

**APPLICATION FORM FOR INCENTIVE AWARD FOR MARRIAGES
BETWEEN DISABLED & NORMAL PERSONS**

Affix attested photo

Office of the
Assistant Director
Welfare of Handicapped
Hyderabad District.

1. Name of the Disabled Person :
2. Father's Name :
3. Nature of disability :
(Specify percentage of disability
in case of Orthopaedically
Handicapped
4. (a) present Address (b) Permanent Address

5. If employed give full details :
of employment including
monthly income
6. Name of Normal person :
7. Father's Name :
8. If employed give full details
of employment including
monthly income.
9. (a) Present Address (b) Permanent Address
10. Date of Marriage
11. Place of Marriage
12. Signature of

- Date : (1) Disabled person
- Place: (2) Normal Person