

Disability Registry and Allowance Application Form

Տրված ֆորմը համապատասխանում է ՀՀ Կրթության, գիտության և սպորտի նախարարության կողմից հաստատված «Մանկավարժական կրթության մասին» օրենքի 10-րդ հոդվածի 1-րդ կետին:

1 - GENERAL INFORMATION OF PERSON WITH DISABILITY

Տրված ֆորմը համապատասխանում է ՀՀ Կրթության, գիտության և սպորտի նախարարության կողմից հաստատված «Մանկավարժական կրթության մասին» օրենքի 10-րդ հոդվածի 1-րդ կետին:

1.1 - Applicant's name:

1.2 - ID card number:

1.3 - Gender: Female Male

1.4 - Age:

1.5 - Date of birth:

1.6 - Contact number:

1.7 - Contact number:

1.8 - Permanent address: Atoll Island Address

1.9 - Current address: Atoll Island Address

1.10 - Is the Applicant currently enrolled in school/college/university? Yes No

1.10.1 - If yes, current grade/course:

1.10.2 - If yes, school/university:

1.11 - (if currently not enrolled in an academic institution) highest academic qualification/grade completed:

Never attended school Basic Education Preschool Between grade 1 -10 GCE O'level

GCE A'level Diploma Bachelors Degree Masters / PHD

2 - APPLICANT'S FATHER'S INFORMATION (If Available)

Տրված ֆորմը համապատասխանում է ՀՀ Կրթության, գիտության և սպորտի նախարարության կողմից հաստատված «Մանկավարժական կրթության մասին» օրենքի 10-րդ հոդվածի 1-րդ կետին:

2.1 - Father's Name:

2.2 - ID card Number:

2.3 - Current Address:

2.4 - Contact number:

3 - APPLICANT'S MOTHER'S INFORMATION (If Available)

Տրված ֆորմը համապատասխանում է ՀՀ Կրթության, գիտության և սպորտի նախարարության կողմից հաստատված «Մանկավարժական կրթության մասին» օրենքի 10-րդ հոդվածի 1-րդ կետին:

3.1 - Mother's Name:

3.2 - ID card Number:

3.3 - Current Address:

3.4 - Contact number:

LIST OF REQUIRED DOCUMENTS

Տրված ֆորմը համապատասխանում է ՀՀ Կրթության, գիտության և սպորտի նախարարության կողմից հաստատված «Մանկավարժական կրթության մասին» օրենքի 10-րդ հոդվածի 1-րդ կետին:

- Applicant's ID Card Copy
- Guardian's ID Card Copy
- Applicant's Medical Documents related to the Disability
- Bank Account Slip / Statement

Completing this form online is faster and easier. You can submit this application form online by logging into the NDR portal at ndr.nspa.gov.mv

4 - GUARDIAN INFORMATION

4 - GUARDIAN INFORMATION

Note: Please include details of the person who is currently looking after the Applicant (Person with Disability)

توضیح: ڄاڻوڪو شخص جي باري ۾ ڏيکارڻ جي ضرورت آهي جنهن کي ڄاڻوڪو شخص (بیمار شخص) پالڻ ۾ آڻيو ويو آهي.

4 - Relationship to Applicant:

ڄاڻوڪو شخص کي ڇا سڏيو ويندو آهي؟

Mother (مڙس)
 Father (پيءُ)
 Husband (مڙس)
 Wife (مڙس)
 Daughter (ڌيءُ)

Son (پٽ)
 Grandmother (ڄڻي)
 Grandfather (ڄڻو)
 Others (ٻيا)

To be completed if guardian is someone other than the Applicant's mother/father

ڄاڻوڪو شخص جي نالي کان سواءِ ٻين شخصن جي باري ۾ ڏيکارڻ جي ضرورت آهي.

4.1 - Guardian's Name:

4.2 - ID card Number:

4.3 - Current Address:

4.4 - Contact number: (1)

5 - ADDITIONAL CONTACT

Information of additional person to be contacted in case Guardian cannot be reached

ڄاڻوڪو شخص کي پهچڻ نٿو سگهجي ته ٻين شخصن جي باري ۾ ڏيکارڻ جي ضرورت آهي.

5 - Relationship to Applicant:

ڄاڻوڪو شخص کي ڇا سڏيو ويندو آهي؟

Mother (مڙس)
 Father (پيءُ)
 Husband (مڙس)
 Wife (مڙس)
 Daughter (ڌيءُ)

Son (پٽ)
 Grandmother (ڄڻي)
 Grandfather (ڄڻو)
 Others (ٻيا)

To be completed if additional contact is someone other than the Applicant's mother/father

ڄاڻوڪو شخص جي نالي کان سواءِ ٻين شخصن جي باري ۾ ڏيکارڻ جي ضرورت آهي.

