

FORM OF APPLICATION FOR PHYSICALLY HANDICAPPED PERSONS FOR REGISTRATION OF  
NAME IN THE EMPLOYEMNT CELL

1. Name in full (In block letter)

- |    |                        |                      |                              |
|----|------------------------|----------------------|------------------------------|
| a. | Permanent address :    | At-<br>via-<br>Dist- | Po-<br>P.S.-<br>Municipality |
| b. | Nationality            | :                    |                              |
| c. | Married / Un-married : |                      |                              |

2. Name of Father / Guardian

- a. Present address : At- \_\_\_\_\_ Dist- \_\_\_\_\_ Po- \_\_\_\_\_
- b. Relationship with the guardian : \_\_\_\_\_

3. Name of physical handicap & its causes :  
(with a short history)

4. Date of birth (In Cristian) :

5. Educational qualification & Vocational Training (Attested copies of certificates & Marksheets should be attached in support of education training age etc) :

6. Whether the candidate has enjoyed any scholarship stipend or any financial and from State Central Govt. if so give details.

7. Whether the candidate has registered his her name with employment Exchange or Spl. Employment exchange for handicapped  
If so, the No. & Date & Name of Employment Exchange should be indicated :

8. Whether the candidate belongs to S.C / S.T if so, attested copies of the certificates in its support should be attached

9. Postal address to which communicated should be sent.

Date:

Signature of the Candidate  
L.T.I. with attestation from  
Gazetted Officer or P.S.  
Chairman or Local MLA.

N.B (Please attach)

1. Three copies of attested Passport size photograph
2. One full size photograph showing portion of determining of the body.
3. Attested copy of Educational / Vocational certificates.
4. Attested copy of Nativity certificate.
5. Attested copies of Caste certificate.