Annexure - XXI

ANNEXURE FOR DIFFERENTLY ABLED

First Applicant Mr. / Ms. / Minor _____

DOB ____/_____/ _____ *PAN _____^ Form 97

(^ If investment amount is less than or equal to ₹ 50,000/- or aggregating to less than ₹ 5,00,000/- during financial year)

UDID Number : _____ Percentage of Disability _____%

Type of Disability:

☐ Blindness	☐ Speech and Language Disability	☐ Hearing Impairment	☐ Locomotor Disability
☐ Cerebral Palsy	☐ Intellectual Disability	☐ Mental Illness	☐ Muscular Dystrophy
☐ Acid Attack Victims	☐ Sickle Cell Disease	☐ Low Vision	☐ Multiple Sclerosis
☐ Hemophilia	☐ Thalassemia	☐ Specific Learning Disabilities	☐ Chronic Neurological Conditions
☐ Leprosy cured	☐ Parkinson's Disease	☐ Autism Spectrum Disorder	☐ Dwarfism

Declaration by Differently Abled Applicant

I, _____, resident of _____

_____

Declare that :

1) I am a person with disability, as defined under the Rights of Persons with Disabilities Act, 2016.

2) The type of disability and percentage mentioned above are true and as per the medical certificate/UDID card issued by a competent authority.

3) I confirm that I am capable of understanding and executing this fixed deposit application independently / with assistance, as applicable.

Signature / Thumb Impression of Applicant: _____

Date: _____ Place: _____

Name of Assistant / Reader: _____ (If assisted by another person)

Relationship: _____ Signature: _____

Witness 1 Signature :_____

Witness 1 Name & Address:_____

Witness 2 Signature :_____

Witness 2 Name & Address:_____

For Office Use :

Verified and recorded the disability details as per certificate / UDID.

Verified by (Employee Name & Code): _____