

Annexure-III

**SCHEME OF ASSISTANCE TO DISABLED PERSONS FOR
PURCHASE/FITTING OF AIDS/APPLIANCES (ADIP SCHEME)**

STATEMENT SHOWING COMPOSITION OF THE MANAGING COMMITTEE

**NAME AND POSTAL ADDRESS OF THE
ORGANISATION:** _____

S.No.	Name of the Member of the Managing Committee along with PAN Number & Aadhaar Number	S/o D/o W/o	Complete residential address along with phone/mobile Number	Nature of occupation	Status in the Managing Committee
(1)	(2)	(3)	(4)	(5)	(6)

NOTE:

(I) Certified that the composition of the above Managing Committee is in accordance with the approved Bye-Laws and Memorandum of Association of the organization.

(II) Certified that the above Managing Committee was elected by the
General Body in its meeting held on _____
from _____ to _____.

Signature

Name of President/Secretary (in CAPITAL LETTERS)

Office Stamp of the Organisation.

Annexure-IV

List of beneficiaries assisted by the agencies implementing the Scheme of Assistance to Disabled for purchase/fitting of aids/appliances to be furnished to Ministry of Social Justice & Empowerment, Department of Empowerment of Persons with Disabilities (Divyangjan) and to be uploaded on the website of the Implementing Agency excluding the Aadhaar Number

S.No	Name of beneficiary	Complete Address	Age	Male/ Female	Income	Type of aid (given)	Date on which given	Total cost of aid, including fabrication/ fitment charges
1	2	3	4	5	6	7	8	9

Subsidy provided	Travel cost paid to out-station beneficiary	Boarding and lodging expenses paid	Whether any surgical correction undertaken	Total of 10+11+ 12+13	Number of Days for which stayed	Whether accompanied by escort	Aadhaar Card No.#	Photo of beneficiary*	Mobile No. or land line number with STD Code**
10	11	12	13	14	15	16	17	18	19

#Aadhaar Number of beneficiaries should not be disclosed/uploaded on the website.

*** Photo of beneficiary not required in case the Aadhaar Number is provided.**

****Uploading mobile number or land line number with STD Code of beneficiary to enable the Ministry to get feedback about aids and assistive devices provided to the beneficiary by implementing agency. In case the same is not available with beneficiary, mobile number or land line number with STD Code of relative/acquaintance of the beneficiary has to be uploaded.**

Details regarding reservation