

Disability Certificate

The Disability Certificate acts as identity proof for persons suffering from certain disabilities.

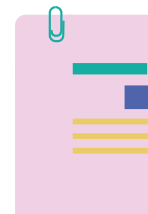
Aagam is a platform for the needful young adults to help them with options for their career and to complete their board education.

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DISABILITY CERTIFICATE

Base Page



1. What does Disability Certificate mean?

Disability Certificate specifies that a person has a certain disability. It is issued by the medical authority appointed by the government. The eligibility is defined by the parameters and percentage of disability as mentioned under the Right of Persons with Disabilities Act, 2016 on this link https://legislative.gov.in/sites/default/files/A2016-49_1.pdf. It defines 'person with disability' as a "person with long term physical, mental, intellectual or sensory impairment which, in interaction with barriers, hinders their full and effective participation in society equally with others".

The specified disabilities as mentioned in the Act include physical disability like visual impairment, hearing impairment, speech and language disability; intellectual disability like specific learning disabilities, autism spectrum disorder; mental behavior like mental illness; disability caused due to chronic neurological conditions, blood disorder; multiple disabilities like more than one of these specified disabilities or combination of disabilities.

2. Why is a Disability Certificate required?

It can be used as identity proof to avail benefits from scholarship schemes for students with disabilities, reservation in government jobs, loan for starting own business, group insurance for government employees with disabilities, unemployment allowance to educated disabled persons, etc. At times students with disabilities are provided additional time for writing papers and also a writer to support them in exams.

3. What are the steps involved in registration for a Disability Certificate?

Two options are available – apply in-person or online.

4. Who are the authorities for Registration of Disability Certificate?

Chief Medical Officer/Medical authority appointed by the state government are the authorities for registration.

5. Where can you collect the Disability Certificate from?

The certificate is issued within a period of 10 – 15 days of application. It can be collected from the office of the Chief Medical Officer/Medical authority. You can locate the address from the government website from this link

<http://www.swavlambancard.gov.in/medicalcamp/knowCamps>.

You can also download your e-Disability Card & e-Unique Disability Identity Card from this link <http://www.swavlambancard.gov.in/>.

6. Are there any alternate sources you can contact to get the Disability Certificate?

No, there are no alternates.

7. Can corrections be made to the Disability Certificate?

Yes, for this you must take these steps to apply in-person.

- i. Write an application to the Chief Medical Officer / Medical authority in your area.
- ii. Specify the part where correction is required. Also mention the correct details in the application. iii. Attach the original Disability Certificate and submit it at the office with the application.
- iii. You may confirm with the local authority in case any other step is required.

8. Is there any procedure to follow if you have lost your Disability Certificate?

Yes, the procedure can be done in-person and online.

DISABILITY CERTIFICATE

Detailed Information



1. What are the steps involved in getting a Disability Certificate?

Two options are available – apply in-person or online. Here is the list of specified documents required for it.

Following is the list of documents that are needed while applying for a Disability Certificate. It may vary for each state / Union Territory. You can check with the nearest office in your locality.

- i. Two passport size photos
- ii. Address proof (ration card/voter ID card/driving license/bank passbook/PAN card/passport/telephone, electricity, water or any other utility bill indicating the address of the applicant / certificate of residence issued by Panchayat, Municipality, Cantonment Board, any [Gazetted Officer](#) or the concerned Patwari or Head Master of a Government School (as applicable) / in case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill, etc. a certificate of residence from the head of such institution)

Note: Document for residential proof may vary for each state / Union Territory. You can check with nearest office in your locality.

Gazetted Officer – They are people appointed at the executive / managerial level as public servants in India. If a person's name is published in the Gazette of India or any state government gazette / document, that person is called Gazetted.

Gazetted officers can attest documents that are true copy of the original documents.

1.1 In-person

- i. Click on this link - <http://www.swavlambancard.gov.in/medicalcamp/knowCamps> to identify the address of the nearest medical authority in your district and you will land on the screen as visible in the snapshot below. (For team: This image will be a pop-up on the screen.)

Home → Medical Camps / Hospitals

- > My Account
- > Update Personal Profile
- > Track Application Status
- > Medical Camps / Hospitals
- > District Welfare Office
- > Disability Schemes

Medical Camps / Hospitals

State / UTs Name District Name

GO **RESET**

Camp Name	Address	Camp Start Date / Time	Camp End Date / Time	Branch / Ward Name
ASSESSMENT CAMP- JOWAI CIVIL HOSPITAL, IALONG WEST JAINTIA HILLS DISTRICT	KHLIEHRIAT WEST VILLAGE EAST JAINTIA HILLS DISTRICT - 793200	08/07/2021 10:00:00	08/07/2021 16:30:00	Khliehriat West
ASSESSMENT CAMP- JOWAI CIVIL HOSPITAL, IALONG WEST JAINTIA HILLS DISTRICT	JARAIN VILLAGE WEST JAINTIA HILLS DISTRICT - 793150	11/03/2021 10:00:00	11/03/2021 16:00:00	Jarain
ASSESSMENT CAMP - DSWO	MAWSYNRAM, VENUE - MAWSYNRAM EAST KHASI HILLS DISTRICT PIN - 793113	11/03/2021 09:00:00	11/03/2021 15:00:00	Mawsynram Dongneng
ASSESSMENT CAMP - DSWO	VENUE - URKSEW WAHPATHAW, PYNURSLA, EAST KHASI HILLS DISTRICT, PIN - 793010	18/03/2021 09:00:00	18/03/2021 15:00:00	Urksew Wahpathaw

Contact Information

Shri Vikash Prasad
Director

Department of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment

Room No. 5, B-I Block, Antyodaya Bhawan, CGO Complex, Lodhi Road, New

- ii. Fill the application form to apply based on the specific disability. Click Registration, Multiple Disability, Other Disabilities for the sample of the format for different forms for registration for Disability Certificate.
- iii. In the case of persons with mental retardation, autism, cerebral palsy or multiple disabilities, application can be made by the legal guardian.
- iv. Once all the details are filled, sign at appropriate places.
- v. Attach all required documents and submit the application along with the documents.
- vi. On accepting your application, the authority will check the details. In case of permanent disability, no medical examination is required.
- vii. The Chief Medical Office / Medical authority reviews the case and assign disability percentage. CMO Office prepares Disability Certificate and generates UDID and Disability Certificate.
- viii. Once the process is successful, you will get the Disability Certificate delivered to the registered address.
- ix. Usually, the certificate is valid for 5 years for temporary disability. You may confirm these details at the office.

Legal guardian – This is a person who has the legal authority to care for the personal and property interests of another person. Guardians are typically applicable in 4 situations: guardianship for an incapacitated senior, guardianship for a minor, and guardianship for developmentally disabled adults and for adults found to be incompetent.

3.2 Online

The online services for each state are available on the state government’s website for citizen services. You can confirm it on your state government’s website and follow the procedure mentioned on it.

- i. Click on this link - <http://www.swavlambancard.gov.in/> for applying for Disability Certificate/Unique Disability Identity and you will land on the screen as visible in the snapshot below. (For team: This image will be a pop-up on the screen.)

The screenshot displays the Swavlambancard.gov.in portal. It features two main sections: 'Login' and 'Create an account'. The 'Login' section includes input fields for 'Enrolment Number / UDID Number', 'Date of Birth' (with a DD/MM/YYYY format hint), and a 'captcha_code' field. A 'LOGIN' button is at the bottom. The 'Create an account' section contains a 'REGISTER' button. Below the forms, there are logos for 'india.gov.in', the 'Department of Empowerment of Persons with Disabilities, Government of India', the 'Office of The Chief Commissioner For Persons with Disabilities, Government of India', and 'myGov मेरी सरकार'. A small yellow bell icon is visible on the right side.

- ii. Fill in details under the Create an Account column and register on the portal.
- iii. Once registered and logged in to the account, click “Apply online for Disability Certificate” and you will land on the screen as visible in the snapshot below. (For team: This image will be a pop-up on the screen.)

Person with Disability Registration

Choose Regional Language

Download Form

Already Having Disability Certificate

1 PERSONAL DETAILS

2 DISABILITY DETAILS

3 EMPLOYMENT DETAILS

4 IDENTITY DETAILS

Personal Details

Applicant First Name *	Applicant Middle Name	Applicant Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>
आवेदक का पहला नाम *	आवेदक का मध्य नाम	आवेदक का उपनाम
<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>(Click on the text to see the suggestions / hints)</small>	<small>(Click on the text to see the suggestions / hints)</small>	<small>(Click on the text to see the suggestions / hints)</small>
Applicant Father's Name *	Applicant Mother's Name*	Date of Birth*
<input type="text"/>	<input type="text"/>	<div>Day</div> <div>Month</div> <div>Year</div>
आवेदक के पिता का नाम *	आवेदक के माता का नाम *	Age * (Auto calculate based on date of birth)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>(Click on the text to see the suggestions / hints)</small>	<small>(Click on the text to see the suggestions / hints)</small>	
Gender *	Mobile Number	E-Mail Id
<div>Please Select Gender</div>	<div>+91</div>	<input type="text"/>
Mark of Identification	Category *	
<input type="text"/>	<div>Please Select Category</div>	

- Fill the required details and upload required documents. Click English to see the format of the form.
- This data is submitted to the Chief Medical Office / Medical authority. Once they verify the data, the specialist doctor needs to assess the disability of the person with the disability.
- The Chief Medical Office / Medical authority reviews the case and assign disability percentage. CMO Office prepares Disability Certificate and generates UDID and Disability Certificate.
- Once done, follow the instructions on the screen to complete the process.
- You can track the progress of the application through the "Track Your Application Status" option on the main page of the website.

Note: You may follow the same website link for renewal of the Disability Card.

2. Is there any procedure to follow if you have lost your Disability Certificate?

Yes, the procedure can be done in-person and online.

2.1 In-person

It includes filing a report to the police. Generally, it is a Non-Cognizable Report (NCR). Along with the copy of NCR, you also need an Affidavit. Once done, you can visit the nearest office of Chief Medical Officer / Medical authority appointed by the state government and submit these documents with other proof of information like identity and address.

With the help of all these documents you can get the duplicate copy of your Disability Certificate.

2.1.1 Report to the police

- i. Visit the nearest police station and describe all the details to the police whatever you know.
- ii. You can either verbally tell the police officer about the issue or write down the details by yourself.
- iii. If you tell the police verbally, then the duty officer must write it down and then make an entry in the General Diary or Daily Diary.
- iv. If you submit a written complaint, then you must carry two copies. One for the duty officer and the other one will be returned to you, with a receiving stamp on it.
- v. The police will go through all the details once you submit the information. After that, the information recorded by the police is read over to you.
- vi. A free copy of the report filed will be given to you with an NCR number, date of NCR and the name of the police station. vii. Make sure that both the copies must be stamped. It is proof that they received your complaint.

2.1.2 Affidavit

For information regarding what an affidavit is and how to get it made, [click here](#).

2.2 Online

- i. Click on this link - <http://www.swavlambancard.gov.in/pwd/pwdlostcard> register for a copy of the Disability Certificate and you will land on the screen as visible in the snapshot below. (For team: This image will be a pop-up on the screen.)

- > My Account
- > Update Personal Profile
- > Track Application Status
- > Medical Camps / Hospitals
- > District Welfare Office
- > Disability Schemes

Lost Card

Note: Please Enter the Enrolment No Or UDID Card No

Enrolment No. *

UDID Card No. *

Date of Birth *

DD/MM/YYYY


SUBMIT

Contact Information

Shri Vikash Prasad
Director

Department of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment

Room No. 5, B-I Block, Antyodaya Bhawan, CGO Complex, Lodhi Road, New



- ii. Ensure that you keep the Enrolment Number and UDID Card No. handy as mentioned in your original document. This information needs to be mentioned on the portal. You also need to enter your Date of Birth.
- iii. Based on these details, the Lost Card Report will be sent to the Department of Empowerment of Persons with Disabilities. Further, your details will be looked for and displayed on the screen. This will include email ID, mobile number, state /
- iv. Union Territory, address, disability percent, disability type, etc.
- v. Next, upload the copy of FIR as proof. You may follow instructions as mentioned on the screen. vi. Once done, follow the instructions on the screen to complete the process. For information regarding what an affidavit is and how to get it made, click [here](#). For team: This information is available in a separate document on your mail.
- vi. A list of persons required to register births is specified under the following categories and the details for each category are given in the table below-

3. Sample forms for Registration & Template of Disability Certificate

3.1 Sample for Registration of Disability Certificate by Persons with Disabilities (English) – Page 1

" **Form-I**
APPLICATION FOR OBTAINING DISABILITY CERTIFICATE BY PERSONS
WITH DISABILITIES
(See rule 3)

1. Name: (Surname) _____ (First name) _____ (Middle name) _____

2. Father's name: _____ Mother's name: _____

3. Date of Birth: (date) _____ / (month) _____ / (year) _____

4. Age at the time of application: _____ years

5. Sex: _____ Male/Female

6. Address:

(a) Permanent address

(b) Current Address (i.e. for communication)

(c) Period since when residing at current address

7. Educational Status (Pl. tick as applicable)

Post Graduate
Graduate
Diploma
Higher Secondary
High School
Middle
Primary
Illiterate

8. Occupation _____

9. Identification marks (i) _____ (ii) _____

10. Nature of disability: locomotor/hearing/visual/mental/others

11. Period since when disabled: From Birth/Since year _____

12. (i) Did you ever apply for issue of a disability certificate in the past _____ YES/NO

(ii) If yes, details:

Authority to whom and district in which applied _____
Result of application _____

13. Have you ever been issued a disability certificate in the past? If yes, please enclose a true copy.

Declaration: I hereby declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further, state that if any inaccuracy is detected in the application, I shall be liable to forfeiture of any benefits derived and other action as per law.

(Signature or left thumb impression of
person with disability, or of his/her legal
guardian in case of persons with mental
retardation, autism, cerebral palsy and
multiple disabilities)

Date: _____

Place: _____

3.2 Sample for Registration of Disability Certificate (In case of Multiple Disabilities) (English)

Form-III

Disability Certificate
(In case of multiple disabilities)
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)
(See rule 4)

Recent PP size Attested Photograph (Showing face only) of the person with disability

Certificate No. _____

Date: _____

This _____ is _____ to _____ certify _____ that _____ we _____ have _____ carefully _____ examined _____
Shri/Smt./Kum. _____ /son/wife/ _____ daughter _____ of _____
Shri _____ Date of Birth (DD / MM / YY) _____
Age _____ years, _____ male/female _____
No. _____ permanent _____ resident _____ of _____ Registration _____
No. _____ Ward/Village/Street _____ Post _____
Office _____ District _____ State _____, whose photograph is affixed above,
and are satisfied that:

(A) He/she is a Case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	Æ		
5	Mental retardation	X		
6	Mental illness	X		

(B) In the light of the above, his /her over all permanent physical impairment as per guidelines(to be specified), is as follows:-

In figures:- _____ percent

In words:- _____ percent

2. This condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

3. Reassessment of disability is:

(i) not necessary,

Or

(ii) is recommended/ after _____ years _____ months, and therefore this certificate shall be valid till (DD / MM / YY) _____

@ - e.g. Left/Right/both arms/legs

- e.g. Single eye/both eyes

Æ - e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority.

Name and seal of Member	Name and seal of Member	Name and seal of the Chairperson

Signature/ Thumb impression of the person in whose favour disability certificate is issued

3.2 Sample for Registration of Disability Certificate (In case of Other Disabilities) (English) – Page 1

Form-IV
Disability Certificate
(In cases other than those mentioned in Forms II and III)
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)
(See rule 4)

Recent PP size Attested Photograph (Showing face only) of the person with disability

Certificate No. _____

Date: _____

This is to certify that I have carefully examined
Shri/Smt./Kum. _____ son/ wife/daughter of
Shri _____ Date of Birth (DD / MM / YY) _____
Age _____ years, male/female _____ Registration No. _____ permanent resident of
House No. _____ Ward/Village/ _____ Street _____ Post
Office _____ District _____ State _____, whose photograph is affixed
above, and am satisfied that he/she is a case of _____ disability. His/her extent of percentage
physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant
disability in the table below:-

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	Æ		
5	Mental retardation	X		
6	Mental-illness	X		

(Please strike out the disabilities which are not applicable.)

2. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

3. Reassessment of disability is :

(i) not necessary,

Or

(ii) is recommended/ after _____ years _____ months, and therefore this certificate shall be valid till (DD / MM / YY) _____

@ - e.g. Left/Right/both arms/legs

- e.g. Single eye/both eyes

Æ - e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)
(Name and Seal)

Countersigned

(Countersignature and seal of the
CMO/Medical Superintendent/Head of
Government Hospital, in case the
certificate is issued by a medical
authority who is not a government
servant (with seal))

Signature/ Thumb impression of the person in whose favour disability certificate is issued

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District."

3.3 Sample for Registration of Disability Certificate (In case of Other Disabilities) (English) – Page 2

Note: The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996.

Form-V

Intimation of Rejection of Application for Disability Certificate (See rule 4)

No. _____

Dated:

To,

(Name and address of applicant for Disability Certificate)

Sub.: Rejection of Application for Disability Certificate

Sir / Madam,

Please refer to your application dated ____ for issue of a Disability Certificate for the following disability:

2. Pursuant to the above application, you have been examined by the undersigned/ Medical Board on _____, and I regret to inform that, for the reasons mentioned below, it is not possible to issue a disability certificate in your favour:

(i)

(ii)

(iii)

3. In case you are aggrieved by the rejection of your application, you may represent to _____, requesting for review of this decision.

Yours faithfully,


(Authorised Signatory of the notified Medical Authority)
(Name and Seal)

(Dr. Arbind Prasad)
Joint Secretary to the Govt. of India
Ministry of Social Justice & Empowerment

3.4 Sample Unique Disability ID



3.4 Sample form for online Unique Disability ID (English) – Page 1



Unique Disability ID

Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India.

PERSON WITH DISABILITY REGISTRATION FORM

1. Personal Details

Applicant Name : First Name Middle Name Surname

Father's Name :

Mother's Name :

Date of Birth : (DDMM/YYYY) Age :

Mobile No : E-mail ID :

Gender : ☐ Male ☐ Female ☐ Other

Mark of Identification :

Category : ☐ General ☐ OBC* ☐ SC* ☐ ST* (* Attached cast certificate for OBC/SC/ST only)

Blood Group : ☐ O+ ☐ O- ☐ A+ ☐ A- ☐ B+ ☐ B- ☐ AB+ ☐ AB-

Marital Status : ☐ Married* ☐ Unmarried ☐ Widow ☐ Divorced ☐ Divorcee & Widower

*If you are married give Spouse Name :

Name of Guardian/ Caretaker /Attendant / Related Person : His/Her Contact No. :

Relation with Person with Disability : ☐ Father ☐ Mother ☐ Wife ☐ Husband ☐ Uncle ☐ Aunty ☐ Sister ☐ Other

Educational Details : ☐ Primary ☐ Middle/Higher Primary ☐ Senior Secondary ☐ Higher Secondary
☐ Diploma ☐ Graduate ☐ PG Diploma ☐ Post Graduate
☐ Doctorate

Signature / Thumb / Other Print

Photograph
Passport Size 2 x 3

2. Address Details

Correspondence Address :

Pincode :

State/UTs : District :

City/Sub District/Tehsil : Village/Block :

Document for Address Proof : ☐ Driving Licence ☐ Ration Card ☐ Voter ID ☐ Other (Domicile Certificate)

Page 1 of 3

3.5 Sample form for online Unique Disability ID (English) – Page 2

Permanent Address : _____

Pincode : _____

State/UTs : _____ District : _____

City/Sub District/Tehsil : _____ Village/Block : _____

3. Disability Details

Have disability Certificate : ☐ Yes* ☐ No (*If yes, please fill in the following details & attach disability certificate)

Sr./Reg. No. of Certificate : _____ Date of Issue : _____ (DDMMYYYY)

Disability Percentage (%) : _____ (For example: 30%, 40%, 50%, 60%)

Details of Issuing Authority : ☐ Chief Medical Office ☐ Medical Authority

Disability Type : ☐ Blindness ☐ Muscular Dystrophy ☐ Hearing Impairment ☐ Hemophilia
☐ Low Vision ☐ Parkinson's Disease ☐ Intellectual Disability ☐ Thalassemia
☐ Leprosy Cured ☐ Sickle Cell Disease ☐ Acid Attack Victim ☐ Locomotor Disability
☐ Cerebral Palsy ☐ Dwarfism ☐ Mental Illness ☐ Multiple Sclerosis
☐ Specific Learning Disabilities ☐ Speech and Language Disability ☐ Autism Spectrum Disorder ☐ Chronic Neurological Conditions
☐ Multiple Disabilities including Deaf Blindness

Disability By Birth : ☐ Yes* ☐ No Disability Since : _____ (in Year)

Pension Card Number : _____ Disability Scheme : _____

Hospital Treating Disability : _____

Disability Area : ☐ Chest ☐ Ears ☐ Head ☐ Left Eye ☐ Left Hand ☐ Left Leg ☐ Mouth
☐ Nose ☐ Shoulder ☐ Throat ☐ Right Eye ☐ Right Hand ☐ Right Leg ☐ Stomach

Disability Due to : ☐ Accident ☐ Congenital ☐ Hereditary

4. Employment Details

Employed : ☐ Yes ☐ No* Unemployed Since : _____

Occupation : ☐ Govt. Job ☐ Professional/Technical ☐ Agriculture ☐ Service & Shops
☐ Clerks ☐ Craft/Trade Workers ☐ Daily Wages Worker ☐ Plant/Factory
☐ Other Occupation _____

BPL/APL : ☐ N/A ☐ APL ☐ BPL ☐ Antodaya

Personal Income (Annual) : ☐ Below 10,000 ☐ From 10,000 to 1,00,000 ☐ 1,00,000 to 5,00,000 ☐ > 5,00,000

Father Income (Annual) : ☐ Below 10,000 ☐ From 10,000 to 1,00,000 ☐ 1,00,000 to 5,00,000 ☐ > 5,00,000

Spouse Income (Annual) : ☐ Below 10,000 ☐ From 10,000 to 1,00,000 ☐ 1,00,000 to 5,00,000 ☐ > 5,00,000

Page 2 of 3

3.6 Sample form for online Unique Disability ID (English) – Page 3

5. Identity Details	
Attached Identity Proof :	<input type="checkbox"/> Driving Licence <input type="checkbox"/> PAN Card <input type="checkbox"/> Ration Card <input type="checkbox"/> Voter ID <input type="checkbox"/> Aadhar Card
Identity Proof Number :	_____
Aadhaar Card Number :	_____ TIN (NPR) : _____
Any Other State/UTs ID :	_____ Other State/UTs ID Value : _____
I _____, the applicant do hereby declare that what is stated above is true to the best of my own information and brief.	
Date : _____	Applicant's Signature/Thumbprint : _____
Page 3 of 3	