

5.2 APPLICATION FORMAT FOR STATE AWARD FOR BEST PERFORMING INDIVIDUAL(PWD`s)

1. Name and address :-
2. Telephone No:-
3. Age:-
4. Sex:-
5. Profession:-
6. Institution/field with which the individual is associated including the local and field performances and the number of disabled persons covered.
7. Remarks including a brief life sketch of the individual.
8. State the name and area/district/state in which outstanding work has been done.
9. Details of outstanding performance of the individual PWDs.
10. Whether received any awards/ recognition in the past, if so specify and furnish a brief account.
11. Detail of her/his contribution during last ten years supported by documentary evidence.
12. Any other information:-

Signature

Name -----

Date ----/-----/-----

1. Recommendations of employer.
2. Recommendations of Deputy Commissioner-cum Deputy Commissioner (Disabilities).
3. District Welfare Officer-cum-District Officer (Disabilities)