



S.No. :

REHABILITATION CAMP

Organised by : NATIONAL INSTITUTE FOR THE EMPOWERMENT OF PERSONS WITH VISUAL DISABILITIES (Divyangjan) Regional Centre, Chennai.

Department of Empowerment of Persons with Disabilities (Ministry of Social Justice and Empowerment, Govt. of India)

Poonamallee, Chennai - 600 056.

Assistance to Disabled Persons for Purchase / Fitting of Aids & Appliances (ADIP)

ADIP - REGISTRATION CARD

VENUE :

DATE :

Part I

NAME :

FATHER / HUSBAND'S NAME :

DATE OF BIRTH & AGE :

SEX : MALE / FEMALE

ADDRESS :

..... MOBILE No. :

PERCENTAGE OF VISUAL IMPAIRMENT : [20%] [30%] [40%] [75%] [100%]

CATEGORY : SC / ST / OBC / GENERAL

Part II

Certified that to the best of my knowledge the Annual / Monthly income of the beneficiary / parents / guardian of the beneficiary is Rs. (Rupees only.)

(Signature of the Verifying Authority)

ASSISTANCE PROVIDED :

1) Surgical	2) Medical	3) Type of Aid Recommended	4) Low Vision Aids	
			LE	RE

AIDS / KITS PROVIDED :

(M/O SIGNATURE)

Primary Kit 1 - 5	Upper Primary Kit 6 - 8	Sr.Secondary Kit 9 - 10	Hr.Secondary Kit +1 / +2	College Kit		Adult ADL	Low Vision / Common	High End & Others
				Low Vision	Totally Blind			

Referred to :

Certified that I have received the above mentioned assistive device in good working condition and I have not received such device since last three years under ADIP Scheme of Govt. of India or from any other source.

SIGNATURE / THUMB IMPRESSION OF THE BENEFICIARY

SIGNATURE OFFICER I/c-CAMP