

Application for Obtaining Identity Card for Differently Abled Persons

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[Personal Details](#)

First Name*

Surname*

Age (in years)*

UID

LandLine No.

Occupation (Official Designation and Nature of work)*

Identification Marks 1*

Address for Communication

House/Door No.*

Address Line-2

Pin Code

Permanent Address

House/Door No.*

Address Line-2

Pin Code

Relationship Details

Relationship with Applicant (Father/Mother/Guardian)*

Occupation

Middle Name

Date of Birth
(dd/mm/yyyy)

Gender (Male/Female)

Mobile No.

Email Id

Marital Satus(Married/Unmarried)*

Identification Marks 2

Address Line-1*

Address Line-3

Address Line-1*

Address Line-3

Name

Family Annual Income (Rs.)*

[Application Details](#)

Local Region (Karaikal/Mahe/Puducherry/Yanam)*

[Educational Details](#)

**Name of School / College /
Professional institution**

Name of the Course

Years of attendance

**Year of passing and certificate /
degree obtained**

[Registration Details in Employment Exchange/Vocational Rehabilitation Centre\(VRC\)](#)

Registration No.

Date of Registration

**Employment Exchange/VRC
Name**

Address

House/Door No.

Address Line-2

Pin Code

Address Line-1

Address Line-3

[Medical Details](#)

Blood Group*

Degree of Differently abled*

Particulars of Medical Certificate

Medical Authority*

Differently abled Condition*

(Permanent/Correctable)

Nature of Differently abled*

(As per the medical certificate)

Percentage of Differently abled*

Date of issue

(dd/mm/yyyy)

[Declaration](#)

I hereby declare that the above mentioned details are true and correct as per the best of my Knowledge.

Date :

Place :

Signature :