

APPLICATION FOR FINANCIAL ASSISTANCE TO THE BLIND ADVOCATES

1. Name in full.
(Block letters)
2. Full address with Revenue District.
3. Academic and professional qualifications.
4. Nature of disability.
5. Date of enrollment.
6. Name and full address of the reader assistant engaged by the applicant.
7. Qualification of the reader Assistant.
8. The date of engagement of the reader assistant.
9. Whether the applicant is a practicing Advocate
10. Name of the Court/courts in which the applicant is practising.

Declaration

Certified that the information furnished above are true and correct to best of my knowledge and belief.

(Signature or left hand thumb impression of the applicant)

Place:

Date:

N.B Documents to accompany the application form.

- a) A medical certificate from an ophthalmic specialist in the form prescribed to the effect that the applicant is a bonafide blind person.
- b) A certificate from the presiding officer of the Court to the effect that the applicant is practising and that he has engaged a full time reader assistant
- c) True copies of certificates showing the General and Professional Qualifications of the applicant and of the Reader Assistant duly attested by a Gazetted officer of the State Government.

Court _____



GOVERNMENT OF KERALA

Medical Certificate of the Blind

Certified that I, Dr.....
Registration No. have this
..... day of 20---examined and
the candidates whose particulars are given below:-

1. Name of the candidate
2. Father's name
3. Sex.
4. Approximate age.
5. Identification marks.
6. Extent of residual vision if any RE
LE.
7. Onset of blindness (please state whether blindness is from birth or acquired later; if it has been caused afterwards, the age and cause of blindness may be indicated) for the purpose of financial assistance, the blind are those who suffer from either of the following.
 - a) Total absence of sight.
 - b) Visual acuity not exceeding 6/60 or 20/200 (Snellen) in the better eye with correcting lenses.
 - c) Limitation of the field of vision subtending an angle of 20 degrees or worse.

Signature of the applicant.

Place.

Date.

(Signature of ophthalmologist)

Designation
Qualification
Office stamp
Address

(4)

2/12

INCOME CERTIFICATE TO BE ISSUED BY THE VILLAGE OFFICER

Certified that the combined annual income of Sri /Smt.
.....
.....
(here enter the name and address).....
and of his/her family from all sources is ₹.....

Signature
Name and designation

Place:

Date:

Office seal.

**FINANCIAL ASSISTANT TO BLIND ADVOCATES
CERTIFICATES TO BE ISSUED BY THE PRESIDING OFFICER OF ANY
ONE OF THE COURTS IN CENTRE**

This is to certify that Shri/ Smt
.....
.....(Name and Address) is a Blind Advocate practising Law in the Court/ Courts (Full
name and address of the Court) from (date, month & year) and that he/ she has engaged
Shri/Smt.....
.....(Name and address of the person engaged) as his/her Reader Assistant full time from
..... (date, month & year)

Signature and full address of the
Presiding officer of the Court

Place:

Date:

Office seal.

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