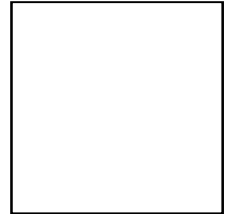




**GOVERNMENT OF SIKKIM
SOCIAL WELFARE
SOCIAL JUSTICE, EMPOWERMENT AND WELFARE DEPARTMENT
GANGTOK**



APPLICATION FOR OBTAINING DISABILITY CARD

1. NAME
(surname) (first name) (middle name)

2. FATHER'S NAME/ HUSBAND'S NAME

3. DATE OF BIRTH
(day) (month) (year)

4. SEX

5. CASTE

(Please state if you belong to SC, ST or OBC categories)

6. ADDRESS: State here permanent address and address for communication.

(i)
.....
.....

(ii)
.....
.....

(iii)
.....
.....

(iv)
.....
.....

7. EDUCATIONAL STATUS: Please indicate School and College degrees obtained)

Educational Qualification	Year of Passing	Name of School/College

8. FAMILY INCOME: Rsper 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:

10.1. Registration Number:

10.2 .Date of registration:

10.3 .Name and address of employment exchange.

11. IDENTIFICATION MARKS

(1)

(2)

12. NATURE OF DISABILITY:
(Indicate here the category of disability or diagnostic description of the disability as given in the Medical Certificate issued by the designated Medical Board).

13. DEGREE OF DISABILITY: (In case of loco motor disability, indicate percentage of disability, in the case of mental retardation, mention here severity of disability, if indicated in the Medical Certificate give here the specific diagnostic category indicating the degree of disability such as International Classification of Diseases code number)

14. PARTICULARS OF MEDICAL CERTIFICATE

(a) Medical authority issuing the certificate.

(b) Date of issue.

(c) Whether disability condition is permanent or correctable.

15. SIGNATURE AND THUMB IMPRESSION OF PERSON WITH DISABILITY.

(1) _____ (2) _____

(3) _____ (4) _____

(Right hand thumb impression)

(Right hand thumb impression)

16. SIGNATURE AND STAMP OF AUTHORITY ISSUING THE DISABILITY CARD.

DATE: SIGNATURE OF ISSUING AUTHORITY
PLACE: STAMP:

NOTE: (1) This application form can be used for obtaining disability card in case the original disability card has been lost and duplicated disability is required to be obtained .The format of application will remain the same.

NOTE: (2) Please attach four passport size photographs. One photograph be affixed on the application while the other photograph be stapled along with the application form, the second photograph will be used for affixing on the disability card.

NOTE: (3) Please attach a copy of the Medical Certificate obtained by you from the authorised Medical Board constituted by the State Government.

NOTE: (4) Please attach Sikkim Subject/Identification Certificate.