



*The National Trust for the Welfare of  
Persons with Autism, Cerebral Palsy,  
Mental Retardation and Multiple  
Disabilities.*

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

LLC PWD APPLICATION FORM

LLC Pwd Details

LLC Pwd name \* :

State \* :

LLC Pwd District \* :

Address \* :

Pincode \* :

City :

Mobile No \* :

Phone No :

Email ID\* :

Upload recommendation letter of the DC/DM of the said district FILE FORMAT(pdf)\* :  No file selected.

Upload disability certificate FILE FORMAT(pdf)\* :  No file selected.

Bank Details of LLC PWD (Open a joint account with DC/LLC chairperson in the name of LLC & Provide details of that account)

Name of the Account Holder \* :

Bank account no. \* :

Bank Name \* :

Branch Name \* :

Branch City \* :

IFSC code \* :

Captcha :

Submit