APPLICATION PROFORMA OF THE INDIVIDUALS FOR STATE AWARDS

1.	Name in English (in BLOCK	
	Capital letters) and Hindi	
2.	Address with telephone	
	numbers/FAX number(if any)	
3.	E-mail address, if any	
4.	Date of Birth/Age	
5.	Sex	
6.	Institution with which the	
	individual is associated including	
	the local and field performances	
	and the number of persons with	
	disabilities covered.	
7.	How is the performance of the	
	individual adjudged as outstanding	
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8.	Remarks including a brief life sketch of the individual.	
	sketch of the individual.	
9.	No. of years working for the	
\'	persons with disabilities.	
10.	Details of her/his contribution	
	during last ten years supported by	
	documentary evidence.	
11.	Whether received any awards in	
	the past, if so specify and furnish a	
10	brief account.	
12.	Name of the Area/District/State in	
	which outstanding work has been	
	done for the welfare of persons with disabilities.	
13.		
13.	Details of outstanding professional achievements, if any	
	acine venients, it any	

Signature of the applicant with date

NOTE: Recommendation of concerned Deputy Commissioner is required to consider the application.

Signature, name & designation of the recommending authority with date