Unique Disability ID

Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India.

सत्यमेव जयते

PERSON WITH DISABILITY REGISTRATION FORM

1. Personal Details

Applicant Name : _____ (First Name) _____ (Middle Name) _____ (Surname)

Father's Name : _____

Mother's Name : _____

Date of Birth : _____ (DD/MM/YYYY) Age : _____

Mobile No : _____ E-mail ID : _____

Photograph
Passport Size 2 x 3

Gender : ☐ Male ☐ Female ☐ Other

Mark of Identification : _____

_____
Signature / Thumb / Other Print

Category : ☐ General ☐ OBC* ☐ SC* ☐ ST* (*Attached cast certificate for OBC/SC/ST only)

Blood Group : ☐ O+ ☐ O- ☐ A+ ☐ A- ☐ B+ ☐ B- ☐ AB+ ☐ AB-

Marital Status : ☐ Married* ☐ Unmarried ☐ Widow ☐ Divorced ☐ Divorcee & Widower

*If you are married give Spouse Name : _____

Name of Guardian/ Caretaker /Attendant / Related Person : _____ His/Her Contact No. : _____

Relation with Person with Disability : ☐ Father ☐ Mother ☐ Wife ☐ Husband ☐ Uncle ☐ Aunty ☐ Sister ☐ Other

Educational Details : ☐ Primary ☐ Middle/Higher Primary ☐ Senior Secondary ☐ Higher Secondary ☐ Diploma ☐ Graduate ☐ PG Diploma ☐ Post Graduate ☐ Doctorate

2. Address Details

Correspondence Address : _____

_____ Pincode : _____

State/UTs : _____ District : _____

City/Sub District/Tehsil : _____ Village/Block : _____

Document for Address Proof : ☐ Driving Licence ☐ Ration Card ☐ Voter ID ☐ Other (Domicile Certificate)

Permanent Address : _____

_____ Pincode : _____

State/UTs : _____ District : _____

City/Sub District/Tehsil : _____ Village/Block : _____

3. Disability Details

Have disability Certificate : ☐ Yes* ☐ No (*If yes, please fill in the following details & attach disability certificate)

Sr./Reg. No. of Certificate : _____ Date of Issue : _____ (DD/MM/YYYY)

Disability Percentage (%) : _____ (For example: 30%, 40%, 50%, 60%)

Details of Issuing Authority : ☐ Chief Medical Office ☐ Medical Authority

Disability Type :

☐ Blindness ☐ Muscular Dystrophy ☐ Hearing Impairment ☐ Hemophilia

☐ Low Vision ☐ Parkinson's Disease ☐ Intellectual Disability ☐ Thalassemia

☐ Leprosy Cured ☐ Sickle Cell Disease ☐ Acid Attack Victim ☐ Locomotor Disability

☐ Cerebral Palsy ☐ Dwarfism ☐ Mental Illness ☐ Multiple Sclerosis

☐ Specific Learning Disabilities ☐ Speech and Language Disability ☐ Autism Spectrum Disorder ☐ Chronic Neurological Conditions

☐ Multiple Disabilities including Deaf Blindness

Disability By Birth : ☐ Yes* ☐ No Disability Since : _____ (in Year)

Pension Card Number : _____ Disability Scheme : _____

Hospital Treating Disability : _____

Disability Area :

☐ Chest ☐ Ears ☐ Head ☐ Left Eye ☐ Left Hand ☐ Left Leg ☐ Mouth

☐ Nose ☐ Shoulder ☐ Throat ☐ Right Eye ☐ Right Hand ☐ Right Leg ☐ Stomach

Disability Due to : ☐ Accident ☐ Congenital ☐ Hereditary

4. Employment Details

Employed : ☐ Yes ☐ No* Unemployed Since : _____

Occupation :

☐ Govt. Job ☐ Professional/Technical ☐ Agriculture ☐ Service & Shops

☐ Clerks ☐ Craft/Trade Workers ☐ Daily Wages Worker ☐ Plant/Factory

☐ Other Occupation _____

BPL/APL : ☐ N/A ☐ APL ☐ BPL ☐ Antodya

Personal Income (Annual) : ☐ Below 10,000 ☐ From 10,000 to 1,00,000 ☐ 1,00,000 to 5,00,000 ☐ > 5,00,000

Father Income (Annual) : ☐ Below 10,000 ☐ From 10,000 to 1,00,000 ☐ 1,00,000 to 5,00,000 ☐ > 5,00,000

Spouse Income (Annual) : ☐ Below 10,000 ☐ From 10,000 to 1,00,000 ☐ 1,00,000 to 5,00,000 ☐ > 5,00,000

5. Identity Details

Attached Identity Proof : ☐ Driving Licence ☐ PAN Card ☐ Ration Card ☐ Voter ID ☐ Aadhar Card

Identity Proof Number : _____

Aadhaar Card Number : _____ TIN (NPR) : _____

Any Other State/UTs ID : _____ Other State/UTs ID Value : _____

I _____ , the applicant do hereby declare that what is stated above is true to the best of my own information and brief.

Date : _____ Applicant's Signature/Thumbprint : _____