

NIRAMAYA

(Health Insurance Scheme for Persons with Disabilities under the National Trust Act)

ENROLMENT FORM

1 *Name of Person with Disability (PwD) :
2 *Aadhaar No. of PwD (Attach Proof) :
3 *Father's/Husband's Name :



4 *Date of Birth...../...../..... *Sex : Male/Female *Status Married/Unmarried

5 *Type of Disability : (Attach copy) *Tick here *Percentage (%)
a) Autism (A/U)
b) Cerebral Palsy (C/P)
c) Mental Retardation (M/R)
d) Multiple Disability (M/D)

*Please Specify atleast two Disabilities if M/D

6 *Family Status (Attach Ration card Copy) BPL APL

7 *Name of Nominee : *Relationship with PwD :
*House Name : *Place :
*Post Office : *Pin Code :
*Mobile No. : *District :

8 *Bank Account Details (Attach Copy)
*Account Holder Name : *Account No :
*Bank Name : *Branch Name :
IFSC No. : *City :

9 Attachments (Copy) Tick here
a) *Aadhaar of PwD
b) *Disability Certificate
c) *Rationcard
d) *Bank Passbook
e) Birth Certificate
f) *Passportsize Photo

Signature of Guardian/Applicant

Note : All the stared (*) columns should fill mandatory and the attachments

