

APPLICATION FORM UNDER THE SCHEME VOCATIONAL REHABILITATION
FOR PERSONS WITH DISABILITIES

1. Full Name (in capitals) -----
2. Father's / Husbands name -----
3. Present address: Vill.----- P.O.-----
Distt.----- Pin----- (HP)
4. Permanent address: Vill.-----P.O.-----
Distt.----- Pin----- (HP)
5. Date of birth:
6. Gender: Male/Female
7. Community : SC/ST/OBC/Gen.
8. Area : Rural/Urban
9. Family Members:

Sr. No	Father/Mother/ Brother/ Sister	Age	Occupation	Name	Living separately/ Joint
10. Annual income of Family.
11. Disability: Blindness/LV/HI/MR/OH/LC
12. Cause of Disability: by birth / Disease/Injury
13. Percentage of Disabilities
14. Severity Mild/Moderate/Profound /Total
15. Whether using any aids/ appliances
16. Skills/Talents acquired

17. Educational Qualifications

Exam Passed	Year of passing	Subjects	Percentage	Board/ University
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18. Technical Qualifications.

Exam Passed	Year of Passing	Subjects	Percentage	Institution	Duration of Training
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19. Any other training undergone:

20. Work Experience

Name and Address of employee	Period	Ways	Reasons for leaving
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21. Present occupation:

22. If unemployed, since when?

How you maintain yourself?

23. Whether received any loan from any bank?

Signature of applicant