

**APPLICATION FORM FOR UNEMPLOYED ALLOWANCE FOR THE DISABLED PERSONS,
DURING:-**

1. Name and address in full
(Block Letter)
2. (a) Age
(b) Sex
3. Date of birth
4. Father/Mother's name with address:
5. Married/Unmarried:
6. Nature of Disabilities (Medical certificate should be attached)
7. Educational qualification
(attested copy of certificate/mark sheet to be enclosed)
8. Employed Exchange Registration No., if any
9. Unemployed Certificate from the DC of the District concerned attached
10. Schedule Caste/ Schedule Tribe
(certificate should be attached)

Signature of the Candidate