

Nomination of Divyangjan for Participation at DIVYA KALA MELA,

BIHAR (PATNA)

(To be filled in by the Implementing Agency recommending PwD for participation at Divya Kala Mela)

1. Name of the Implementing Agency :
2. Particulars of Participating PwD /Organisation :
 - a) Name :
 - b) Address :
 - c) Phone/Mobile :
 - d) Email :
 - e) Aadhar Number :
 - f) UDID No. \UD!D enrollment No :
 - g) Percentage and Type of Disability :
3. Products for display \sale :

Enclosures : 1. Brief Write –up of the participating organization \ participants

2. Write up on the products to be displayed with photo graph.

3 Photograph of PwD

4 Copy of UDID card or Disability Certificate of the PwD is to be attached.