

MEDICAL CARD NO. _____

**DELHI DEVELOPMENT AUTHORITY
WELFARE SECTION**

Application form for developing occupational skills of physically/mentally challenged DDA employees Seminars, camps etc.and their wards for giving aides, special software etc. and organizing workshops,

1.	Name of the DDA employee	
2.	Father's/Husband Name of DDA employee	
3.	Date of birth	
4.	Date of Apptt.in DDA	
5.	Designation	
6.	UID NO.	
7.	Pay Band/Grade Pay (attached latest Pay Slip)	
8.	Department/Division	
9.	Contract No./Mobile No.	
10.	physically/mentally challenged (details/certificate)	
11.	Specify the option out of the activities (Special designed training to be proposed by Employee)	
12.	Specify the option out of the facilities (developing occupational schemes) circulated by Welfare Deptt.	

Signature of the Employee