The Principal  
All College affiliated with  
M.D.U. Rohtak  

Subject: Supply of Tri-Cycle/Wheel-Chair/Hearing Aid/ Créches & Walking Sticks to The Divyang Students.

Dear Sir/Madam,

It is to inform you that a proposal for supply of Tri-Cycle/Wheel-Chair/Hearing Aid/ Créches & Walking Sticks free of cost to the needy Students is under consideration of University Youth Red Cross, M.D.U. Rohtak.

Please find enclosed herewith a copy of required form for the same, you are requested to please get the form completed from needy students of your college and returned the same to the undersigned latest by 20.03.2017 (after the stipulated date no form/application will be entertained) with your recommendations, so that required help could be extended to the needy students.

Please treat it as MOST URGENT
Thanking you,

Yours Sincerely,

Prof. Radhey Shyam
Programme Co-ordinator

Endst. No. YRC/16/136 92141

1. C.C to O.S.D. to Vice Chancellor, M.D.U. Rohtak for kind information of the Vice-Chancellor-Cum-Chairman Y.R.C. MDU Rohtak please.
2. C.C to Registrar M.D.U., Rohtak for information please.
3. C.C to D.S.W., MDU, Rohtak for information please.
4. C.C to Hon. Secy. Indian Red Cross Society, Haryana State Branch, Chandigarh for information please.
5. C.C to P.R.C. MDU, Rohtak for information & necessary action please.
6. [signature] upload in notices & forms.

{Programme Co-ordinator}

Dated: 3/3/17

[C. Stamped]
Application for supply of Tri-Cycle / Wheel - Chair / Hearing Aid / Crèches & Walking Sticks

1. Name:

2. Father’s / Husband’s Name:

3. Date of Birth: Category:

4. Permanent Home Address:

5. Phone / Mobile No.:

6. Class: Roll No.

7. Monthly Income of Parents:

8. Kind of Disability:

9. Assistance Required Recommended:
   by Orthopedic Surgeon

Signature of Applicant

Signature & Seal of Orthopedic Surgeon / Civil Surgeon

Recommendation of Principal

Recommended and forwarded to the Co-ordinator University Youth Red Cross M. D. University, Rohtak that the applicant’s is a student of class

Roll No. in the needs of as also

recommended by the Orthopedic Surgeon / Civil Surgeon. The income of parents of applicant

Rs. monthly from all sources, as per certificate submitted by the student.

Signature of Red Cross Counselor

Signature & Seal of Principal.