

Disability Registry and Allowance Application Form

Տրված ֆորմը համապատասխանում է ՀՀ Կրթության, գիտության և սպորտի նախարարության կողմից հաստատված «Հանրային կրթության և սպորտի մասին» ՀՀ 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 «Հանրային կրթության և սպորտի մասին» ՀՀ 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 «Հանրային կրթության և սպորտի մասին» ՀՀ 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 «Հանրային կրթության և սպորտի մասին» ՀՀ 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 «Հանրային կրթության և սպորտի մասին» ՀՀ 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 - حارس معلومات

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

توضيح: يجب أن تشمل تفاصيل الشخص الذي يعتني بالمتقدم (شخص ذو إعاقة)

4 - Relationship to Applicant:

علاقة حارس المتقدم:

Mother (أم)
 Father (أب)
 Husband (زوج)
 Wife (زوجة)
 Daughter (بنت)

Son (ابن)
 Grandmother (جدّة)
 Grandfather (جدّ)
 Others (آخرون)

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

يجب إكمالها إذا كان الحارس شخصاً غير أم/أب المتقدم

4.1 - Guardian's Name:

4.2 - ID card Number:

4.3 - Current Address:

4.4 - Contact number:

5 - ADDITIONAL CONTACT

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

معلومات شخص إضافي يجب الاتصال به في حالة عدم إمكانية الوصول إلى الحارس

5 - Relationship to Applicant:

علاقة شخص إضافي مع المتقدم:

Mother (أم)
 Father (أب)
 Husband (زوج)
 Wife (زوجة)
 Daughter (بنت)

Son (ابن)
 Grandmother (جدّة)
 Grandfather (جدّ)
 Others (آخرون)

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

يجب إكمالها إذا كان الشخص الإضافي شخصاً غير أم/أب المتقدم

5.1 - Guardian's Name:

5.2 - ID card Number:

5.3 - Current Address:

5.4 - Contact number:

To be completed by applicants above 18 years of age

يجب إكمالها للمتقدمين فوق 18 سنة

6 - MARTIAL STATUS :

الحالة الزوجية

Never married (متزوجاً أبداً)
 Married (متزوج)
 Divorced (متفكك)
 Widow/Widower (أرملة/أرم)

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

6.1.2 - ID card Number:

6.1.3 - Contact number:

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

معلومات عن أطفال المتقدم (إذا كانوا على قيد الحياة ومتاحين)

#	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:

معلومات عن العمل

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
 ހަށުކަވާ

 No
 ނޯ

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

ހަށުކަވާ ނަމަ ފަސޭހަ / ނޯ ނަމަ ސަބަބު

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9 - MONTHLY INCOME & EXPENDITURE OF APPLICANT

މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ ނުވަތަ ނުވަތަ ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ

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

މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ ނުވަތަ ނުވަތަ ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ

9.1-1	Average monthly income received as salary/wages or benefits (މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ ނުވަތަ ނުވަތަ ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ)	
9.1-2	Monthly income received as rent (Rental income from Apartments/land/etc) (މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ ނުވަތަ ނުވަތަ ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ)	
9.1-3	Monthly income received as profit from own businesses / investments (Café, Shops Etc) (މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ ނުވަތަ ނުވަތަ ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ)	
9.1-4	Monthly income or financial aid received from family and friends residing in Maldives (މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ ނުވަތަ ނުވަތަ ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ)	
9.1-5	Monthly income or financial aid received from family and friends residing outside of Maldives (މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ ނުވަތަ ނުވަތަ ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ)	
9.1-6	Monthly benefits received as Pensions or from other Social Protection programs (މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ ނުވަތަ ނުވަތަ ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ)	
9.1-7	Average Monthly income received from any other sources (މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ ނުވަތަ ނުވަތަ ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ)	
9.1.8	Total މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ	

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

މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ ނުވަތަ ނުވަތަ ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ

9.2-1	(If renting) Applicant's monthly expenditure on rent (މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ ނުވަތަ ނުވަތަ ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ)	
9.2-2	Monthly expenditure on loan payments (Please include only court registered loans or loans taken from registered institutions) (މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ ނުވަތަ ނުވަތަ ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ)	
9.2-3	Total މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ	

10 - INCOME & EXPENDITURE OF APPLICANT'S HOUSEHOLD

މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ ނުވަތަ ނުވަތަ ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ

10.1 - Average monthly income of applicant's household:

މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ ނުވަތަ ނުވަތަ ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ

