

## APPLICATION FOR OBTAINING IDENTITY CARD FOR PERSONS WITH DISABILITIES

1. **NAME** : 

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(Surname) (First name) (Middle name)

2. **FATHER/MOTHER/GUARDIAN NAME:**  
 (As applicable)  

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3. **DATE OF BIRTH / AGE** : 

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4. **SEX** : M  F

5. **WHETHER MARRIED/ UNMARRIED:** MARRIED  UNMARRIED

6. **ADDRESS:**  
 (Please mention permanent address and address for communication)

a) **Permanent Address** : \_\_\_\_\_  
 \_\_\_\_\_

b) **Address for communication:** \_\_\_\_\_  
 \_\_\_\_\_

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

Name of School / 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 nature of work performed by you)

**DESIGNATION** : \_\_\_\_\_

**NATURE OF WORK** : \_\_\_\_\_

**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 SPECIAL EMPLOYMENT EXCHANGE/  
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 designated medical board)

**14. DEGREE AND PERCENTAGE OF DISABILITY:** \_\_\_\_\_

**15. PARTICULARS OF MEDICAL CERTIFICATE:**

A) Medical authority issuing the certificate : \_\_\_\_\_

B) Date of Issue : \_\_\_\_\_

C) 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. \_\_\_\_\_

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(For office use only)

**17. SIGNATURE AND STAMP OF AUTHORITY ISSUING THE DISABILITY CARD.**

**DATE:**

**SIGNATURE OF ISSUING AUTHORITY**

**PLACE:**

**STAMP:**

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NOTE: (1) This application form can be used for obtaining identity card for persons with disabilities. In case the original card has been lost and duplicate card is required to be obtained the format of application will remain the same.  
(2) Please attach one passport size photograph.  
(3) Please attach a copy of medical certificate obtained by you from the authorized board constituted by the State Government/defense authorities.