

**APPLICATION PROFORMA OF EMPLOYEE/SELF-EMPLOYED WITH
DISABILITIES FOR STATE AWARD**

1.	Name: (a) in English (in BLOCK Capital letters)	
	(b) in Hindi	
2.	Address: (a) Residential	
	(b) Office	
3.	Telephone numbers: (a) Residential	
	(b) Office	
4.	Fax Number: (a) Residential	
	(b) Office	
5.	E-mail address, if any	
6.	Sex	
7.	Date of Birth/Age	
8.	Nature/Category of disability	
9.	Percentage of disability (Certificate of competent authority to be attached)	
10.	Qualification : (a) Academic	
	(b) Technical	
	Qualifications acquired after onset of disability should be clearly indicated. (Certificate and testimonial should be attached)	
11.	Trainings received, if any:	
	(a) Name of the Institution/Organization	
	(b) Name of the Course	
	(c) Duration of the Course	
12.	Details of experience gained informally	
13.	Whether employee or self-employed	
14.	If employee:	
	(a) Name of the Employer	
	(b) Designation or Post held	
	(c) Scale of pay and salary drawn	
	(d) Nature of work engaged on	
	(e) How does his/her productivity compare to that of his non-disabled counterparts in percentage of 10% more or less.	
	(f) Relations with fellow-employees	
	(g) Independence in work (encircle the grading option)	Very Good Good Poor
	(h) Mobility and self care remarks including a brief life sketch of about 200 words of the candidate highlighting his struggle against the disadvantage created by his disability (encircle the grading option)	Very Good Good Poor
	(i) Punctuality and regularity in attendance ((encircle the grading option)	Very Good Good Poor
	(j) Whether any incentive /reward/ certificate given to the employees by the employer for his work during last three years. If yes, details thereof.	
(k) General assessment of the employee for last three years (encircle the grading option)	Very Good Good Poor	

15.	If self-employed :	
	(a) Trade/Profession with which associated	
	(b) Monthly Income (Attach copy of last Income Tax Return filed/Income Certificate)	
	(c) How far you have upgraded your skill in that trade/profession with a view to absorb yourself fully as a self-employed entrepreneur ?	
	(d) Socio-economic problems/ constraints being faced in the existing trade/profession to become a sustainable self-employed entrepreneur.	
	(e) (I) Whether taken loan from any bank/financial institution of State/Central Government (give full details)	
	(II) If yes, indicate the balance amount of loan to be repaid.	
(f) Have you ever been declared to be a defaulter to any nationalised bank/ financial institution/cooperative bank		
16.	If any National or State Award received during last five years, then please mention: (a) Name of the Award (b) Conferring Agency (c) Year of conferment	

Signature of the Applicant with date

NOTE

1. In case of self-employed persons with disabilities, the particulars may be duly certified by a Gazetted Officer of the Central/State Govt./Member of Parliament/Member of State Legislature/Municipal Councillor of Municipal Corp. etc.
2. Three copies of the photographs clearly showing disability of recommended employees/self-employed with disabilities, with bio-data be enclosed.
3. Application should be supported by a Medical certificate indicating the degree of total disability.
4. For Govt. employee recommendation of concerned HoD/ Administrative Secretary and for pvt. employee, recommendation of concerned Deputy Commissioner is required to consider the application.

Signature, name & designation of the recommending authority with date