APPLICATION FOR GRANT OF FINANCIAL AID FOR MARRIAGE OF/TO DISABLED PERSON

1.	Name of the applicant			
2.	Father's Name			
3.	Caste			
4.	Permanent Home address			
5.	Date of birth			
6.	Detail of disability with percentage.			
	(Medical certificate duly issued by			
	Distt. Medical Board be atta	Distt. Medical Board be attached)		
7.	Name and address of the dis	abled/able boded person to whom		
	Married.			
8.	Date of birth of Spouse			
9.	Date of marriage.			
10.	Purpose for which amount of assistance is proposed to be utilized.			
Dated:-				
		Sig	nature of Applicant	
Signature of Father/Guardian.				
Recommendation of the Tehsil Welfare Officer:-				
Dated:-				
		Signature of Teh	sil Welfare Officer	
The foll	1. Bona Exec 2. Attes spous			
competent authority.				

- 4. Disability Medical certificate issued by Distt. Level Medical board.
- 5. Certificate from the applicant that no such grant has been received earlier.