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
8. Area : Rural/Urban
9. Family Members:
   Sr. No Father/Mother/ Brother/ Sister Age Occupation Name Living
   No Name
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

Exam  Year of  Subjects  Percentage  Institution  Duration of Passed  Passing  Training

19. Any other training undergone:
20. Work Experience
Name and Address  Period  Ways  Reasons for leaving of employee

21. Present occupation:
22. If unemployed, since when?
   How you maintain yourself?
23. Whether received any loan from any bank?

Signature of applicant