopaedically handicapped.
 - b) Ophthalmologist for Visually Handicapped.
 - c) E.N.T. Surgeon for Deaf & Mute.
2. Wedding Card.
3. Three copies of photos of couple attested by a Gazetted Officer.
4. Marriage Certificate obtained from a Gazetted Officer.
(In the prescribed Proforma)

CERTIFICATE OF MARRIAGE

Certificate that Sri/Smt _____
S/o,D/o _____ if Orthopaedically
Handicapped, Deaf and Mute / Blind the resident of _____ has
married Sri/Smt _____ S/o, D/o
_____ is a normal person. The resident
of _____ on date
_____ and this is the first marriage for both of them.

Date:

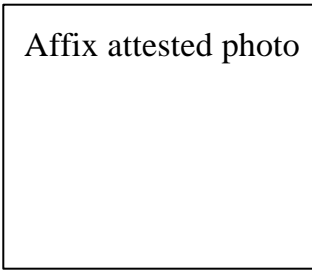
Place:

Signature of the Gazetted
Officer with Seal.

CERTIFICATE OF ASST. DIRECTOR FOR THE WELFARE OF HANDICAPPED

Certified that Sri/Smt _____ has applied for the Incentive Award for Marriage between Disabled and Normal person for the first time. He/She has not been paid previously as per the records available and photo to the couple is affixed against their name in the Register maintained in this office.

**APPLICATION FORM FOR INCENTIVE AWARD FOR MARRIAGES
BETWEEN DISABLED & NORMAL PERSONS**



Office of the
Assistant Director
Welfare of Handicapped
Hyderabad District.

1. Name of the Disabled Person :
2. Father's Name :
3. Nature of disability :
(Specify percentage of disability
in case of Orthopaedically
Handicapped
4. (a) present Address (b) Permanent Address

5. If employed give full details :
of employment including
monthly income
6. Name of Normal person :
7. Father's Name :
8. If employed give full details
of employment including
monthly income.
9. (a) Present Address (b) Permanent Address

10. Date of Marriage
11. Place of Marriage
12. Signature of

- Date : (1) Disabled person
- Place: (2) Normal Person

**GUIDELINES FOR CERTIFICATION OF THE DISABILITY TO THE CIVIL
SURGEON / ASSISTANT CIVIL, SURGEON**

Note: The Certifying authority is requested to see the conditions prescribed for certifying the disability of a person.

CONDITIONS:

1. Orthopaedically Handicapped: Loss of Hands or legs or having polio stricken/legs which do not function.
2. Mentally retarded persons : With impaired brain or having abnormal behavioural tendencies.
3. Blind persons : to whom sight is totally absent (total blind persons).
4. The deaf and dumb : to whom the sense of hearing is fully non-functional.
5. The photograph furnished in the form shall be attested at the time of examination.
6. The need for an escort along with disabled is also to be certified.

I here certify that Sri _____ S/o

_____ Age _____

Address _____

has been examined. The nature of disability is _____, which is total permanent / partial as per the conditions stipulated by APSRTC as shown vide items 1 to 4 of this form. Further I hereby certify that there is need/no need of an escort along with the person.

Station:

Date:

Signature
(office Seal)

A P S R T C

APPLICATION FORM FOR CONCESSIONAL TRAVEL TO PHYSICALLY HANDICAPPED

(to be filled in by the applicant)

1. Full Name :
(In capital letters)
2. Father's Name :
3. Date of birth and age :
4. Present address :
5. Permanent address :
6. Profession :
7. Place of work and :
Designation (if any)
8. specimen signature/ :
Thumb impression

I certify that the particulars furnished by me at items 1 to 7 are correct and I will abide by the conditions prescribed by the APSRTC from time to time

Signature

CONDITIONS:

- a) to submit the certification of the Government Doctor in the rank of Civil surgeon/ Assistant Civil Surgeon in the form prescribed overleaf.
- b) He/she should not be an employee of the State /Central Government department and other local Bodies. The eligibility is only for unemployed.
- c) He/She should not be in receipt of conveyance allowance by any source.
- d) In the event of obtaining employment subsequently, the card issued by the Corporation should be surrendered.
- e) If the card is lost the matter should be reported to the nearest police Station and a receipt must be obtained. Application should be made for issue of a fresh card by referring the No. of the old card.
- f) In case any misuse is detected, action should be taken as per procedure.

MEDICAL CERTIFICATE FOR THE BLIND

Issued under authority vide G.O.ms.No.109, Women Development child Welfare and
Labour Department Dated 15.6.1992.

Certified that District Medical Board _____ have this
_____ day of _____ 20 _____

Examined the candidate whose particulars are given below:

1. Name of Candidate :
2. Father's Name :
3. Sex ;
4. Approximate Age :
5. Identification Marks :
6. Extent of Residual Vision, if any
 1. Right Eye
 2. Left Eye
7. Onset of blindness (Please state whether blindness is from birth or acquired, later if it has been caused afterwards, the age and cause of blindness may be indicated.

(For all the purposes of assistance, the blind are those who suffer from either of the following)

- a) Total Absence of sight
 - b) Visual acuity not exceeding 6/60 of 20/200 (Snellen) in the better eye with correcting lenses
 - c) Limitation of the field of vision subtending an angle 20 degrees or worse.
8. Please state clearly whether the candidature is blind for all purpose of assistance.
 9. specify whether the candidate is totally blind for partially blind.

SIGNATURE OF APPLICANT

Signature of Medical

**APPLICATION FORM FOR OBTAINING TAPE RECORDERS FREE OF
COST OR PERMANENT BASIS TO BLIND STUDENTS**

Sir,

I request you to kindly issue me a tape recorder free of cost.

Signature of the Applicant

1. Name of the Applicant :
(Block letters in full)
2. Father's Name :
3. Date of Birth :
4. Sex :
5. Permanent Address :

6. Present address :

7. Nature of handicapped :
8. Educational Qualification :
9. Annual Income :

SIGNATURE OF THE APPLICANT

- NB:-
- 1.Candidate is requested to attach the following certificates are get it signed by the concerned people on the application form itself.
 - 2.Certificate from the Principal.
 - 3.Blindness certificate.
 - 4.Income Certificate

PRINCIPALS CERTIFICATE (STUDY CERTIFICATE)

This is to certify and Sri/Smt/Kum _____ S/o,
D/o, W/o _____ is studying in _____ His/Her roll
No. is _____ of this college.

Signature

seal