


// विज्ञप्ति //


सामाजिक न्याय एवं निःशक्तजन कल्याण जिला अलीराजपुर में सामाजिक न्याय विभाग अन्तर्गत दिव्यांगजनों के सहयोग एवं हित के लिए लीगल गार्जियनशिप उपलब्ध कराने हेतु आवेदन आमंत्रित किये जाते हैं उक्त आवेदन शासकीय अधिकारी /कर्मचारी भी एवं जन सामान्य द्वारा आवेदन दिनांक 30.05.2017 को सायं 5:00 बजे तक जमा कर सकते हैं । आवेदन का प्रारूप एवं शर्तें कार्यालय सामाजिक न्याय एवं निःशक्तजन कल्याण जिला पंचायत परिसर अलीराजपुर एवं (www.alirajpur.nic.in/) से भी प्राप्त कर किये जा सकते हैं।

क्रमांक / सा.न्याय / 2017 / 1005

प्रतिलिपि :-

- 1- कलेक्टर जिला अलीराजपुर की ओर सादर सूचनार्थ ।
- 2- जिला जनसम्पर्क अधिकारी, अलीराजपुर की ओर प्रकाशनार्थ ।
- 3- प्रबंधक ई -गवर्नेंस जिला अलीराजपुर की ओर विज्ञप्ति एवं प्रारूप अलीराजपुर की वेबसाइट पर अपलोड करना सुनिश्चित करें ।


मुख्य कार्यपालन अधिकारी,
जिला पंचायत, अलीराजपुर
अलीराजपुर, दिनांक 9-5-17


मुख्य कार्यपालन अधिकारी,
जिला पंचायत, अलीराजपुर

Application for Legal Guardianship

PWD Detail

Name of Person with Disability (PWD)*

Date of Birth*:

Sex*:

Marital Status

Father's Name:

Address of PWD*:

Click here to upload photo

PWD State*:

PWD District*:

PIN

Submit To*:

Attach Proof of Residence of PWD

Type of Disability*	click here	Percentage
Autism	<input type="checkbox"/>	<input type="text"/> %
Cerebral Palsy	<input type="checkbox"/>	<input type="text"/> %
Mental Retardation	<input type="checkbox"/>	<input type="text"/> %
Multiple Disabilities	<input type="checkbox"/>	<input type="text"/> %
Please specify if multiple disabilities		<input type="text"/>

Issuing authority of Disability certificate*:

Attach Disability Certificate

Details of Immovable property on which the PWD has share (Survey Nos, Village/Town, Area, and other information should be mentioned in details)

Survey no	Village/town	Area	Other Information
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Proposed Legal Guardian's Detail

Proposed Guardian*: Individual? or Organisation?

Proposed Legal Guardian's Name*
 (Name of the Individual/Organisation, as the case may be)

Date of Birth*: Sex*:

Address*:

Click here to
upload
combined
photo of
PWD &
Guardian

State*

District*

PIN

Contact Number*: +91

Email

Relationship with PwD*

If any other, please specify

Consent of the person proposed to be appointed Guardian*

Attach Proof of Consent

(Click here to print consent form, then fill it up, get signature and attach the scanned copy)

Consent of the existing Legal Guardian, if any

Attach Proof of Consent

([Click here](#) to print consent form, then fill it up, get signature and attach the scanned copy)

Attach Proof of Residence of proposed Legal Guardian

Alternate Guardian's Detail

(Selecting Alternate Guardian now will help in quickly replacing the legal guardian in the event of latter's death/ incapacitation/ removal etc. However fresh applications will be required for every such appointment of Alternate Guardian as Legal Guardian)

Alternate Guardian?*: Yes? No

Applicant Detail

Name of Applicant*
Address*:

State*
District*
PIN
Relationship of PwD with Applicant*

Witness1

First Witness Name*
Contact Number*: +91

Witness2

Second Witness Name*
Contact Number*: +91

Guardianship Application is normally required to be filed jointly by either both the Parents or all the siblings as the case may be. Please confirm whether this application is joint or not.*

If jointly filed, give the names of all the other applicants;
otherwise give the reasons for not filing jointly

I/We confirm that all the facts given above by me/us are true and correct to the best of
my/ our knowledge and as stipulated under the National Trust Act and its Rules and
Regulations
