

APPLICATION FORM FOR specialized treatment UNDER PROSTHETIC AID SCHEME.

- 1 Name:- \_\_\_\_\_
- 2 Parentage:- \_\_\_\_\_
- 3 Residence:- \_\_\_\_\_
- 4 Occupation:- \_\_\_\_\_
- 5 Would required \_\_\_\_\_ Limb/ appliance. This is available at \_\_\_\_\_
- 6 Income of the family from all sources \_\_\_\_\_
- 7 Type of Handicapped \_\_\_\_\_
- 8 Kind of Orthopedic appliance required \_\_\_\_\_
- 9 Name of the institution and the place where such appliance / treatment is available \_\_\_\_\_
- 10 Approximately other charges : \_\_\_\_\_



Sig. of applicant

Medical Certificate:

I have examined Sh./Smt \_\_\_\_\_ S/o D/o W/o \_\_\_\_\_  
R/o \_\_\_\_\_ and hereby certified that  
1 He/She is suffering from \_\_\_\_\_ diseases and the applicant is a disabled /Crippled / Deaf & Dumb and is not in a position to move or Hear because of having \_\_\_\_\_ deformity. Therefore he/ She shall be provided one number Hearing Aid/ Crutches/ Motorized Tricycle/ Wheel Chair/ Tricycle/ artificial limbs etc. So that he can be able to move or hear.

BMO/CMO \_\_\_\_\_  
Specialist

Income Certificate:

Certified that the income of the family of \_\_\_\_\_ from all sources is Rs \_\_\_\_\_ PM.

Seal & Sig of the Gazetted Officer.

Verification

I have personally verified the contents of the applicant and certify that the applicant is deserving one. The case may be covered under rules.

TSWO \_\_\_\_\_