

DECLARATION OF BRIDEGROOM & BRIDE

We declare that the particulars furnished above are true and correct. This is the first claim and not claimed previous from any other District. In case the claim proved false at later date we are liable for any action taken by the Government and the amount payable recovered from us immediately.

Signature of (1) _____ (Disabled person)

Both Persons (2) _____ (Normal person)

NOTE: Following shall be enclosed to the application.

1. Medical Certificate are obtained from Medical Board.
 - a) Orthopaedically surgeon for Orthopaedically handicapped.
 - b) Ophthalmologist for Visually Handicapped.
 - c) E.N.T. Surgeon for Deaf & Mute.
2. Wedding Card.
3. Three copies of photos of couple attested by a Gazetted Officer.
4. Marriage Certificate obtained from a Gazetted Officer.
(In the prescribed Proforma)

CERTIFICATE OF MARRIAGE

Certificate that Sri/Smt _____
S/o,D/o _____ if Orthopaedically
Handicapped, Deaf and Mute / Blind the resident of _____ has
married Sri/Smt _____ S/o, D/o
_____ is a normal person. The resident
of _____ on date
_____ and this is the first marriage for both of them.

Date:
Place:

Signature of the Gazetted
Officer with Seal.

CERTIFICATE OF ASST. DIRECTOR FOR THE WELFARE OF HANDICAPPED

Certified that Sri/Smt _____ has applied for the Incentive Award for Marriage between Disabled and Normal person for the first time. He/She has not been paid previously as per the records available and photo to the couple is affixed against their name sin the Register maintained in this office.

**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