

(BEST LOCAL LEVEL COMMITTEE)

**PERFORMANCE OF LOCAL LEVEL COMMITTEE OF THE NATIONAL TRUST FOR
WELFARE OF PERSONS WITH AUTISM, CEREBRAL PALSY , MENTAL
RETARDATION AND MULTIPLE DISABILITIES FOR STATE AWARD**

1. Name of the Local Level Committee :
2. Name of the State :
3. LLC No. of National Trust :
4. Year of formation :
5. Activities undertaken to date :

| | Number | Place | Dates where applicable |
|---|--------|-------|------------------------|
| a) LLC meeting conducted | | | |
| b) Awareness Programme organized | | | |
| c) Parents meeting conducted | | | |
| d) Distribution of legal Guardianship forms | | | |
| e) Screening of legal guardianship cases done | | | |
| f) Appointment of Legal Guardians made | | | |
| g) Development of Action Plans for the District | | | |
| h) Involvement of local NGOs/ Govt. Deptts. and others | | | |
| i) Involvement of persons with disabilities and families | | | |
| j) Convergence of different schemes & programmes for the benefit of persons with disabilities in the four categories under the National Trust | | | |

Signature

Name :

(In BLOCK Capital letters)

Designation

Office Seal

Signature of Recommending Authority
With Office Seal