

**FORM OF APPLICATION TO THE LOCAL LEVEL
COMMITTEE BY A PARENT, RELATIVE OR A REGISTERED
ORGANISATION FOR APPOINTMENT OF GUARDIAN FOR
A PERSON WITH MENTAL RETARDATION.**

Date:

From

To
The Local Level Committee

Sir/Madam,

_____ is a person with disability and requires protection of his person and property through a Guardian. We hereby request that _____ be appointed as Guardian of the said _____ for the protection of his person/property.

We furnish hereunder further details and request early decision:

1. Particulars of the person to be provided Guardian
Name:
Age:
Nature of disability:
Address:

2. Particulars of the person proposed to be appointed as Guardian
Name:
Age:
Relationship with ward, if any:
Address:

We enclose herewith Disability Certificate to the said _____ obtained from

Yours faithfully,

Authorised signatory

Witness

1st Witness

2nd Witness

Name:

Designation:

Office Stamp:

Consent of the person proposed to be appointed Guardian

I hereby agree to be the Guardian of the person and property of _____ and shall discharge my obligations with due diligence.

Signature:

Name:

Date:

Consent of the Guardian, if any, to the aforesaid proposal

I hereby agree to the above proposal to appoint _____ as the Guardian of

Signature:

Name:

Date: