



GOVERNMENT OF SIKKIM
SOCIAL JUSTICE, EMPOWERMENT & WELFARE DEPARTMENT
(SOCIAL WELFARE DIVISION)
GANGTOK

P.P. size
photograph

Sl. No. _____

APPLICATION FOR OBTAINING DISABILITY CARD.

1. Name
(Surname) (First Name) (Middle Name)

2. Father's/ Husband's Name

3. Date of Birth.....

4. Sex

5. Caste

(Please state if you belong to SC, ST, OBC or MBC Categories)

6. Address : State permanent address for communication.

Gram Panchayat Unit No. & Name

Constituency

Sub - Division

Gram Vikash Kendra.....

Post Office

District

7. Family Income

(Note : Add income of all the earning members of the family who are living together in the same household).

8. Occupation

(Mention the Official designation, Department and also nature of work performed by you).

9. Identification Marks :-

(i)

(ii)

10. Nature of Disability

(Indicate the category of disability of diagnostic description or the disability given in the Medical Certificate issue by the Designated Medical Board).

11. Degree of Disability

(In case of locomotive disability, indicate percentage of disability. In the case of Mental Retardation, mention the Specific diagnostic category indicating the degree of disability such as International Classification of Diseases Code Number).

Contd.....2/-

12. Particulars of Medical Certificate:-

- (a) Medical Authority who issued the Certificate.
- (b) Whether disability condition is permanent or correctable.

13. Signature and thumb impression of persons with disability:-

- (1)
- (2)

Signature and stamp of authority issuing the Disability Card.

Date :

Signature of issuing authority

Place :

Stamp.

- (1) This application form can be used for obtaining Disability Card. In case the Original Disability Card is lost and duplicate disability card is required to be obtained, the format of application will remain the same.
- (2) Please attach four (4) nos. passport size photographs. One photograph to be affixed on the application while the other photograph to be stapled alongwith the Application Form, the second photograph will be used for affixing on the Disability Card.
- (3) Please attach a copy of the Medical Certificate obtained by you from the authorized Medical Board constituted by the State Government.
- (4) Please attach Sikkim Subject/Certificate of Identification as the case may be.
- (5) Aadhar Card.
- (6) Attested copy of Electoral Photo Identity Card and or attested copy of Birth Certificate.