<u>Application for obtaining Disability Identiry Card</u>

Receipt No……………………………..e-Pehchan Ref.No…………………………………………………

(*to be filled by the departmental staff*)

1. **Name of the applicant………………………………………………………………………………**

2. **Father's Name……………………………………………………………………………………….**

3. **Date of Birth………………………………………………………………………………………….**

4. **Gender(male/female)………………………………………………………………………………**

5. **Whether SC/ ST/OBC/Minority / General category………………………………………………….**

6. **Address:**

    Village………………………..Post Office……………………………Gram………………………………

    Panchayats…………………..Teshil…………………………………………………………………..

    District………………………..(H.P.) Pin Code………………………………………………………

7 **Present ccupation…………………………………………………………………………………….**

8 **Qualification…………………………………………………………………………………………..**

9 **Documents attached (Please tick)**

(1)   **Proof of Age**

- **Copy of Birth Certificates issued by Registrar Births and Deaths or**
- **Copy of School leaving Certificate or**
- **Copy of Matriculation Certificate or**
- **Copy of Date of Birth duly certified by the concerned Gram   Panchayat Secretary**

(11)   **Proof of Address**

- **Copy of Ration Card or**
- **Copy of Electricity bill or**
- **Copy of Water Bill**

(111)   **Attested copy of Disability Medical Certificate issued by Competent Medical Authority.**

Date…………………………………….   **Signature of Applicant**