

FORM-A

(see rule 16(1))

**Form of application to the Local Level Committee
by a parent, relative or a registered organization
for appointment of guardian for a person with Disability**

From :

Date:

To

The Commissioner for Persons with Disabilities
& Chairman, Local Level Committee,
45, G.C. Avenue, Kolkata-700 013

Sir/Madam,

_____ is a person with disability and requires protection of his person and property through a guardian. We hereby request that _____ (Name of the Proposed Guardian) be appointed as guardian of the said _____ (Name of the Candidate) for the protection of his person property.

We furnish hereunder further details and request early decision

1. Particulars of the person to be provided guardian

Name :

Age :

Nature of disability:

Address :

2. Particulars of the person proposed to be appointed as guardian

Name :

Age:

Relationship with ward, if any,

Address :

We enclosed herewith disability certificate of the said _____ obtained from _____ (Name of the Medical Board) _____ (Name of the Candidate)

Yours faithfully,

Witness

1st Witness

Designation:

2nd Witness

Authorised signatory

Name :

Office stamp:

(in case of Institution)