10.1-1	Average monthly income received as salary/wages or benefits (މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ ނުވަތަ ނުވަތަ ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ)	
10.1-2	Total monthly income received as rent (Rental income from Apartments/land/etc) (މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ ނުވަތަ ނުވަތަ ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ)	
10.1-3	Monthly income received as profit from own businesses / investments (Café, Shops Etc) (މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ ނުވަތަ ނުވަތަ ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ)	
10.1-4	Monthly income or financial aid received from family and friends residing in Maldives (މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ ނުވަތަ ނުވަތަ ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ)	
10.1-5	Monthly income or financial aid received from family and friends residing outside of Maldives (މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ ނުވަތަ ނުވަތަ ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ)	
10.1-6	Monthly benefits received as Pensions or from other Social Protection programs (މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ ނުވަތަ ނުވަތަ ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ)	
10.1-7	Average Monthly income received from any other sources (މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ ނުވަތަ ނުވަތަ ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ)	
10.1.8	Total މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ	

10.2 - Average monthly expenditure of applicant's household:

މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ ނުވަތަ ނުވަތަ ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ

10.2-1	(If renting) Applicant's monthly expenditure on rent (މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ ނުވަތަ ނުވަތަ ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ)	
10.2-1	Monthly expenditure on loan payments (Please include only court registered loans or loans taken from registered institutions) (މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ ނުވަތަ ނުވަތަ ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ)	
10.2.3	Total މަސައްކަތް ހޯއްދެވުމަށް ބޭނުންވާ ފަރާތްތަކުގެ ފަސޭހަ	

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

.....

12 - INFORMATION ABOUT THE DISABILITY:

.....

12.1 - Details of Applicant's disability

.....

.....

12.2 - Type of Disability

.....

- Intellectual Disability
- Hearing/Speech Disability
- Physical Disability
- Autism Spectrum Disorder
- Psychological Disability
- Visual Disability
- Learning 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

.....

.....

12.9 - Does the applicant have a doctor, medical practitioner, therapist they seek treatment from regularly? Yes No

هل يتلقى المتقدم علاجاً 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 اسم الطبيب/العلاجي	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) بانتظام؟

Not required
لا حاجة

Required, and currently using
(please specify details)
مطلوب، ويستخدم حالياً

.....

.....

Required, but currently not using
(please specify why)
مطلوب، لكن لا يستخدم حالياً

.....

.....

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 تستخدمها

#	Name of item اسم المنتج	Monthly usage (quantity) (كمية الاستخدام الشهري)	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	Number of sessions and expenditure (Monthly) (عدد الجلسات والتكلفة الشهرية)	If not taking therapy, please specify the reason إذا لم يتلق العلاج، يرجى توضيح السبب

Activities نشاطات	Difficulty level مستوى الصعوبة			
	0 = No difficulty لا توجد صعوبة	1 = Some difficulty بعض الصعوبة	2 = A lot of difficulty كثير من الصعوبة	3 = Cannot do at all لا يمكن القيام بها على الإطلاق
WG-1 - Does the applicant have difficulty seeing, even when wearing glasses, contact lense?) هل يعاني المتقدم صعوبة في الرؤية، حتى عند ارتداء نظارة أو عدسات؟				
WG-2 - Does the applicant have difficulty hearing, even if using a hearing aid(s) هل يعاني المتقدم صعوبة في السمع، حتى إذا كان يستخدم سماعة (أو سماعات)؟				
WG-3 - Does the applicant have difficulty walking or climbing steps? هل يعاني المتقدم صعوبة في المشي أو التسلق؟				
WG-4 - Does the applicant have difficulty remembering or concentrating? هل يعاني المتقدم صعوبة في التذكر أو التركيز؟				
WG-5 - Does the applicant have difficulty with self-care, such as washing all over or dressing? هل يعاني المتقدم صعوبة في العناية بنفسه، مثل غسله بالكامل أو ارتداء الملابس؟				
WG-6 - Using the applicant's usual language, does the applicant have difficulty communicating, for example understanding or being understood? هل يعاني المتقدم صعوبة في التواصل باستخدام لغته المعتادة، على سبيل المثال الفهم أو الفهم من الآخرين؟				

13 - BANK ACCOUNT INFORMATION: معلومات الحساب البنكي

13.1 - Do you want to apply for allowance/s for Persons with Disabilities? Yes No
هل ترغب في التقدم للحصول على إعانة/إعانات للأشخاص ذوي الإعاقة؟ نعم لا

If YES, please fill the following information
إذا كان الجواب نعم، يرجى ملء المعلومات التالية

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: 18
العلاقة مع الشخص ذي الإعاقة

13.6 - ID card Number:

13.7 - Contact number:

13.8 - Account owner's signature:

13.9 - Date:

14 - Declaration: إعلان

- 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: Guardian's Name:

Signature: Signature:

Date: