



Division Office \_\_\_\_\_

Branch Code \_\_\_\_\_

**SPECIAL QUESTIONNAIRE TO BE COMPLETED IN RESPECT OF NRIs**

Proposal No. \_\_\_\_\_

**A. To be filled in by the Dean/Principal in respect of students and employer in respect of employed persons**

Name of the proposer	
When did he join your College / University / Firm?	
Date of Birth and age	
Educational qualification	
General appearance	
Any identification mark/s?	
Does he have any physical deformity? – (impaired sight or hearing, physical impairment or mental retardation)	
His professional status (type of duties performed)	
Has he remained absent from college/duties on medical ground? If so, period of absence and reasons thereof	
What are his habits/hobbies? Does he consume tobacco, snuff or other narcotic substances in any form, alcoholic drinks?	
His per month salary / stipend / teaching allowance	
Results of any routine medical check-up	

Date: \_\_\_\_\_

Signature of Dean / Principal / Employer

**B. To be filled in by the Personal Physician in respect of self-employed persons**

Name of the proposer	
Since how long do you know the proposer?	
Age of the proposer	
General appearance	
Any identification mark/s?	
Does he have any physical deformity? – (impaired sight or hearing, physical impairment or mental retardation)	
Has he taken any treatment from you? Yes/No If yes, full details and the period of treatment	
What are his habits/hobbies? Does he consume tobacco, snuff or other narcotic substances in any form, alcoholic drinks?	
Any information about his financial status?	

Date: \_\_\_\_\_

Signature of Physician  
Name  
Address (Seal)