



Universal Disability ID

Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India.

PERSON WITH DISABILITY REGISTRATION FORM

1. Personal Details

Applicant Name :	_____	_____	_____	<div style="border: 1px solid black; padding: 5px; text-align: center;">Photograph Passport Size 2 x 3</div>
Father's Name :	_____			
Mother's Name :	_____			
Date of Birth :	_____	Age :	_____	
Mobile No :	_____	E-mail ID :	_____	
Gender :	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			
Mark of Identification :	_____			Signature / Thumb / Other Print
Category :	<input type="checkbox"/> General <input type="checkbox"/> OBC* <input type="checkbox"/> SC* <input type="checkbox"/> ST* (*Attached cast certificate for OBC/SC/ST only)			
Blood Group :	<input type="checkbox"/> O+ <input type="checkbox"/> O- <input type="checkbox"/> A+ <input type="checkbox"/> A- <input type="checkbox"/> B+ <input type="checkbox"/> B- <input type="checkbox"/> AB+ <input type="checkbox"/> AB-			
Marital Status :	<input type="checkbox"/> Married* <input type="checkbox"/> Unmarried <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> Divorcee & Widower			
*If you are married give Spouse Name : _____				
Name of Guardian/ Caretaker /Attendant / Related Person :	_____			His/Her Contact No. : _____
Relation with Person with Disability :	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Uncle <input type="checkbox"/> Aunty <input type="checkbox"/> Sister <input type="checkbox"/> Other			
Educational Details :	<input type="checkbox"/> Primary <input type="checkbox"/> Middle/Higher Primary <input type="checkbox"/> Senior Secondary <input type="checkbox"/> Higher Secondary <input type="checkbox"/> Diploma <input type="checkbox"/> Graduate <input type="checkbox"/> PG Diploma <input type="checkbox"/> Post Graduate <input type="checkbox"/> Doctorate			

2. Address Details

Correspondence Address :	_____		
	_____	Pincode :	_____
State/UTs :	_____	District :	_____
City/Sub District/Tehsil :	_____	Village/Block :	_____
Document for Address Proof :	<input type="checkbox"/> Driving Licence <input type="checkbox"/> Ration Card <input type="checkbox"/> Voter ID <input type="checkbox"/> Other (Domicile Certificate)		
Permanent Address :	_____		
	_____	Pincode :	_____
State/UTs :	_____	District :	_____
City/Sub District/Tehsil :	_____	Village/Block :	_____

3. Disability Details

Have disability Certificate : Yes* No (*If yes, please fill in the following details & attach disability certificate)

Sr./Reg. No. of Certificate : _____ Date of Issue : _____
(DD/MM/YYYY)

Disability Percentage (%) : _____ (For example: 30%, 40%, 50%, 60%...)

Details of Issuing Authority : Chief Medical Office Medical Authority

Disability Type : Low Vision Locomotor Disability Mental Retardation Mental Illness
 Blindness Hearing Impairment Cerebral Palsy Leprosy Cured

Disability By Birth : Yes* No Disability Since : _____
(in Year)

Pension Card Number : _____ Disability Scheme : _____

Hospital Treating Disability : _____

Disability Area : Chest Ears Head Left Eye Left Hand Left Leg Mouth
 Nose Shoulder Throat Right Eye Right Hand Right Leg Stomach

Disability Due to : Accident Congenital Hereditary

4. Employment Details

Employed : Yes No* Unemployed Since : _____

Occupation : Govt. Job Professional/Technical Agriculture Service & Shops
 Clerks Craft/Trade Workers Daily Wages Worker Plant/Factory
 Other Occupation _____

BPL/APL : N/A APL BPL Antodya

Personal Income (Annual) : Below 10,000 From 10,000 to 1,00,000 1,00,000 to 5,00,000 > 5,00,000

Father Income (Annual) : Below 10,000 From 10,000 to 1,00,000 1,00,000 to 5,00,000 > 5,00,000

Spouse Income (Annual) : Below 10,000 From 10,000 to 1,00,000 1,00,000 to 5,00,000 > 5,00,000

5. Identity Details

Attached Identity Proof : Driving Licence PAN Card Ration Card Voter ID Aadhar Card

Identity Proof Number : _____

Aadhaar Card Number : _____ TIN (NPR) : _____

Any Other State/UTs ID : _____ Other State/UTs ID Value : _____

I _____, the applicant do hereby declare that what is stated above is true to the best of my own information and brief.

Date : _____ Applicant's Signature/Thumbprint : _____