

Annexure-1

**APPLICATION FORMAT FOR DISTRIBUTION OF  
TALKING LAPTOP TO POST METRIC STUDIES WITH  
VISUAL IMPAIRMENT**

A Fix Pass  
port Size  
Photo

<b>Name of the Student</b>	
<b>Postal Address</b>	<b>Village/Locality</b> <b>Taluk----- District-----</b> <b>Pin code.</b>
<b>Permanent /Residential Address</b>	<b>Village/Locality</b> <b>Taluk----- District-----</b> <b>Pin code.</b>
<b>Name of Father/Mother/Guardian</b>	
<b>Gender</b>	<b>Male    Female</b>
<b>Date of Birth</b>	
<b>Name and full address of the College/ Institution, where the PWD is Studying.</b>	
<b>Presently Studying Course .</b>	
<b>Date of Admission to the present College /Institution .</b>	
<b>Type of Disability/Percentage of Disability (Certificate, Identity card to be enclosed)</b>	
<b>No of years, Staying in Karnataka.</b>	
<b>Details of College where the PwDs studying for last 3 years.</b>	
<b>Whether the PwDs has availed Laptop from any other Department /Organization. If so furnish the details (enclosed self declaration)</b>	

DECLARATION

Smt/Sri----- S/O, D/O----- I here by declares that the above particulars are true to best of my knowledge & I have not received talking Laptop from any other Dept. or NGO and Corporation. If the above matter is said to be wrong. I am liable for unconditional legal action. I will stop the Education returning the Laptop.

Date:-----

Signature of Parents/  
Guardian

Signature of Student

CERTIFICATE

I certified that Mr----- S/O, D/O ----- his -----  
----- village/Town ----- Tq----- District his  
studying in the ----- Course presently very necessary of the Laptop for  
continuation of the education and his not taken the any other source.

Date:

Signature of  
Principal with seal

FOR THE USE OF DDWO OFFICE

Verified for the above proposals Mr.----- studying during year -----  
----- As per the Departmental Guideline he is eligible for taken Laptop and  
here by sanctioned due laptop and not sanctioned for this reason-----  
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Date:

Signature of  
DDWO