

**Government of NCT of Delhi**  
Office of the Deputy Commissioner, North-West, Kanjhawala, New Delhi-110081

**APPLICATION FOR OBTAINING IDENTITY CARD FOR PERSONS WITH DISABILITIES**

1. NAME .....  
Surname First name Middle Name
  2. FATHER/MOTHER/  
GUARDIAN NAME .....  
(As Applicable)
  3. DATE OF BIRTH/AGE .....
  4. SEX .....
  5. WHETHER MARRIED .....
  6. ADDRESS .....  
(Please mention permanent address and  
address for communication)  
(a) PERMANENT ADDRESS  
.....  
.....  
(b) ADDRESS FOR COMMUNICATION  
.....  
.....
  7. EDUCATION STATUS  
(Please indicate school and college attended)
- | Name of School/College/<br>Professional Institution | Year of attendance | Year of Passing and<br>Certificate/Degree obtained |
|---|--------------------|--|
|   |                    |  |
|   |                    |  |
|   |                    |  |
8. FAMILY INCOME : RS..... Per Annum  
(Note : Add income of all the earning members of the family living together in the same household)
  9. OCCUPATION .....  
(Describe here official designation and also nature of work performed by you)
  10. REGISTRATION IN EMPLOYMENT EXCHANGE/SPECIAL EMPLOYMENT EXCHANGE/VOCATIONAL  
REHABILITATION CENTRE (VRC)
- 10.1 Registration number .....
  - 10.2 Date of registration .....
  - 10.3 Name and address of Employment Exchange/Special Employment  
Exchange/VRC .....

11. IDENTIFICATION MARKS:

(i).....

(ii).....

12. BLOOD GROUP .....

13. NATURE OF DISABILITY .....

(Indicate here the category of disability or diagnostic description of the disability as given in the medical certificate issued by designated medical board)

14. DEGREE OF PERCENTAGE OF DISABILITY .....

15. PARTICULARS OF MEDICAL CERTIFICATE :

(A) Medical authority issuing the certificate .....

(B) Date of issue .....

(C) Whether disability condition is permanent or correctable .....

16. SIGNATURE OF RIGHT/LEFT THUMB IMPRESSION OF PERSON WITH DISABILITY OF LEGAL GUARDIAN FOR PERSONS WITH MENTAL RETARDATION, AUTISM, CEREBRAL PALSY & MULTIPLE DISABILITIES:

(1)..... (2).....

(FOR OFFICE USE ONLY)

17. SIGNATURE AND STAMP OF AUTHORITY ISSUING THE DISABILITY CARD.

DATE .....

PLACE.....

SIGNATURE OF ISSUING AUTHORITY

STAMP

NOTE : (1) This application form can be used for obtaining identity card for persons with disabilities. In case the original card has been lost and duplicate card is required to be obtained, the format of application will remain the same.

NOTE : (2) Please attach two passport size photographs. One attested photograph be affixed on the application while the other photograph be stapled alongwith the application form. The second photograph will be used for affixing on the disability card.

NOTE : (3) Please attach a copy of the medical certificate obtained by you from the authorized medical board constituted by the State Government/Defence authorities.

NOTE : (4) Please attach attested photocopy of Ration Card first five pages showing three years residence proof of Delhi.