

Form A

(See Rule 16 (1))

Form of application to the Local level Committee by a patient, relative or a registered organization for appointment of guardian for a person with disability.

From: Date: To

The Local Level Committee

Sir/Madam,

..... Is a person with disability and requires protection of his person and property through a guardian. We here by request thatbe appointed as guardian of the saidfor the protection of his person property.

We furnish hereunder further details and request early decision: 1.

Particulars of the person to be

provided guardian Name:

Age :

Nature of Disability:

Address:

2. Particulars of the person proposed to be
appointed as guardian

Name:

Age:

Relationship with ward, if any:

Address

We enclose herewith disability certificate of the said Obtained from

.....

Yours faithfully,

Witnesses

1st Witness

2nd Witness

Authorised Signatory

Name:

Designation:

Office Stamp.

Consent of the person proposed to be appointed Guardian

I hereby agree to be the guardian of the person and property of And shall discharge my obligations with due diligence.

Signature:

Name:

Date:

Consent of the guardian, If any, to the aforesaid proposal.

I hereby agree to the above proposal to appointas the guardian of.....

Signature:

Name:

Date: