Date:

Application Assistance to Disabled Persons for Purchase/Fitting of Aids/Appliances

From:

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(d)

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the Scheme.

	The Secretary to the Government of India Department of Empowerment of Persons with Disabilities (Divyangjan) Ministry of Social Justice and Empowerment Pt. Deendayal Antyodaya Bhawan, C.G.O. Complex, Lodhi Road, New Delhi.
Sub	pject: Assistance under the Central Scheme of Assistance to Disabled Persons for purchase/fitting of aids/appliances (ADIP Scheme).
for regi	I submit herewith an application for a grant for the runder the Scheme of Assistance to Disabled Persons purchase/fitting of Aids/Appliances. I certify that I have read the rules and lations of the Scheme and I undertake to abide by them on behalf of the nagement. I further agree to the following conditions:
(a)	All assets acquired wholly or substantially out of the Central grant shall not be encumbered or disposed off or utilized for purpose other than those for which the grant is given. Should the Institution/Organization cease to exist at any time, such properties shall revert to the Government of India.
b)	The accounts of the grant thus given shall be properly and separately maintained. The accounts shall always be open to check by an officer deputed by the Govt. of India or the State Government. They shall also be open to a test check by the Comptroller and Auditor General of India at his discretion.
c)	If the State or the Central Govt. have reasons to believe that the grant is not being utilized for approved purpose, the Govt. of India may stop payment of further installments and recover earlier grants in such a manner as they may

The Institution shall exercise reasonable economy in the implementation of

The Organization will obtain an undertaking from the beneficiaries as

The Institution will implement the Scheme in the Districts under banner of

Ministry of Social Justice & Empowerment in the manner prescribed and

required under the scheme, before fitting/giving of aids/appliances.

after making wide publicity and information to District Magistrate office, State Government, local M.P. and M.L.A.

Yours faithfully,

(Signature) (Designation) (Office Stamp)