

**RAJIV GANDHI FOUNDATION**  
Jawahar Bhawan, Dr. Rajendra Prasad Road  
New Delhi-11001

**Motorised Vehicle Distribution Programme**

Before filling up the form, please read the following guidelines carefully.

1. Please note that form with incomplete or wrong information will not be accepted.
2. Please attach eye-sight/ vision certificate from an optician/ doctor.
3. Application received in year up to 31<sup>st</sup> December are considered for selection the following year.
4. The application form must be signed only by the applicant.
5. If the vehicle is awarded, the applicant will undertake to bear all responsibilities and costs associated with transportation of vehicle from the Rajiv Gandhi Foundation's office in New Delhi to his/her residence.

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Before submitting the form, please make sure that you have attached photocopies of following documents/certificates, duly attested.

1. Date of Birth Certificate (Xth class certificate/ Affidavit)  Yes  No
2. Address Proof (Ration Card/voter ID/Electricity Bill)  Yes  No
3. Education Proof (certificate/Degree/Diploma)  Yes  No
4. Income Certificate  
(Total family income per year from all sources)  Yes  No
5. Disability Certificate of the applicant  Yes  No
6. Eye-sight/ Vision Certificate  Yes  No
7. Recent full body post card size photograph of the applicant  Yes  No

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8. Employment Certificate  
(If employed, certificate from employer)  
(If self-employed, notarized affidavit)

Yes  No  Not Applicable

9. Disability Certificate of other disabled member(S) of the family, if any

Yes  No  Not Applicable

10. If student, valid I-Card/ Enrollment Certificate

Yes  No  Not Applicable

1. Name (in Block Letter): MR/ MRS. /MISS \_\_\_\_\_

{Fist Name }

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{Middle name}

{Last Name}

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2. Address: \_\_\_\_\_

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District: \_\_\_\_\_

Sate: \_\_\_\_\_

3. Pin Code:

4. Tel. No: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

5. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_/ Age: \_\_\_\_\_ years

6. Sex:  (M / F)

7. Do you have any disability in upper limbs?  Yes  No

8. Nature of Disability of LOWER LIMBS: {please tick ( ) one}  
 Paraplegia  Paralysis  Amputation  Any other, please specify:

9. Please specify the nature of Disability:  Both Lower Limb  Single lower limb

10. Percentage of Disability: \_\_\_\_\_ %

11 Total annual income of the family from all sources: Rs. \_\_\_\_\_ (PER Year)

12. Is there any other member of your family who is disabled?  Yes  No

13. Have you applied for this vehicle before, if yes, please specify the year \_\_\_\_\_

14. Do you or any other member of your family already possess (es) a similar vehicle?  
 Yes  No

15. Can you drive a vehicle?  Yes  No

16. Educational Qualification completed: {please tick ( ) one}

Below 10<sup>th</sup>  10<sup>th</sup> Pass  12<sup>th</sup> Pass  Under-Graduate  Graduate  Post-Graduate

17. Mian occupation: {please tick ( ) one}

Student  Government Employee  Private Employee

Self-employed  Unemployed

18. Additional occupation / activities besides the one mentioned in point 16 above:

Student     Private employee

Self-employed     Any other, other, please specify \_\_\_\_\_

19. If you are a student, please indicate the following about the Course being pursued

i.     Degree     Diploma     Certificate

ii.    Full Time     Part Time     Correspondence

iii.   Name of the Degree/Diploma/Certificate \_\_\_\_\_

20. If you are employed, please indicate:

Full Time     Part Time

21. If you are self-employed, please indicate:

Nature of self-employment: \_\_\_\_\_

22. Total distance traveled in a day for study, employment and/or business purpose: \_\_\_\_\_ K.M.

23. Please indicate how the vehicle will improve your life.

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE