

Bookshare.org Membership Form – Proof of Disability

(Routed through XRCVC, St. Xavier's College, Mumbai)



Step 1 – Identifying Information

To be filled out by the Applicant (All fields are required.)

Name:

Address:

City:

State:

Pin Code:

Country:

Email Address:

Date of Birth:

Please indicate the disability that prevents you from effectively reading standard print by placing an "x" next to the one that applies:

- Visual impairment, including blindness
- Learning disability
- Other physical disability (please specify)

Step 2 – Proof of Disability

Disability Certificate Attached: Yes

Organization from whom Disability Certificate Obtained:

Address:

City:

State:

Pin Code:

Country:

Month and Year Certificate Obtained in:

Name of Certifying Professional:

Title:

Office No:

Signature of certifying professional

Date: