



DISABILITY SUMMIT

3rd December 2014
Talkatora Stadium
New Delhi



ORGANISED BY:



the Cradle

THE CENTRE FOR REHABILITATION AND ADVANCEMENT OF DISABLES

UN's International Day of Persons with Disabilities

AIDS & APPLIANCES

APPLICATION FORM

1.	Name:					Photograph of Applicant	
2.	Father's Name:						
3.	Mother's Name:						
4.	Present Address	House No/Name of House Place State / U.T			Email ID:		
	Mobile No.						
5.	Permanent Address	House No/Name of House Place State / U.T					
	Phone No.						
6.	Date of Birth	Day	Month	Year	7	Age (in Years)	
8.	House Hold Income (Income Certificate to be Attached)	Rs.			9	Gender	Male / Female
	In Words Rs.						
10.	Type of Disability	Select, as applicable		%age of Disability	Provide the details of Medical Certificates		
		Visually Impaired			Certificate No.		
		Hearing Impaired					
		Loco Motor			<i>Issuing Authority/Doctor/Hospital Address.</i>		
		Autistic					
		Mentally Retarded					
		Leprosy Cured:					
		Multiple Disability					



The Cradle 8E, Block 7, Pocket 10B, LIG, DDA, Jasola, New Dehli - 110 025

Tele/Fax: 011-26942263, +91-9717595100 Email: bbc4cradle@gmail.com Web: <http://www.trustcradle.com>



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Priority No.	Details of the Device Required <i>(Please fill as per priority if required more than one device)</i>
1 st	
2 nd	
3 rd	

Note:- A separate examination certificate may be required from the hospital/doctor for some AIDS & APPLIANCES.

I declare that above information are true to the best of my knowledge. If any information furnished by me turns out to be false subsequently, my registration may be cancelled.

Date: _____

Place: _____

Signature of Applicant/Guardian

For office use only.....

Serial No. of Application	
Application Receiving Date	
Verified By	
Referred to Organisation	
Decision Yes/No.	
Remarks (If Any)	



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