

Annexure-1

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

A Fix Pass
port Size
Photo

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

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-----

Date:

Signature of
DDWO