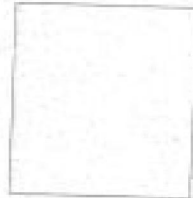


(Free of Cost)

APPLICATION FOR THE PROSTHETIC AID

1. Name _____
2. Parentage: _____
3. R/o _____
4. Occupation: _____
5. Income for the family from all sources _____
6. Type of handicapped:- _____
7. Kind of Orthopedic/prosthetic aid required:- _____
8. Approximate cost of Prosthetic aid:- _____
9. Contact No; _____



Signature of the applicant

MEDICAL CERTIFICATE

I have examined Sh/Smt.Kumari/ _____ S/O/D/O/W/O _____
 from _____ /He/she is suffering
 is handicapped as per the certificate issued from the District Level Medical
 Committee(Medical Board) _____ He/She has the hard need of
 is recommended by me.

Medical Officer
 With official Seal

INCOME CERTIFICATE

It is certified on the report of Patwari halqa of _____ the income of
 Sh/Smt/Kumari/ _____ S/O/D/O/W/O _____
 R/O _____ Tehsil _____ District _____
 is Rs. _____ per month from all sources.

Tehsildar

(With official seal)