5.1 - Guardian's Name:

5.2 - ID card Number:

5.3 - Current Address:

5.4 - Contact number: (1)

To be completed by applicants above 18 years of age

18 سالن کان وڌيڪ عمر وارن ڄاڻوڪو شخصن جي باري ۾ ڏيکارڻ جي ضرورت آهي.

6 - MARTIAL STATUS :

MARITAL STATUS

Never married (ڪڏهن به شادي نه ڪئي)
 Married (شادي ڪئي)
 Divorced (ڌڪيو)
 Widow/Widower (مڙس/مڙس)

6.1 - (if married), Spouse's information: 6.1.1 - Name:

6.1.2 - ID card Number: 6.1.3 - Contact number: (1)

7 - INFORMATION REGARDING APPLICANT'S CHILDREN (If alive and available)

APPLICANT'S CHILDREN (If alive and available)

#	Full Name	ID card Number	#	Full Name	ID card Number
1	<input type="text"/>	<input type="text"/>	6	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	7	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	8	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	9	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	10	<input type="text"/>	<input type="text"/>

8 - EMPLOYMENT INFORMATION:

EMPLOYMENT INFORMATION

8.1 - Are you currently engaged in any income generating activity? Yes No

8.1.1 - If yes, please include details

8.1.2 - If no, Are you interested in gaining employment?

މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވަނީ ނޯ?

Yes
އަދި ހެއްދެވުމަށް ބޭނުންވަނީ

No
ނޯ

8.1.3 - If yes, please include details, if No, please specify why?

އަދި ހެއްދެވުމަށް ބޭނުންވަނީ ނޯ / ނޯ ނަމަ ސަބަބު ބަޔާންކުރާށެވެ

.....
.....

9 - MONTHLY INCOME & EXPENDITURE OF APPLICANT

އިދާރާތަކުން ނުވަތަ ފަރާތްތަކުން ގެޑެންޓްގެ ފަރާތްތަކަށް ހޯއްދެވޭ ފައިސާ ނުވަތަ ފަރާތްތަކުން ގެޑެންޓްގެ ފަރާތްތަކަށް ދޭ ފައިސާ

9.1 - Applicant's (Person with Disability) average monthly income:

އިދާރާތަކުން ނުވަތަ ފަރާތްތަކުން ގެޑެންޓްގެ ފަރާތްތަކަށް ހޯއްދެވޭ ފައިސާ ނުވަތަ ފަރާތްތަކުން ގެޑެންޓްގެ ފަރާތްތަކަށް ދޭ ފައިސާ

9.1-1	Average monthly income received as salary/wages or benefits (މަސައްކަތް ހޯއްދެވުމަށް ހޯއްދެވޭ ފައިސާ ނުވަތަ ފަރާތްތަކުން ގެޑެންޓްގެ ފަރާތްތަކަށް ދޭ ފައިސާ)	
9.1-2	Monthly income received as rent (Rental income from Apartments/land/etc) (އިދާރާތަކުން ނުވަތަ ފަރާތްތަކުން ގެޑެންޓްގެ ފަރާތްތަކަށް ހޯއްދެވޭ ފައިސާ)	
9.1-3	Monthly income received as profit from own businesses / investments (Café, Shops Etc) (އިދާރާތަކުން ނުވަތަ ފަރާތްތަކުން ގެޑެންޓްގެ ފަރާތްތަކަށް ހޯއްދެވޭ ފައިސާ)	
9.1-4	Monthly income or financial aid received from family and friends residing in Maldives (މާލްދީބުގައި ރިސައިދުވާ ފާމީލީންނާ ނުވަތަ ފަރާތްތަކުން ގެޑެންޓްގެ ފަރާތްތަކަށް ހޯއްދެވޭ ފައިސާ)	
9.1-5	Monthly income or financial aid received from family and friends residing outside of Maldives (މާލްދީބުގެ ބޭރުން ރިސައިދުވާ ފާމީލީންނާ ނުވަތަ ފަރާތްތަކުން ގެޑެންޓްގެ ފަރާތްތަކަށް ހޯއްދެވޭ ފައިސާ)	
9.1-6	Monthly benefits received as Pensions or from other Social Protection programs (ފަރާތްތަކުން ގެޑެންޓްގެ ފަރާތްތަކަށް ހޯއްދެވޭ ފައިސާ)	
9.1-7	Average Monthly income received from any other sources (އިދާރާތަކުން ނުވަތަ ފަރާތްތަކުން ގެޑެންޓްގެ ފަރާތްތަކަށް ހޯއްދެވޭ ފައިސާ)	
9.1.8	Total މުޅިން	

9.2 - Applicant's (Person's with Disability) average monthly expenditure:

އިދާރާތަކުން ނުވަތަ ފަރާތްތަކުން ގެޑެންޓްގެ ފަރާތްތަކަށް ހޯއްދެވޭ ފައިސާ

9.2-1	(If renting) Applicant's monthly expenditure on rent (ނުވަތަ ނުވަތަ ފަރާތްތަކުން ގެޑެންޓްގެ ފަރާތްތަކަށް ހޯއްދެވޭ ފައިސާ)	
9.2-2	Monthly expenditure on loan payments (Please include only court registered loans or loans taken from registered institutions) (ފަރާތްތަކުން ގެޑެންޓްގެ ފަރާތްތަކަށް ހޯއްދެވޭ ފައިސާ)	
9.2-3	Total މުޅިން	

10 - INCOME & EXPENDITURE OF APPLICANT'S HOUSEHOLD

އިދާރާތަކުން ނުވަތަ ފަރާތްތަކުން ގެޑެންޓްގެ ފަރާތްތަކަށް ހޯއްދެވޭ ފައިސާ ނުވަތަ ފަރާތްތަކުން ގެޑެންޓްގެ ފަރާތްތަކަށް ދޭ ފައިސާ

10.1 - Average monthly income of applicant's household:

އިދާރާތަކުން ނުވަތަ ފަރާތްތަކުން ގެޑެންޓްގެ ފަރާތްތަކަށް ހޯއްދެވޭ ފައިސާ ނުވަތަ ފަރާތްތަކުން ގެޑެންޓްގެ ފަރާތްތަކަށް ދޭ ފައިސާ

10.1-1	Average monthly income received as salary/wages or benefits (މަސައްކަތް ހޯއްދެވުމަށް ހޯއްދެވޭ ފައިސާ ނުވަތަ ފަރާތްތަކުން ގެޑެންޓްގެ ފަރާތްތަކަށް ދޭ ފައިސާ)	
10.1-2	Total monthly income received as rent (Rental income from Apartments/land/etc) (އިދާރާތަކުން ނުވަތަ ފަރާތްތަކުން ގެޑެންޓްގެ ފަރާތްތަކަށް ހޯއްދެވޭ ފައިސާ)	
10.1-3	Monthly income received as profit from own businesses / investments (Café, Shops Etc) (އިދާރާތަކުން ނުވަތަ ފަރާތްތަކުން ގެޑެންޓްގެ ފަރާތްތަކަށް ހޯއްދެވޭ ފައިސާ)	
10.1-4	Monthly income or financial aid received from family and friends residing in Maldives (މާލްދީބުގައި ރިސައިދުވާ ފާމީލީންނާ ނުވަތަ ފަރާތްތަކުން ގެޑެންޓްގެ ފަރާތްތަކަށް ހޯއްދެވޭ ފައިސާ)	
10.1-5	Monthly income or financial aid received from family and friends residing outside of Maldives (މާލްދީބުގެ ބޭރުން ރިސައިދުވާ ފާމީލީންނާ ނުވަތަ ފަރާތްތަކުން ގެޑެންޓްގެ ފަރާތްތަކަށް ހޯއްދެވޭ ފައިސާ)	
10.1-6	Monthly benefits received as Pensions or from other Social Protection programs (ފަރާތްތަކުން ގެޑެންޓްގެ ފަރާތްތަކަށް ހޯއްދެވޭ ފައިސާ)	
10.1-7	Average Monthly income received from any other sources (އިދާރާތަކުން ނުވަތަ ފަރާތްތަކުން ގެޑެންޓްގެ ފަރާތްތަކަށް ހޯއްދެވޭ ފައިސާ)	
10.1.8	Total މުޅިން	

10.2 - Average monthly expenditure of applicant's household:

އިދާރާތަކުން ނުވަތަ ފަރާތްތަކުން ގެޑެންޓްގެ ފަރާތްތަކަށް ހޯއްދެވޭ ފައިސާ

10.2-1	(If renting) Applicant's monthly expenditure on rent (ނުވަތަ ނުވަތަ ފަރާތްތަކުން ގެޑެންޓްގެ ފަރާތްތަކަށް ހޯއްދެވޭ ފައިސާ)	
10.2-1	Monthly expenditure on loan payments (Please include only court registered loans or loans taken from registered institutions) (ފަރާތްތަކުން ގެޑެންޓްގެ ފަރާތްތަކަށް ހޯއްދެވޭ ފައިސާ)	
10.2.3	Total މުޅިން	

11. If there are other Persons With Disabilities living in the same household, please provide their National ID Card Numbers

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12 - INFORMATION ABOUT THE DISABILITY:

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12.1 - Details of Applicant's disability

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.....

12.2 - Type of Disability

.....

.....

