

APPLICATION FORM FOR MEDICAL TREATMENT FOR THE DISABLED

(to be submitted through the District Social Welfare Officer concerned)

(Incomplete Application or Application received after the stipulated date will not be entertained)

(Last date for submission of the application is)

1. Name of the applicant (in block letters) :
with designation/Profession.
2. Certificate of age (attested copy to be :
attached).
If this certificate is not available,
approximate age as on the 1st January
..... duly certified by the Medical
Officer may be furnished.
3. Name of Parent/Guardian with designation/ :
Profession.
4. Home Address :-
(a) Village.

(b) Town.

(c) Post office.

(d) Subdivision/District.
5. Present Address :
6. Whether a resident of Meghalaya :
7. Caste and Community to which the
Applicant belongs.
8. Parent/Guardian annual income including :
income of the applicant if employed,
certificate in the form prescribed in
Annexure 'B' for the purpose should be
Furnished.
9. Are you a citizen of India ? If so, how ? :
(attested copy of the Citizenship certificate
should be attached).

10. Recommendation of an expert such as :
Medical Officer or Specialist in the line.
This should be countersigned by the District
Medical Board as per Annexure 'A' Approximate
expenditure to be incurred for treatment, travel
expenses, etc., is Rs.....
(Rupees
.....) only.

11. Amount of grant prayed for :

12. Other particulars, if any :

I solemnly affirm that the information given by me is correct and that if any of the particulars given by me is found to be not true, I may be suitably dealt with the Government may deem fit and proper in the case.

Date

Signature of Applicant

Place

Forwarded to the Director of Social Welfare, Meghalaya, Shillong for favourable consideration.

Date

Place

Signature and Designation
of the District Officer
(i.e. Deputy Commissioner/
SDO/DSWO/Gazetted Officer
and/or Employer.

ANNEXURE 'A'

(Specimen of Medical Certificate to be enclosed)

(Certificate to be signed by the Medical Officer of the District Medical Board concerned Examining the candidate)

1. I, Civil Surgeon/Medical Officer have examined Shri/Smti and certified that he/she requires to undergo treatment for to prevent him/her from permanent/severe disability.
2. I, further certify that Shri/Smti is physically and mentally fit apart from his/her disability to undertake any work/studies.
3. In my opinion treatment for for the applicant would be of use to him/her in future life.

ANNEXURE 'B'

(Specimen of Income Certificate to be enclosed)

This certificate is required to be furnished by any of the following person viz; MP/MLA/DC/SDO/In-charge of Administrative Units/or Employer in case of Employees.

I certify to the best of my knowledge the total income of Shri/Smti..... son/daughter/ward of Shri/Smti..... of village/town from all sources including that of his/her guardians does not exceed Rs. per annum.

Place

Signature and Designation

Date

Seal