

**APPLICATION PROFORMA OF THE AGENCY/OFFICER RESPONSIBLE FOR  
PLACEMENT OF THE PERSONS WITH DISABILITIES FOR  
STATE AWARDS**

**I. PERSONAL DATA**

1.	Name in English (in BLOCK Capital letters) and Hindi	
2.	Date of Birth	
3.	Educational Qualification	
4.	Postal address	
5.	Telegraphic address/Fax No.	
6.	Telephone Number: Office: Residence:	
7.	Web-site/E-mail address, if any	
8.	Name of the employer with complete address (Give all the employers with whom employed during the last five years, last name to be given first)	
9.	Total service in the capacity.	

**II PERFORMANCE DATA : Placements and follow-up Give the information for the last five years.**

Sr. No.	Year	No. of Persons with Disabilities				No./% age of placement to Registration	No. of cases followed up	% of dropouts from employment with brief reasons
		Registered		Placed				
		Male	Female	Male	Female			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
(i)	2006							
(ii)	2007							
(iii)	2008							
(iv)	2009							
(v)	2010							

**III Brief particulars of the Placement Officer:**

Signature of the Applicant with date

**NOTE:**

1. Broadly, "Placing" means an employer's acceptance of a persons into a remunerative job as a result of the following Employment Exchanges operations as a result of the ---

- i) Booking on an order prior to submission;
- ii) Pre-submission of the persons to be referred to the employer;
- iii) Submission of the selected persons and verification that the persons have been engaged. (Definition as given in the National Employment Service Manual).

2. Recommendation of concerned Deputy Commissioner is required to consider the application.

Signature, name & designation of the recommending authority with date