

**APPLICATION FOR ISSUANCE OF PERMANENT IDENTITY CARD  
TO THE DISABLED PERSON**

(Applicant's presence is not necessary at the time of submission of application form)

1. Name (In BLOCK letters).....
2. Father's/Husband's Name.....
3. Date of Birth/Age.....
4. Residential Address.....
5. Occupation.....
6. Official Address.....
7. Type and degree of disability.....
8. Date : ..... Place : .....

Signature/Thumb Impression of Applicant

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**This form should be submitted alongwith the following documents  
(all photocopies should be attested)**

1. Attested Copy of Ration Card's First Five pages showing three years residence proof of Delhi.
  2. Attested photocopy of Medical Certificate in respect of disability from A.I.I.M.S., L.N.J.P., Hindu Rao Hospital, Safdarjung Hospital, Mental Hospital, Dr. Ram Manohar Lohia Hospital, G.T.B. Hospital, Base Hospital.
  3. Two Passport size photographs – one should be attested from Gazetted Officer and other should be plain.
  4. For issuance of duplicate Identity Card, Rs.10.00 to be deposited in Room No. 45. The Tiz Hazari and the receipt should be attached with the application form.
  5. Ration Card is required at the time of submission of application form.
  6. Identity Card will be given to the applicant only after getting his/her signature on the Identity Card.
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OFFICE OF THE DEPUTY COMMISSIONER : DELHI

Received application form No. ....

Date of Issue : ..... between 2.30 p.m. to 4.00 p.m.

Signature of Receiving Clerk