

**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 \_\_\_\_\_  
(Name of the Candidate) obtained  
from \_\_\_\_\_  
(Name of the Medical Board)

Yours faithfully,

Witness

1st Witness

2nd Witness

Authorised signatory

Name :

Designation:

Office stamp:

(in case of Institution)

### Consent of the person proposed to be appointed Guardian

I hereby agree to be the guardian of the person and property of ..... and shall discharge my obligations with due diligence.

Signature:

Name:

Date:

### Consent of the guardian, if any, to the aforesaid proposal

I hereby agree to the above proposal to appoint ..... as the guardian of .....

Signature:

Name:

Date:

### DECLARATION

I, Sri/Smt ..... son/daughter of ..... of .....  
(address of the guardian proposed) do hereby declare that:-

- a) I am a citizen of India
- b) I am not of unsound mind or am not currently undergoing any treatment for Mental Illness
- c) I have never been criminally convicted in any court of Law
- d) I am not a destitute or not dependent on others for my own living, and
- e) I have not been declared insolvent or bankrupt by the competent financial authority
- f) Other information:
  - i) Economic Status
  - ii) Annual Income
  - iii) Education Status

Yours faithfully

Full signature of the proposed guardian

**Witness- 1**

Signature

Address

**Witness- 2**

Signature

Address