

**Application Proforma of the Outstanding Creative Adult Persons with Disabilities
for State Awards**

1.	Name of the person in Hindi & English (In BLOCK Capital letters)	
2.	Residential address along with telephone no. and fax number, if any.	
3.	E-mail address, if any	
4.	Web-site address, if any	
5.	Date of Birth/Age	
6.	Nature and degree of disability (attach Disability Certificate)	
7.	Occupation	
8.	Monthly income	
9.	Particulars of the creative work for which award is to be considered	

Signature of the applicant with date

NOTE:

1. Three copies of the photographs clearly showing disability of recommended person with disabilities, to be enclosed with bio-data.
2. Application should be supported by a Medical certificate indicating the degree of total disability.
3. Recommendation of concerned Deputy Commissioner is required to consider the application.

Signature, name & designation of the recommending authority with date