2.4 Application Form for Providing Free Hearing Aids for Senior Citizens
(For those with an income below Rs. 6,000)

1. **District:**.....
2. **Divisional Secretariat Division:** .....
3. **Grama Niladhari Division:** .....
4. **Full Name:** .....
5. **Address:** .....
6. **Gender:** .....
   Year: ..... **Month:** ..... **Date:** .....
7. **Date of Birth:** .....
8. **Applicant's Telephone Number:** .....
9. **National Identity Card Number:** .....
   Elder's Identity Card Number: .....
10. **Name of the Village Elder's Committee and Membership Number:** .....
11. **With whom do you live?**
    ☐ Other ☐ With spouse ☐ With children ☐ Alone

If other, please specify: .....
.....

12. **If a representative is appointed, Name/NIC Number/Address of the Representative:**
    .....
    .....

I hereby declare that the above information is true and correct.

Date:..... **Signature of Applicant:**.....

Grama Niladhari Certificate
I hereby certify that the above-mentioned applicant,

..... is well known to me, resides in the Grama Niladhari division of ....., and that the applicant has completed 100 years of age.

.....
Grama Niladhari

Recommendation of the Social Services Officer / Assistant Officer for Elderly Rights Promotion / Development Officer

The information submitted is correct. I recommend the payment of Rs. 5,000 to the person named above.

.....

Social Services Officer / Assistant Officer for Elderly Rights Promotion / Development Officer

I approve the payment of the above-mentioned Rs. 5,000.

.....

Divisional Secretary