

**APPLICATION PROFORMA OF THE INDIVIDUALS FOR STATE AWARDS**

|     |   |  |
|-----|---|--|
| 1.  | Name in English (in BLOCK Capital letters) and Hindi  |  |
| 2.  | Address with telephone numbers/FAX number(if any)   |  |
| 3.  | E-mail address, if any  |  |
| 4.  | Date of Birth/Age   |  |
| 5.  | Sex   |  |
| 6.  | Institution with which the individual is associated including the local and field performances and the number of persons with disabilities covered. |  |
| 7.  | How is the performance of the individual adjudged as outstanding  |  |
| 8.  | Remarks including a brief life sketch of the individual.  |  |
| 9.  | No. of years working for the persons with disabilities.   |  |
| 10. | Details of her/his contribution during last ten years supported by documentary evidence.  |  |
| 11. | Whether received any awards in the past, if so specify and furnish a brief account.   |  |
| 12. | Name of the Area/District/State in which outstanding work has been done for the welfare of persons with disabilities.                               |  |
| 13. | Details of outstanding professional achievements, if any  |  |

Signature of the applicant with date