

(FORM-A)

Application Form For Appointment of Guardian for a Person with Disability

Form of Application to the Local Level Committee

By Parents, relative or a Registered Organization

Date.....

From.....
.....
.....

To

The Local Level Committee

Sir/Madam

..... is a person with disability and requires protection of his person and property through/ a guardian. We hereby request that Sh./Smt. Be appointed as guardian of the said..... for the protection of his/her person/property.

We furnish hereunder further details and request early decision:

1. Particulars of the person to be provided guardian

Name :
Age ;
Nature of Disability :
Address with phone No. :
.....

2. Particulars of a person proposed to be appointed as guardian

Name :
Age ;
Address with phone No. :
.....

Relationship with ward, if any:
.....

Witness

1st Witness

2nd Witness

Signature

.....

.....

Address

.....

.....

CONSENT OF THE PERSONS PROPOSED TO BE, APPOINTED GUARDIAN

I Hereby agree to be the guardian of the person and property of and shall discharge my obligation with due delegacy.

Signature:
Name :
Address :

Consent of the Guardian, if any, to the Aforesaid Proposal (if applicable)

I hereby agree the above proposal to appoint
As guardian of

Signature :
Name :
Address :

Yours faithfully
(.....)
Authorized Signature
Name
Designation
Office Stamp

Note: Application Form should be accompanied by:

1. Disability Certificate
2. Proof of Date of Birth
3. Proof of Residence
4. Affidavit Mentioning
 - a) He/She is a citizen of India
 - b) He/She is of sound mind
 - c) He/She is not bankrupt
 - d) He/She is not destitute for Dependent on others
 - e) He/She has not been convicted