

**APPLICATION FORM FOR INCENTIVE AWARD FOR MARRIAGES
BETWEEN DISABLED & NORMAL PERSONS**

Affix attested photo

Office of the
Assistant Director
Welfare of Handicapped
Hyderabad District.

1. Name of the Disabled Person :

2. Father's Name :

3. Nature of disability :
(Specify percentage of disability
in case of Orthopaedically
Handicapped

4. (a) present Address (b) Permanent Address

5. If employed give full details :
of employment including
monthly income

6. Name of Normal person :

7. Father's Name :

8. If employed give full details
of employment including
monthly income.

9. (a) Present Address (b) Permanent Address

10. Date of Marriage

11. Place of Marriage

12. Signature of

Date : (1) Disabled person

Place: (2) Normal Person