

FORM –A
See Rule 16 (1)

Two joint photograph of Guardian & child

Form of application to the Local Level Committee by a patient relative or a registered organization for appointment of Guardian for a person with Disability

From:-

Phone No. :-

To,

The Collector,

South Goa District &

Chairperson of Local Level Committee.

Sir,

----- is a person with disability and requires protection of his person and property through a guardian. We hereby request that ----- be appointed as guardian of the said ----- for the protection of his person property.

We furnish hereunder further details and request early decision:

1. Particulars of the person to be provided guardian

Name:-

Age:-

Nature of Disability:-

Address:-

2. Particulars of the person proposed to be appointed as guardian

Name:-

Age:-

Relationship with ward, if any :-

Address:-

**We enclose herewith disability Certificate of the said -----
obtained from -----.**

Yours faithfully,

Authorized Signatory

Witness

1st Witness

Name:-

Designation:-

2nd Witness:-

Office Stamp:

Consent of the person to be appointed Guardian

I hereby agree to be the guardian of the person and property of _____ and shall discharge my obligations with due diligence.

Signature :

Name:-

Date :-

Consent of the Guardian, if any, to the aforesaid proposal

I hereby agree to the above proposal to appoint ----- as the guardian of ----- .

Signature :

Name:

Date: