



**AWARD FOR OUTSTANDING
SELF-SUSTAINING EFFORT BY
A PHYSICALLY CHALLENGED PERSON**
(Margadarsi Cash Award of Rs.4001/- Instituted by
Margadarsi Chit Fund Ltd., Hyderabad)

QUESTIONNAIRE

1. Name of the Handicapped Person :
(Capital letters)

2. Address with Phone/Fax/Mobile :
and e-mail

3. If employed
 - a) Name/Address of the Organisation :

 - b) Position of the employee in the
Organisation.

 - c) Since when employed (Certificate as :
to the nature of handicap and employment
may be furnished).

4. If self-employed
 - a) Nature of Business/Industry :

 - b) Period of Business :

 - c) Business sponsored by :

 - d) Assisted by Individuals/Organisations :
(Names and Addresses)

 - e) Whether assisted by any Bank or :
Financial Institution. If so, Name and
address.

5. Nature and extent of handicap :

6. Whether Handicapped by Birth
Accident/Otherwise (give details) :

7. What is the outstanding work done
during the year. :

8. Please enclose a short note on how
you have over-come your handicap
and as to why you consider yourself
eligible for this Award. :

Signature & Designation
with Office Seal