

## FORM-B

### Form of confirmation of appointment of guardian on application made by

**(1) a registered organisation, or (2) parent or relative of person with disability.**

The Local Level Committee situated at \_\_\_\_\_ having considered the application made by \_\_\_\_\_ for appointment of \_\_\_\_\_ for \_\_\_\_\_ appointment of guardian for hereby confirms its decision as under :

1. Name of the ward:
2. Name of the guardian:
3. Obligations of the guardian
  - (a) Maintenance and residential care
  - (b) Management of immovable property
  - (c) Management of movable property
  - (d) Any others:

The guardian shall furnish property to this Committee as per Form C and Form D specified under these rules.

Place:

Signature(s) :

Date :

Stamp :