

**UMED PARIWAR**  
**PARENTS ASSOCIATION OF MENTALLY HANDICAPPED AND CEREBRAL PALSY PERSONS**

Gat No. 949, Wadaki Village, Near Foothills of Kanifnath Temple, Hadapsar-Saswad Road,  
Pune- 412308. Maharashtra, (INDIA) Tel :- +91 20 2614 0456



**E-Mail : umed\_pariwar@hotmail.com Web site : www.umedpariwar.org**

SR. No.  Receipt No.  Date \_\_\_\_\_

**Name of Father** \_\_\_\_\_ Age : \_\_\_\_\_

Surname

First Name

Residential Address \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Pin code : \_\_\_\_\_

Tel. No. :Office \_\_\_\_\_ Resi : \_\_\_\_\_ Mobile : \_\_\_\_\_

Education: \_\_\_\_\_

E mail : \_\_\_\_\_ Occupation \_\_\_\_\_ Annual Income \_\_\_\_\_

Name & Address Of Occupation \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code: \_\_\_\_\_

**Mother's Name :** \_\_\_\_\_ Age : \_\_\_\_\_

Occupation : \_\_\_\_\_ Annual Income : \_\_\_\_\_

Name & Address Of Occupation : \_\_\_\_\_

City : \_\_\_\_\_ State : \_\_\_\_\_ Pin code : \_\_\_\_\_

Tel.No.:Office \_\_\_\_\_ Mobile : \_\_\_\_\_

**Name of the Child :** \_\_\_\_\_ Son / Daughter

Name of School : \_\_\_\_\_

**MH / CP** From Birth / After Birth

Cause of MH / CP :

**Can Talk :Yes / No**

**Can See- Yes / No**

**Can Walk - Yes / No**

**Can Hear : Yes / No**

Birth Date of a Child : \_\_\_\_\_ Age : \_\_\_\_\_

Number Other Children : \_\_\_\_\_ Son : \_\_\_\_\_

Daughter : \_\_\_\_\_

As per Govt. Hospital Certificate - MH / CP \_\_\_\_\_ %

Do you fell Handicapped needs permanent Residential facility: \_\_\_\_\_ Yes/No

How much you are ready to pay per month for such facility Rs. \_\_\_\_\_

(Write on Back of this page detail note)

**Pune :**

**Signature**

**Date :**

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I would like to be a Family Member of UMED PARIWAR

S. NO

Name : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Pin \_\_\_\_\_

Tel. : STD \_\_\_\_\_ Resi. \_\_\_\_\_ Birth Date

Mobile : \_\_\_\_\_ Email : \_\_\_\_\_

Occupation : \_\_\_\_\_

Name & Address of Occupation : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Pin \_\_\_\_\_

Tel : STD ( \_\_\_\_\_ ) \_\_\_\_\_

Date : \_\_\_\_\_ Introduced by : \_\_\_\_\_ Signature of the Applicant

**BE A FRIEND OF UMED PARIWAR**