

**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 attached)
7. Name and address of the disabled/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 :

Signature of Applicant

Signature of Father/Guardian.

Recommendation of the Tehsil Welfare Officer :

Dated :

Signature of Tehsil Welfare Officer

The following documents to be attached with the application form :

1. Bonafide Himachali Certificate issued by the Executive Magistrate.
2. Attested copy of birth/ age certificate of both the spouses.
3. Marriage registration Certificate from the 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.