

**APPLICATION FORM FOR CATEGORY III(ii) UNDER
THE NATIONAL AWARD RULES**

BEST INSTITUTION

**WORKING FOR THE CAUSE OF PERSONS WITH
DISABILITIES**

1.	Name of the Institution in English (In BLOCK Capital letters) and Hindi	
2.	Postal and Telegraphic address of Institution with telephone and fax number.	
3.	Web-site/E-mail address, if any	
4.	Year of establishment	
5.	Whether recognized or aided by State/Central Govt./ Local bodies	
6.	Nature of work undertaken by the Institution	
7.	Total number of employees in the Institution (also indicate the number of employees with disabilities, disability-wise).	Male Female Total
8.	Details of work done by the Institution including places and the number of disabled persons covered by the Institution.	
9.	Specify the outstanding achievements/ Contribution of the Institution in the Past ten years in the area of welfare of persons with disabilities and rehabilitation/ education including technical education and vocational training to persons with disabilities.	
10.	Whether Institution have received any Award in the past. If so, specify and give brief account.	
11.	No. of persons with disabilities are on Governing Body. Give their names and addresses.	
12.	The number of disabled population served and area of work including District/State.	
13.	Give details showing various activities done by the Institution with numerical output.	

Note: Memorandum/Articles of Association annual reports for the last two years and like documents may be sent.

Signature of President/Secretary of the Institution with date

Signature of the recommending authority with date