State *

District *

Pincode *

PWD Aadhaar Card No.

Select State











...to take India's development journey to newer heights we seek your support, blessings and active participation"

THE NATIONAL TRUST Empowering Abilities, Creating Trust Home About Us Contact Us Download Login Attachments Proposed Guardian's Applicant Personal Details Details Details Details Personal Details Personal Details of Person with Disability Name of Person with Disability (PwD) * Date of Birth * Age : O Male O Female Gender * : O Single O Married Marital Status * Father's Name * Mother's Name * Address *

Next

Attach Proof of Re PWD*	sidence of : Br	owse No file selected.		
Select Disability Ty	/pe* : <u>_</u>	Select Disability Type	~	
percentage *	: 96 [<u>A</u>		
Issuing Authority (of Disability :			
	The Disa	bility Certificate should be fro	m any recognized Government	Hospital.
SSUING AUTHORITY	NAME	DESIGNATION	ADDRESS	CONTACT NUMBER
		owse No file selected.		
	SABILITY ASSETS DETA	ILS	party (Solar) this option in case of	of No movable property)
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PERSON WITH DI Details of Movable which PwD has sh	SABILITY ASSETS DETA	ILS	erty (Select this option in case o	of No movable property)
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Pror	oosed	Gua	rdia	n's	Detail

Proposed Guardian *

Individual or Both Guardian O Organisation

In case the proposed guardian is a parent, then the name of the other parent must also be included.

Individual or Both Guardian's De	etali
Guardian's Name *	:
Name of other parent	:
Address *	:
State *	: Select State ~
District-*	
Pin code *	
UID No	;
AadhaaR Card No.	
Relationship of PwD with Proposed Guardian *	: O Parent O Relative O Registered Organization O Any Other
Email ID *	
Contact Details *	:
If Any Other Email, please specify	:
Combined photo of proposed guardians with PwD (jpg,png) *	: Browse No file selected.
Consent of the person proposed to be appointed Guardian. *	: O Yes O No
Attach proof of consent *	: Browse No file selected.
Consent of the existing Guardian, if any *	: O Yes O No
Attach proof of residence of proposed Guardian. *	: Browse No file selected.
Undertaking by the applicant that the proposed Guardian is:*	
A citizen of india	
Is not of unsound mind or is currently	y undergoing treatment for mental illness.
Does not have a history of criminal co	onviction.
Is not a destitute and dependent on o	others for his own living (proof of income source to be attached)

Name of Applicant *	
Address*	
State *	: Select State
District *	
Pincode*	:
UID No.	
Aadhaar Card No.	
Relationship of PwD with Applicant.*	: O Parent O Relative(relative means related by blood,adoption,marriage) O Registered Organization O Any Other
Tick the obligations for which Guardianship is to be given*	: Maintenance and Residential Care Management of immovable property Management of movable property Any other?
First Witness Name*	
Address*	
Contact No*	
Aadhaar Card No.	:
Second Witness Name*	
Address*	:
Contact No.*	
UID No	:
Aadhaar Card No.	:
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.*	: O Single Application O Joint Application
I/We confirm that all the facts given a ct and its Rules and Regulations	bove by me/us are true and correct to the best of my/ our knowledge and as stipulated under the National Trus
	×310 4 7 9 = =
Captcha	Enter captcha code Submit
lease fill all * Marked mandatory field	s

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