

CHANDIGARH ADMINISTRATION
DIRECTOR SOCIAL WELFARE



APPLICATION FORM FOR AVAILING PETROL SUBSIDY TO DISABLED PERSONS

No.

Dated

Photograph
of the
Applicant

Part-I

1.	Name and full address of the physically handicapped person.	:	
2.	Nature of Physically handicapped	:	
3.	Occupation (State whether a Central Government employee or not)	:	
4.	Place of duty and approximate distance in Kilometers from residence to the place of duty.	:	
5.	Registration No. of vehicle and its House Power.	:	
6.	Name and full address of the Driver who will drive motorised vehicle of a blind person and his motor driving Licence NO. etc.	:	
7.	Address and location of the dealer from whom the applicant wishes to purchase his requirement of petrol/ diesel.	:	

This is certified, I _____ S/o, D/o Shri _____, am not in receipt of any allowance from State of Voluntary Source for the purpose for which subsidy on purchase of petrol/diesel is meant and also certify that my income from all sources does not exceed Rs.2500/- per month.

Signature of the applicant

Part-II

1.	Registration No. of the Vehicle	:	
2.	Monthly entitlement of petrol/ diesel at concessional rate.	:	
3.	Vehicle of 2 Horse Power and below	:	15 Litres per month
	Vehicle of more than 2 Horse Power	:	25 Litres per month

Director Social Welfare
Chandigarh Administration

: 2 :

Annexure 'B'

Date	Quantity of Petrol/Diesel sold	Rate of Petrol/ Diesel per litre	Signature of beneficiary	Signature of IOC/B.P./H.P. distributor with rubber stamp.
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: 3 :

Annexure 'C'

CERTIFICATE

This is to certify that the quantities of petrol/ diesel specified in the Scheduled appended here-to were purchased by me between _____ and _____ for my bona fide personal use for going to my place of duty and back or places where my day to day activities made it necessary for me to go. I also certify that my income from sources does not exceed Rs.2,500/- per month.

2. Certified that the price quoted is in respect of petrol/diesel alone and does not include price of oil.

Signature : _____

Name & Address of Physically Handicapped Person.

1. Registration No. of Vehicle

Identity Certificate

No. _____

Dated : _____

SCHEDULE

Month & Date	Quantity of Litres.	Amount
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