

**APPLICATION FORM FOR PROSTHETIC AID**

(To be submitted to the District Social welfare Officer Concerned)

Last date of submission of application is .....

1. Name of the applicant ( in block letters) with designation profession:
2. Certificate of age (attested copy to be attached) if this certificate is not available, approximate age as on January ..... duly signed by the Medical Officer may be furnished.
3. Name of Parent /Guardian with designation/profession:
4. Home Address:
  - (a) Village
  - (b) Town
  - (c) Post Office
  - (d) Subdivision /District
5. Present address
6. Whether a resident of Meghalaya
7. Caste and Community to which the applicant belongs.
8. Parent/Guardian annual income including income of the applicant if employed (attested copy of the income certificate in the form prescribed for the purpose should be furnished ).
9. Are you a citizen of India/ if so, how? (attested copy of citizenship certificate should be attached)
10. Name of the artificial limb/appliance, etc which the applicant desires to purchase.
11. Recommendation of an expert such as Medical Officer, or specialist in the line to the effect that the approximate cost of the artificial limb appliance, etc is Rs. .... And the durability of the artificial limb appliance etc. will be about ..... years This should be countersigned by the Civil Surgeon of the District.
12. Approximate cost to be incurred for the treatment, travel expenses etc. ( if necessary) in connection with fitting of the appliance/artificial limb.
13. Amount of grant paid for.
14. Other particulars if any

I solemnly affirm that the information given by me is correct and if any particular given by me is found to be not true, I maybe suitable dealt with as the government may deem fit and proper in the case.

Date .....

Signature of Applicant

Place .....

Forwarded to the Director of Social Welfare, Meghalaya, Shillong for favourable consideration.

Date .....

signature and designation of the District Officer  
( i.e DC, SDO/DSWO/Gazetted Officer and/employer)

Place .....