

ANNEXURE-VII

4.1 APPLICATION FORM UNDER THE SCHEME VOCATIONAL REHABILITATION FOR PERSONS WITH DISABILITIES

- 1. Full Name (in capitals) : -----
- 2. Father's / Husbands name : -----
- 3. Present address: Vill.----- P.O.-----
Distt.----- Pin----- (HP)
- 4. Permanent address: Vill.----- P.O.-----
Distt.----- Pin----- (HP)
- 5. Date of birth:
- 6. Gender : Male/Female
- 7. Community : SC/ST/OBC/Gen.
- 8. Area : Rural/Urban
- 9. Family Members:

Sr. No.	Father/Mother/ Brother/ Sister	Age	Occupation	Name	Living separately/ Joint

- 10. Annual income of Family.
- 11. Disability: Blindness/LV/HI/MR/OH/LC
- 12. Cause of Disability: by birth / Disease/Injury
- 13. Percentage of Disabilities
- 14. Severity Mild/Moderate/Profound /Total
- 15. Whether using any aids/ appliances
- 16. Skills/Talents acquired

17. Educational Qualifications:

Exam Passed	Year of passing	Subjects	Percentage	Board/ University

18. Technical Qualifications. :

Exam Passed	Year of Passing	Subjects	Percentage	Institution	Duration of Training

19. Any other training undergone :

20. Work Experience :

Name and Address of employee	Period	Ways	Reasons for leaving

21. Present occupation:

22. If unemployed, since when ? _____

How you maintain your self ? _____

23. Whether received any loan from any bank?

Signature of applicant