GOVERNMENT OF MANIPUR
SOCIAL WELFARE DEPARTMENT

APPLICATION FORM FOR AIDS AND ASSISTIVE DEVICES (ARTIFICIAL LIMB) FOR PERSONS WITH DISABILITIES

1. NAME OF APPLICANT (IN BLOCK LETTERS)

2. DATE OF BIRTH

3. GENDER : Male ☐ Female ☐ (Please Tick)

4. OCCUPATION OF APPLICANT :.....

5. NAME OF FATHER :.....

6. NAME OF MOTHER :.....

7 OCCUPATION OF FATHER / MOTHER

A. FATHER:.....

B. MOTHER:.....

8. FAMILY INCOME (INCOME CERTIFICATE ISSUED BY COMPETENT AUTHORITY SHOULD BE ENCLOSED) Rs..... (In word)..... only.

9. ADDRESS (PRESENT) IN FULL :

P.O. P.S

DISTRICT.

10. ADDRESS (PERMANENT) IN FULL :

P.O. P.S

DISTRICT.

11.MOBILE NO. OF APPLICANT OR FATHER OR GUARDIAN:

12. TYPE OF DISABILITY (VALID DISABILITY CERTIFICATE ISSUED BY COMPETENT AUTHORITY SHOULD BE ENCLOSED) : .....

13. AREA OF DISABILITY : .....

14. THE PARTICULAR LIMB REQUIRED TO BE FITTED WITH ARTIFICAL LIMB:-.....

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15. DISABILITY DUE TO (PLEASE TICK ANY OF THE FOLLOWING)

A. ACCIDENT
B. CONGENITAL
C. DISEASE
D. OR ANY OTHER REASON