

REVENUE DEPARTMENT, GOVT. OF NCT OF DELHI

APPLICATION FORM – PERMANENT IDENTITY CARD TO THE DISABLED PERSON

BENEFICIARY DETAILS			
1.e-DistrictRegistration Number : (For already Registered User- Not to be filled in by fi	rst time Applicants or those having Aadhaar number)		
2. UID (AADHAAR) No :			
h Name of Eather	Beneficiary color Passport Size Photograph Size - 5 x 4.5 (Cm.) Or 2 x 1.75 (Inch)		
3. Mobile No. : (in case of minor, provide parents contact detail	e-Mail ID :@		
4. Present Address (Address of Parents contact details 4. Present Address (Address of Parents in case of House Name/No : Locality : Sub- division : State : PIN Code :	f Minor)		
5. Whether the Present and Permanent Addre	ss is same : Yes No		
if No, Permanent Address <i>(Address of Parent</i> House Name/No : Locality : Sub- division : State : PIN Code :	s in case of Minor) Sub-Locality : Village/Town : District : Country :		
6. Type of Disability :	7. Percentage of Disability :%		
 8. Details of Medical Certificate (attach certificate along with application) a. Disability Certificate No b. Date of Issue DD MM 20 YY 			
PAN Card Driving Licer Any Govt. recognized document	Letter (attested) from School Principal (for minor only) with Photograph School ID Card (for minor only)		



11. Present Address Proof of Beneficiary(o	r Parents in case of Minor)	(Please tick one, provide the document No. and attach the same)	
AADHAR Card	Voter ID Card	Driving License	
Passport	Ration Card	Electricity Bill DISCOM Name	
Water Bill Utility Name		Gas Bill Comp Name	
Telephone Bill Company name		Any Govt. recognized document	
Rent Agreement (Registered)	Bank Passbook	Document No :	
12. Permanent Address Proof of Beneficiary(or Parents in case of Minor) (Please tick one, provide the document No. and attach the same)			
AADHAR Card	Voter ID Card	Driving License	
Passport	Ration Card	Electricity Bill DISCOM Name	
Water Bill Utility Name		Gas Bill Comp Name	
Telephone Bill Company name		Any Govt. recognized document	
Rent Agreement (Registered)	Bank Passbook	Document No :	
	Declarati		
		nished information, is true & correct to the best of my	
me under the relevant statutory provision		or forged information will lead to punitive action against	
Date: DD MM 20YY	Beneficiary Sigr		
	Beneficiary Sign		
Place:	(Parents Signatur	re in case of Minor/disabled)	
100	T POLA		
सर	यमेव	जयत	