

**APPLICATION TO UNDERTAKE RESEARCH PROJECT IN THE FIELD OF DISABILITY**

1. Year:-
2. Name of Organization:-
3. Postal address with telephone number of Organization:-  
Email address, if any
4. Whether Government/ Public /Private Sector Undertaking :-
5. Whether Organization registered under any Act.
6. Date of registration:-  
( Enclose copy)
7. Field in which organization is working :-
  - a.
  - b.
  - c.
8. Detail of Research Projects undertaken so far:-
  - a.
  - b.
  - c.
9. Whether grant received from Govt. If so, give detail
  - a) State Govt. -----
  - b) Central Govt.-----
  - c) Other sources.-----

10. Detail of the Project Proposal:-

11. Any other information:-

Signature (with seal) -----

Name -----

Date-----

Recommendation of Deputy Commissioner-cum- Deputy Commissioner (Disability).

Deputy Commissioner  
-cum-  
Deputy Commissioner (Disability)