



Divisional Secretary,

Issue of a Special Identity Card
For Persons with Hearing Disabilities (the Deaf)

The Department of Social services has taken measures to issue a Special Identity Card for the persons with hearing disabilities (the Deaf) in order to facilitate them to attend to their day - to - day activities. This has been approved by the Commissioner for Registration of Persons. Accordingly, a specimen application for pertaining to such purpose is enclosed herewith. Once the form is filled by the applicant with hearing difficulties please get the certification of the Grama Niladhari with regard to the correctness of information submitted by the applicant and send it to me with your recommendation and approval.

02. Two copies of a Identity Card size (length 3 1/2 c.m and with 2c.m.) photograph of the applicant - one pasted on the application (relevant place) and certify by the Grama Niladhari the other in a small envelope attached to the application should be sent.
03. When confirming the hearing disability you may please satisfy yourself with at least one of the following namely, the medical certificate / confirmation by the Grama Niladhari on his knowing the applicant for quite a long time an on information provided by the neighbours / documents to prove that the applicant has studied in a school or a vocational training institute meant for persons. with hearing difficulties / written certificate from the Secretary or the Chairman of any recognized organization pertaining to persons with hearing disabilities.
04. Please send the perfected application to this office by registered post without handing them over to the relevant applicant. Further, it is kindly informed that these Special Identity Cards are issued free of any charge.

W. Yamuna Chithrangani
Director of Social Services.

දිගු පණිවුඩ : සමාජ සේවා
தமிழ் : சமூக சேவை
Telegrams : Dir. Social

දුරකථන / அலுவலகம் / Telephone :
 කාර්යාලය }
 அலுவலகம் } 825216 / 825232
 Office }
 අධ්‍යක්ෂ }
 பணிப்பாளர் } 825235
 Director }
 ෆැක්ස් }
 பெக்ஸ் } 824056
 Fax }

ලිපිනය / முகவரி / Address :
 150 A, "එල්. එච්. පී. ගොඩනැගිල්ල",
 නාවල පාර, නුගේගොඩ.
 150 எ, "எல். எச். பி. கட்டிடம்",
 நாவலா வீதி, நுகேகுடா.
 150 A, "L. H. P. Building",
 Nawala Road, Nugegoda.

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01. District :- ----- / 02. Divisional Secretariat :- -----
03. Grama Niladhari Division :- -----
04. Name of the person with Hearing Disabilities (the Deaf) :- -----

05. Other names, if any :- -----
06. Address :- -----
07. Date of Birth :- -----
08. Place of Birth :- -----
09. Name and Address of the person who should be informed in case of emergency :- -----

10. National Identity Card No :- -----
11. Employment :- -----
12. Nationality and Citizenship :- -----

I ----- residing at -----
----- truly declare that I am a person with Hearing Disabilities (Deaf) and the information given by me are correct. I also request to issue me a Special Identity Card issued for Persons with Haring Disabilities (the Deaf).

Date :- -----

Signature of the Applicant

Report of the Grama Niladhari :-

I certify that Mr./Mrs./Miss. ----- residing at No ----- of my divisions is, suffering from a Hearing Disability (Deafness) to my knowledge, and that the photograph attached hereto is the photograph of the same person. Further , a medical certificate submitted by him with regard to his Disability is attached hereto. I recommend that it is suitable to issue an identity card for him / her.

Paste one of the Photograph here
(Identity Card No.)

Date :- -----

Grama Niladhari
Date Stamp.

The Director of Social Services,

Mr./Mrs./Miss. ----- mentioned above is a person with Hearing Disabilities. Therefore I recommend that it is suitable to issue a Special Identity Card for him / her.

Divisional Secretary

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01. Name of the Person who recommend the issue :- -----
 02. If not issued reasons :- -----
 03. Data of issue :- -----
 04. Number of the Special Identity Card :- -----
 05. Other :- -----
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Approved.

Additional Director.

Date :- -----