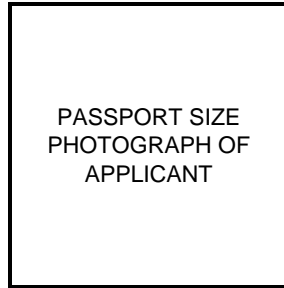


Application Serial Number _____
 (To be allotted by DIAV)

To

Rehabilitation and Welfare (Corpus)
 Directorate of Indian Army Veterans (DIAV)
 Adjutant General's Branch
 Integrated Headquarters of Ministry of Defence (Army)
 104 Cavalry Road, Delhi Cantt -110010



**APPLICATION FORM FOR PROVISION OF MOBILITY EQUIPMENT
 (MODIFIED SCOOTER/ WHEEL CHAIR/ MODIFICATION OF CAR)**

PART I : PARTICULARS OF APPLICANT

1	ARMY NUMBER											
2	RANK											
3	NAME											
4	REGIMENT/ UNIT											
5	DATE OF BIRTH											
6	DATE OF ENROLEMENT/ COMMISSION											
7	TYPE OF INJURY (Attach proof)											
8	CERTIFICATE FROM MILITARY MEDICAL AUTHORITY (Attach copy)								Yes		No	
9	DATE OF INVALIDMENT (if applicable)											
10	MEDICAL CATEGORY (Final)											
11	PPO NUMBER (attach copy)											
12	HOME ADDRESS											
	(a)	HOUSE No				MOHALLA						
	(b)	VILLAGE										
	(c)	POST OFFICE										
	(d)	DISTRICT										
	(e)	STATE										
(f)	PINCODE											
13	CONTACT NUMBER											
14	AADHAAR NUMBER											

PART II : PARTICULARS OF MOBILITY EQUIPMENT

15	MOBILITY EQUIPMENT REQUIRED (One)	(Tick)	MODIFIED SCOOTER										
			WHEEL CHAIR										
			MODIFICATION OF CAR										
16	TYPE OF ISSUE (FIRST OR SECOND)												
17	DATE OF PREVIOUS ISSUE												
18	PLACE OF PREVIOUS ISSUE												
19	ISSUING AUTHORITY												
20	REGISTRATION NUMBER OF VEHICLE												
21	DISPOSAL OF PREVIOUS VEHICLE												
22	DRIVING LICENSE NUMBER												
23	VALIDITY OF DRIVING LICENSE												

CERTIFICATE

24. I understand that DIAV may be required to share my particulars with the donor/ authorised dealer of the OEM providing the mobility equipment. I hereby give my consent for same.

25. I am willing to pay for registration charges and insurance of the vehicle.

Place :

Date : _____

_____ (Signature)

RECOMMENDATIONS OF CO/ ZSWO

22. Application submitted by No _____ Rank _____ Name _____

for financial assistance for provision of mobility equipment has been vetted by this office. The case is

Recommended/ Not Recommended.

Place :

Date : _____

_____ (Signature)