

**SCHEME OF ASSISTANCE TO DISABLED PERSONS FOR  
PURCHASE/FITTING OF AIDS/APPLIANCES  
(ADIP SCHEME)  
STATEMENT SHOWING COMPOSITION OF THE MANAGING  
COMMITTEE**

NAME AND POSTAL ADDRESS OF THE ORGANIZATION \_\_\_\_\_

S.No.	Name of the Member of the Managing Committee	S/o W/o	D/o	Complete residential address	Nature of occupation	Status in the Managing Committee
(1)	(2)	(3)	(4)	(5)	(6)	(6)

**NOTE:** (i) Certified that the composition of the above Managing Committee is in accordance with the approved Bye Laws and Memorandum of Association of the organization.

(ii) Certified that the above Managing Committee was elected by the General Body in its meeting held on .....  
The life of the Committee is from .....  
to.....

Signature  
Name of President/Secretary (in capital letters)  
Office Stamp of the Organisation