

Annexure-III

Register to be maintained by the agencies implementing the Scheme of Assistance to Disabled for purchase/fitting of Aids/Appliances.

Sl. No.	Name of beneficiary	Address	Male/ Female	Age	Income	Type of aid (given)	Date on which given	Cost of Aid	Fabrication/ Fitment charges	Total cost of Aid	Subsidy provided
1	2	3	4	5	6	7	8	9	10	11	12

Travel cost paid to outstation beneficiary	Board and expenses paid	Whether any surgical correction undertaken	Total of 12+13+14+15	No. of days for which stayed	Signature of Beneficiary	Whether Accompanied by escort
13	14	15	16	17	18	19