

**APPLICATION FORM FOR THE GRANT OF FINANCIAL ASSISTANCE
TO THE DISABLED PERSONS**



1. Name of the Applicant :
2. Name of the Parent/Guardian :
3. Permanent Address :
4. Age (Proof should be enclosed) :
5. Sex :
6. Nationality :
7. Whether native of Union Territory of Puducherry (Proof to be enclosed) :
8. Details of persons legally liable to maintain the applicant :
9. Nature of handicap (Medical certificate issued by the concerned specialist of the General Hospital Puducherry/Karaikal/ Mahe/Yanam, should be enclosed) :
10. Total monthly income of the applicant/ parents/guardians from all sources (Certificate issued by Taluk office should be enclosed) :
11. State whether the applicant is in receipt of old age pension or unemployed relief or any other assistance from this union territory of Puducherry or Central Government or any other State Government/Union Territory Administration :
12. Personal Identification marks : 1.
2.

Space for
passport size
photograph

DECLARATION

I agree that if it is found later than I am not entitled for financial assistance under the Finance Assistance to Disabled Person's Rules 1992 for any reason what so ever or if I have obtained sanction of the assistance under the said rules by mistaken ground or on a false information furnished by me, I shall refund to the Government the entire amount of assistance received right from the date of sanction thereof and on my failing to do so, the same shall be recovered as if it were arrears of land revenue.

A stamp duty on this declaration shall be borne by the Government.

SIGNATURE OR THUMB IMPRESSION
OF THE APPLICANT

Place :
Date :

ACCEPTED
DIRECTOR OF SOCIAL WELFARE
for and on behalf of the
PRESIDENT OF INDIA