

FORM- A
(See rule 16(1))

Form of Application of 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 here by request that be appointed as guardian of the said for the protection of his person property.

We furnish here under 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,

Witness

Authorised signatory

1st Witness

Name:

2nd Witness

Designation :

Office stamp:

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 :

FORM-B

(See rule 16(2))

**Form of confirmation of appointment of guardian on application made by
(1) a registered organization, or (2) parent or relative of person with disability**

**The Local Level Committee situated at Pudukkottai having considered
the application made by for appointment of guardianship 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 prope :**
 - 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.**