

**Application for Special Identity Card For
Persons With Hearing Disabilities (the Deaf)**

- 01. District :
- 02. Divisional Secretariat :
- 03. Grama Niladhari Division :
- 04. Name of the person with Hearing Disabilities (the Deaf) :
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- 05. Other names, if any :
- 06. Address :
- 07. Date of Birth :
- 08. Place of Birth :
- 09. National Identity Card No :
- 10. Employment :
- 11. Nationality and Citizenship :
- 12. Name and Address of the person who should be informed in case of emergency
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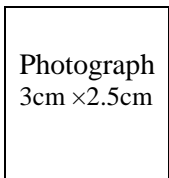
Iresiding at
..... truly declare that I am a person with Hearing Disabilities (Deaf) and the information given by me are accurate please be kind enough to issue me a special Identity Card of persons with Hearing Disabilities (the Deaf).

Date

.....
Signature of the Applicant

Report of the Grama Niladhari

I certify that Mr./ Mrs./ Miss residing at
No..... of my divisions is, suffering form a Hearing Disability
(Deafness) to my knowledge, and that the photograph of the same person attached herewith,
Further a medical certificate submitted by him with regard to his disability is attached herewith and also I
recommend to issue an identity card to him /her.



Paste one of the photograph here
(Identity card No)

Date

.....
Grama Niladhari
Date Stamp.

The Director of Social Services,

Mr/Ms..... is a deaf/hard of hearing person so I recommend that it is appropriate to issue an identity card for him/her. I submit the following documents herewith.(Apply ✓ mark)

- 01.The photograph affixed in the application form is signed and stamped by the Village Officer and certified.
- 02. Two photographs are submitted along with the application in a cover
- 03. Photograph of applicant submitted in prescribed size **(3cm ×2.5cm)**.
- 04. Medical report.(Deaf/hard of hearing test report and medical recommendation)
- 05. A certified copy of the applicant National Identity Card
- 06. A copy of the applicant's birth certificate
- 07. Police complaint when re-applying for a misplaced hearing impaired ID card
A copy.

.....
Social Service Officer/Development Officer.

.....
Divisional Secretary
Date Stamp

For office use

Documents related to issue of Hearing Impaired ID are correct.

.....
Subject Officer

.....
Date

Recommendation

.....
Deputy Director / Administrative Officer

.....
Date

I Approve.

.....
Director / Additional Director

.....
Date

Office Notes:

01. Hearing Impaired ID Number :

02. Date of Issue :

03. If not issued, reason for :