

**(Assistance to Disabled for Self Employment)**

APPLICATION FORM FOR THE GRANT OF ASSISTANCE UNDER THE SCHEME  
ASSISTANCE TO THE PHYSICALLY HANDICAPPED PERSON FOR SELF-  
EMPLOYMENT

1. Name of applicant (in block letter) -----
2. Father's Name -----
3. Caste -----
4. Address -----
5. Age -----
6. Present profession -----
7. Educational Qualification -----
8. Purpose for which the assistance is required , with the amount of assistance required.
9. If any loan has been obtained form any bank or Govt. Institution give full particulars of the loan -----
10. A Certificate from any govt. Hospital/Dispensary should be attached with regard to -----
11. Percentage of disability.-----
12. Income from all sources per Annum-----
13. Location of place where the business has been proposed to be state with details of Facilities like shop, form etc, available-----
14. Any other information -----
15. Total estimated cost of the project -----

(Attached project report of scheme)

I certify that the above information is correct to the best of my Knowledge and belief that nothing has been concealed.

Signature of the applicant

**(Certificate is to be signed by the S.D.M./Gazetted Officer posted in the District).**

I -----Address -----Certify that Sh.-----S/O Sh.----- is personally known to me and that to the best of my knowledge and belief the content given in the above application are correct.

Signature of the attesting authority

Address -----  
-----

The applicant shall attach the following Certificate from Sub Divisional Magistrate/ Tehsildar/ Naib Tehsildar

With his application -----

- (1) Permanent Residence Certificate.
- (2) Income Certificate
- (3) Disability Certificate shall be attached indicating the nature and percentage of disability