

FORM NO. XXXVII
[SEE RULE 277(2)]
APPLICATION FOR DISABILITY PERSON

DILTU HMING	
ADDRESS	
DISTRICT	
PHONE NUMBER	
DATE OF BIRTH	
REGISTRATION NUMBER	
DATE OF REGISTRATION	
DATE OF VALIDITY	
NATNA NIHDAN KIMCHANG	
NATNA NEIHCHHAN	
DATE OF ADMISSION	
DATE OF DISCHARGE	
DAMDAMIIN AWM HUNCHHUNG	
INENKAWLNA SENSO ZAT	
HENG ANG BENEFIT HI PEK TAWH A NI EM?	
PEK TAWH ANIH CHUAN ENG SAWRKAR/ INSTITUTION NGE?	

A chungah ziate khi a dik vek tih ka nemngnet a. Thudik lo ka ziate emaw, siamchawp ka lo nei emaw a nih chuan ka chungah eng action pawh la se ka sawi buai lo ang tih ka in tiam e.

Date :

Place :

Hming leh Signature

DOCUMENT THILTEL TURTE:

1. MBOCWWB ID Card Xerox Copy.
2. Bank Passbook Xerox Copy pakhat.
3. Disability Certificate Attested Xerox Copy pakhat.
4. Disability Unique ID Attested Xerox Copy pakhat.