

**ANDAMAN AND NICOBAR ADMINISTRATION  
DIRECTORATE OF SOCIAL WELFARE**

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**APPLICATION FORM FOR GRANT OF FINANCIAL ASSISTANCE FOR  
REHABILITATION PURCHASE OF AIDS/APPLIANCES AND MEDICAL  
TREATMENT TO THE PERMANENT DISABLED PERSONS.**

1. Name of the Applicant :  
(in BLOCK LETTERS)
2. Father's Name/Husband's Name :
3. Sex :
4. Married/Unmarried/Widow :
5. Date of Birth :
6. Nature of disability with percen- :  
tage (Medical Certificate of  
disability to be enclosed). :
7. Permanent Address :
8. Present Address :
9. Employment Registration No. :
10. Category :
11. Religion :
12. Occupation :
13. Details of assistance received :  
from Govt./Local bodies/  
autonomous bodies.
14. Details of a family members :

One Passport  
Size Photo

**Signature of Applicant**

**Contd.on..2..**

**CERTIFICATE TO BE FURNISHED FROM A REVENUE AUTHORITY**  
**NOT BELOW THE RANK OF TEHSILDAR.**

Certified that Shri/Smti/Kum./Kumar.....

S/o, W/o/D/o ..... R/o .....

is permanent resident of Andaman and Nicobar Islands for more than 10 years at the time of making this application.

Place:

Date:

Signature:

Designation:

Official Seal:

(Verification on non-judicial stamp paper not less than Rs.2/-)

**AFFIDAVIT**

I, ..... S/o, W/o /D/o .....

..... R/o .....

aged ..... Years for hereby solemnly affirm and declared that :-

- 1 The particulars given by me in the application are true to the best of my knowledge and belief.
- 2 I am not in receipt of any other financial assistance of grant from any other sources.
3. I will refund the entire amount of assistance to the Govt. in case the information furnished by me proves wrong at any time.

Place:

Date:

**DEPONENT.**