

1. Fund for the rehabilitation of persons with impaired vision

Application to obtain an eye lense

(For those whose income is less than Rs. 6000.00)

1. Name of Applicant:
2. Division of the District Secretary:Grama Niladari's area:
3. Address:
4. Date of birth:
5. Married/Unmarried:
6. Details of dependents:
7. Monthly income from all sources:
8. Assistance from the Government:
9. Details of pension if received from Government:

I state that the informations provided above are true and correct.

Date:

Signature of Applicant:

Information given is correct. The applicant is a permanent resident of the
..... Gramasevaka area and is a recipient of Government assistance/recipient of
Samurdhi assistance/Monthly income is Rs

Issue of eye lenses free of charge is recommended.

.....

Grama Niladari

.....

Social Service Officer/Social Dev. Assistant

Issue of an eye lense free of charge is approved.

.....

District Secretary

Issue of an eye lense free of charge is approved.

.....

Secretary

Rehabilitation of Eye Impairment

Fund

(This application is for only for free issue)

2. Medical Report to obtain an eye lense

1. Name of Applicant:
2. Type of Eye Lense:
3. Other accessories required:
.....
.....
.....
4. Name of doctor, signature and official seal:

(To be completed by a Government Officer)