



Pragathi Association for Rural Development

Regd. Off: Door No. 3-84, Yernagudem (Post), East Godavari, A.P, India, PIN - 534313

WhatsApp: +91-99592 55384; Email: info@pardindia.org

Web: www.pardindia.org; Facebook: <http://www.facebook.com/pardindia>

Community Health & Safety Program (CHSP) Support for Specially Abled (Divyaang) Person

“If there is a deficiency in someone's body, we call that person disabled. But the god has endowed that person with some extra ability, let us call them **Divyaang**”

Application for Rehabilitation / Tricycle / Wheelchair

Description	Fill the details		
Name of the Beneficiary			
Gender	Male	Female	Other
Date of Birth & Age			
Father Name			
Mother Name			
Guardian Name			
Aadhar Card No. of the Beneficiary including parents / guardian (attach copies)			
Annual Income of Parents / Guardian (submit copy of income proof if available)			
Occupation of Parents / Guardian			
Present Education / Occupation of the Beneficiary			
Write about the dream of the beneficiary to achieve in her/his life			



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Description	Fill the details			
Present Living Conditions (Attach Photos & Video Clips)				
Postal Address & Contact Phone Number				
Attach copies of Medical Certificates if available				
Briefly write about the need for Tricycle / Wheelchair & how it will help the beneficiary (Attach a separate sheet if required)				
Willing to go for join education				
Parents / Guardian willing to send the beneficiary to the Rehabilitation / Government Institution for treatment & skill development				
Estimated Cost of Tricycle / Wheelchair (Indian Rupees)				
Signature of the Parent / Guardian accepting PARD INDIA role for raising the help/funds as necessary for assisting the beneficiary	Name			
	Signature		Date	

Application Submitted by

Name: _____ Signature: _____ Date: _____

Internal Approval	Designation	Name	Signature	Date
Reviewed by	Secretary			
Concurred by	Treasurer			
Approved by	President			