

No.EH1-27822/2013/DHS

Directorate of Health services,
Thiruvananthapuram, dated 27 /4/2013

From

The Director of Health Services

To

The District Medical Officer of Health

Thiruvananthapuram/Kollam/Alappuzha/Kottayam/Pathanamthitta

Idukki/Ernakulam/Thrissur/Palakkad/Malappuram/Kozhikode/Wayanad

Kannur/Kasaragode

Sir,

Sub : HSD-Education allowance to the parents of Physically/Mentally
Challenged children-application form forwarding of-reg

Ref :

I am forwarding the application form for claiming Education allowance to the parents of Physically/Mentally challenged children. The application form may be communicated to peripheral institutions. All the requests for Education allowance should be sent in the prescribed form from 01/05/2013 .

Application form is also available in the website of DHS.

Yours faithfully,



For Director of Health Services

**Application for Claiming Education Allowance to the Parents of
Physically/Mentally Challenged Children**

- 1. Name of the applicant :
- 2. Designation, Present Institution :
- 3. Whether Temporary/Officiating :
- 4. Name of child/children :
- 5. Whether Physically/mentally Challenged.
- 6. Percentage of Disability :
- 7. Age and date of birth of child :
- 8. Name of School and class in which the child is studying

Certificates enclosed

- 1. Medical Certificate (in original)
- 2. School Certificate (in original)

Place :

Signature

Date:

Name and Designation.

Recommendation of the Head of the institution.

Place:

(SEAL)

Date:

Recommendation of the D.M.O(H)

Place:

(SEAL)

Date: