



Unique Disability ID

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

सत्यमेव जयते

PERSON WITH DISABILITY REGISTRATION FORM

1. Personal Details

Applicant Name :	_____	_____	_____	<div style="border: 1px solid black; padding: 10px; text-align: center;">Photograph Passport Size 2 x 3</div>
	First Name	Middle Name	Surname	
Father's Name :	_____			
Mother's Name :	_____			
Date of Birth :	_____	Age :	_____	
	(DD/MM/YYYY)			
Mobile No :	_____	E-mail ID :	_____	
Gender :	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			
Mark of Identification :	_____			
	Signature / Thumb / Other Print			
Category :	<input type="checkbox"/> General <input type="checkbox"/> OBC* <input type="checkbox"/> SC* <input type="checkbox"/> ST* (*Attached cast certificate for OBC/SC/ST only)			
Blood Group :	<input type="checkbox"/> O+ <input type="checkbox"/> O- <input type="checkbox"/> A+ <input type="checkbox"/> A- <input type="checkbox"/> B+ <input type="checkbox"/> B- <input type="checkbox"/> AB+ <input type="checkbox"/> AB-			
Marital Status :	<input type="checkbox"/> Married* <input type="checkbox"/> Unmarried <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> 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 :	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Uncle <input type="checkbox"/> Aunty <input type="checkbox"/> Sister <input type="checkbox"/> Other			
Educational Details :	<input type="checkbox"/> Primary <input type="checkbox"/> Middle/Higher Primary <input type="checkbox"/> Senior Secondary <input type="checkbox"/> Higher Secondary <input type="checkbox"/> Diploma <input type="checkbox"/> Graduate <input type="checkbox"/> PG Diploma <input type="checkbox"/> Post Graduate <input type="checkbox"/> Doctorate			

2. Address Details

Correspondence Address :	_____		
	_____	Pincode :	_____
State/UTs :	_____	District :	_____
City/Sub District/Tehsil :	_____	Village/Block :	_____
Document for Address Proof :	<input type="checkbox"/> Driving Licence <input type="checkbox"/> Ration Card <input type="checkbox"/> Voter ID <input type="checkbox"/> Other (Domicile Certificate)		

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 : _____
(DD/MM/YYYY)

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 Antodya

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

5. Identity Details

Attached Identity Proof : Driving Licence PAN Card Ration Card Voter ID 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 : _____