12.3 - How long has the applicant had the condition:

Years [] Months []

12.4 - Is the Applicant Bedridden [] Yes [] No

12.4.1 - If yes, how long has the applicant been bedridden Years [] Months []

12.5 - If the applicant has any chronic medical conditions, please include names and details of the condition

.....

.....

12.6 - Is the applicant on any long term medication [] Yes [] No

12.6.1 - If yes, please list details below (Medication name, strength and dosage).

.....

Please use another sheet or attach the detailed prescription if you require more space.

.....

.....

12.7 - If the applicant is currently (or had previously) taking any treatment (other than therapies) for the condition, please include details below

.....

Please attach all relevant medical documents related to the treatment taken

.....

.....

12.8 - Does the applicant have any plans to seek any treatment for the condition in the future? [] Yes [] No

12.8.1 - If yes, please specify details below

أرسلنا تفاصيل العلاج الذي تتلقاه

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12.9 - Does the applicant have a doctor, medical practitioner, therapist they seek treatment from regularly? Yes No
 هل يتلقى المتقدم العلاج من طبيب/ممارس طبي/عالج بانتظام؟ نعم لا

12.9.1 - If yes, please list details below

أرسلنا تفاصيل العلاج الذي تتلقاه

If the list of doctors/therapists/medical practitioner is more than 5, please attach an additional sheet
 إذا كان عدد الأطباء/العلاجيين/الممارسين الطبيين أكثر من 5، يرجى إرفاق ورقة إضافية

#	Doctor's Name الاسم الكامل للطبيب	Service Provider مقدم الخدمة
1		
2		
3		
4		

12.10 - Does the applicant use any assistive device/products (e.g. wheelchair, hearing aid, etc)

هل يستخدم المتقدم أي أجهزة/منتجات مساعدة (مثل كرسي متحرك، سماعة، إلخ)؟

Not required
لا حاجة

Required, and currently using
(please specify details)
مطلوب، ويستخدم حاليًا (الرجاء تحديد التفاصيل)

.....

Required, but currently not using
(please specify why)
مطلوب، لكن لا يستخدم حاليًا (الرجاء تحديد السبب)

.....

12.11 - Does the applicant require to use additional consumables (diapers, urine bag, etc) regularly due to the condition.

هل يحتاج المتقدم إلى استخدام مستلزمات إضافية (مراهم، أكياس بول، إلخ) بانتظام بسبب الحالة؟

Yes No
نعم لا

12.11.1 - If yes, please list details below

أرسلنا تفاصيل المستلزمات التي تحتاجها

#	Name of item اسم العنصر	Monthly usage (quantity) (الكمية المستخدمة شهريًا)	Average monthly expenditure (التكلفة الشهرية المتوسطة)
1			
2			
3			
4			

12.12 - Has a medical doctor prescribed any therapies for the applicant?

هل وصف الطبيب أي علاجات للمتقدم؟

Yes No
نعم لا

12.12.1 - If yes, details of recommended therapies

أرسلنا تفاصيل العلاجات التي يوصي بها

Name of the therapy اسم العلاج	Service Provider (if currently taking therapy) مقدم الخدمة (إذا كان يتلقى العلاج حاليًا)	Number of sessions and expenditure (Monthly) عدد الجلسات والتكلفة (شهريًا)	If not taking therapy, please specify the reason إذا لم يتلق العلاج، يرجى تحديد السبب

Activities	Difficulty level			
	0	1	2	3
WG-1 - Does the applicant have difficulty seeing, even when wearing glasses, contact lense?)				
WG-2 - Does the applicant have difficulty hearing, even if using a hearing aid(s)				
WG-3 - Does the applicant have difficulty walking or climbing steps?				
WG-4 - Does the applicant have difficulty remembering or concentrating?				
WG-5 - Does the applicant have difficulty with self-care, such as washing all over or dressing?				
WG-6 - Using the applicant's usual language, does the applicant have difficulty communicating, for example understanding or being understood?				

13 - BANK ACCOUNT INFORMATION:

13.1 - Do you want to apply for allowance/s for Persons with Disabilities? Yes No

If YES, please fill the following information

13.2 - Bank Account Number:

13.3 - Account name (In English):

13.4 - Bank & Branch Name:

For applicant's above 18 years. State relationship to the applicant, if submitting account details of someone other than the applicant

13.5 - Relationship to the PWD:

13.6 - ID card Number:

13.7 - Contact number:

13.8 - Account owner's signature:

13.9 - Date:

14 - Declaration:

- I declare that the information provided in and with this application are true and accurate. I acknowledge that the National Social Protection Agency has the authority to revoke the form if any information is discovered to be untrue.
- I agree to notify NSPA of any changes that may affect the Applicant's eligibility of benefits. These include: improvement in Applicant's medical condition; death of the Applicant

Applicant Name:

Signature:

Date:

Guardian's Name:

Signature: