



HIGHER EDUCATION STUDENT'S LOANS BOARD

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STANDARD DISABILITY FORM TO BE INCORPORATED AS PART OF THE APPLICATION FORM IN OLAMS

Note: This form must be filled by District Medical Officer (DMO) or Regional Medical Officer (RMO)

APPLICANT'S DETAILS:

Name of the Loan Applicant (Student):

Postal address:.....

Physical address

Street:.....

Ward:.....

District:.....

Region:.....

Name of the Disabled Person:.....

Relationship of the disabled person to the loan applicant:

Physical address

Street:

Ward:

District:

Region:

Type of Disability (**Kindly tick where appropriate**):

1. PHYSICAL()

2. MENTAL()

CONFIRMATION OF DISABILITY:

Comments if any:

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I hereby confirm that the above named person has impairments which hinder his/her engagement in socio-economic activities.

Name of the Authorizing

Personnel:.....

Signature:

Title/Designation:

Date:

Region/District:

Doctor's Registration Number:

Stamp / Seal