

ANGANVADI CENTRE CODE :

ANGANVADI CENTRE NAME :

APPENDIX - IAPPLICATION FOR OBTAINING IDENTITY CARD FOR
PERSONS WITH DISABILITIES

1. NAME
(surname) (first name) (middle name)
2. FATHER/MOTHER/GUARDIAN NAME
(As applicable)
3. DATE OF BIRTH / AGE
4. SEX
5. WHETHER MARRIED
6. ADDRESS
(Please mention permanent address
and address for communication)
PERMANENT ADDRESS

ADDRESS FOR COMMUNICATION

7. EDUCATIONAL STATUS
(Please indicate school and college attendance)

Name of School/ College/professional institution	Years of attendance	Year of passing and certificate/degree obtained

8. FAMILY INCOME : Rs. per annum

(Note: Add income of all the earning members of the family living together in the same household)

9. OCCUPATION

(Describe here official designation and also nature of work performed by you)

**10. REGISTRATION IN EMPLOYMENT EXCHANGE/
SPECIAL EMPLOYMENT EXCHANGE/
VOCATIONAL REHABILITATION CENTRE (VRC)**

10.1 Registration Number

10.2 Date of Registration

**10.3 Name and address of employment exchange/
Special Employment Exchange / VRC**

11 IDENTIFICATION MARKS

(i)

(ii)

12. Blood Group

13. Nature of Disability

(Indicate here the category of disability or diagnostic description of the disability as given in the medical certificate issued by designed medical board)

14. DEGREE AND PERCENTAGE OF DISABILITY :

15. PARTICULARS OF MEDICAL CERTIFICATE :

(a) Medical authority issuing the certificate

Date of Issue

Whether disability condition is permanent or correctable

**16. SIGNATURE OR RIGHT/LEFT THUMB IMPRESSION OF PERSON WITH
DISABILITY OR LEGAL GUARDIAN FOR PERSONS WITH MENTAL
RETARDATION, AUTISM, CEREBRAL PALSY & MULTIPLE DISABILITIES**

(1)

(2)

(for office use only)

17. SIGNATURE AND STAMP OF AUTHORITY ISSUING THE DISABILITY CARD

DATE

SIGNATURE OF ISSUING AUTHORITY

PLACE

STAMP
