

Appendix

Fill out these two documents and send them to us via email, along with the required documents listed on the website, to ensure you complete the application process.

1. [Reference Letter](#)
2. [Self Declaration Letter](#)

How to Apply for Assistive Devices?


User Guide

1. First, visit our website: www.voiceofsap.org
2. Once you reach the website, go to the "Programs" section. Click on the "Assistive Devices & Accessibility" tab, and then click on **"Apply for Assistive Devices"** – [Apply Here](#)

The screenshot shows the VOSAP website interface. At the top, there is a navigation bar with links: TAKE A PLEDGE TO VOLUNTEER, REFER A FRIEND, REFER ART GALLERY, and a language dropdown set to English. Below this is a main navigation menu with tabs: ABOUT US, PROJECTS, VOLUNTEER, ACCESSIBILITY, YOUTH PROGRAMS, INSPIRATIONAL STORIES, RESOURCES, UN, and DONATION. A sidebar menu is open, listing various programs: ENABLEMENT WITH ASSISTIVE DEVICES, ENABLEMENT WITH SURGICAL INTERVENTION, HITARTH, ASSISTIVE TECHNOLOGY EXHIBITION, INTERNATIONAL AT HACKATHON, ESSAY COMPETITION, ANNUAL EVENT, COVID19 RELIEF EFFORTS, VOSAP ART PLATFORM, and RESEARCH IN DISABILITY. The 'APPLY FOR ASSISTIVE DEVICE' link under 'ENABLEMENT WITH ASSISTIVE DEVICES' is highlighted with a red box. The main content area features a large banner titled 'VOSAP presented Oral Statement at New York' with a 'READ MORE' button. Below the banner, there are three statistics: 12,564 PEOPLE TOOK A VOLUNTEERING PLEDGE, 1,863 BUILDINGS ARE RATED FOR ACCESSIBILITY, and an 'Assistive Tech EXHIBITION' section.

- After this, you will land on a page where you need to enter your **Name, Email Address(optional)** and **Phone number**

APPLICATION FOR ASSISTIVE DEVICE / SELF EMPLOYMENT KIT



Welcome to Voice of SAP to request for the grant of assistive devices and/or self employment kit to help you live a better life with dignity. Please enter your name, phone number, and email (optional). An OTP will be sent to the mobile number you provide, which you will need to proceed with your Assistive Device application.

[Help Doc in Hindi](#)

[Help Doc in English](#)

Full Name (required)

E-mail (optional)




Phone Number (required)

+91

10-digit number only


☐ I consent to receive SMS/text messages from Voice of SAP (VOSAP) at the phone number provided regarding assistive device programs, updates, and related services. Message and data rates may apply. I understand I can opt out at any time. See our [data privacy policy](#) and [terms and conditions](#).

NEXT >



If you are a new user, you will receive a One-Time Passcode (OTP) on your phone number for verification. Please ensure you check the consent box to proceed with your application and click on “**NEXT**”. If you are a returning user, you won't need to provide an OTP.

APPLICATION FOR ASSISTIVE DEVICE / SELF EMPLOYMENT KIT



Welcome to Voice of SAP to request for the grant of assistive devices and/or self employment kit to help you live a better life with dignity. Please enter your name, phone number, and email (optional). An OTP will be sent to the mobile number you provide, which you will need to proceed with your Assistive Device application.

[Help Doc in Hindi](#)

[Help Doc in English](#)

Full Name (required)

Divyansh Sharma

E-mail (optional)

Phone Number (required)

+91

☒ I consent to receive SMS/text messages from Voice of SAP (VOSAP) at the phone number provided regarding assistive device programs, updates, and related services. Message and data rates may apply. I understand I can opt out at any time. See our [data privacy policy](#) and [terms and conditions](#).

OTP (required)

Resend OTP in 114s

OTP sent successfully to your mobile number. Please enter the OTP.

SUBMIT

Enter the One-Time Passcode (OTP) that you have received on your phone number and click on “**SUBMIT**”

PS - An OTP is required only once. After successful verification, the system will not prompt you for an OTP again

Now, fill in your information such as **Name, Email, Phone Number, Date of Birth, Type of Disability, Disability Limitations, Partner Organization, and Residential Information.**

Full Name (required)	E-mail (optional)
<input type="text" value="Divyansh Sharma"/>	<input type="text"/>
Phone(WhatsApp number if possible) (required)	Birth Date (required)
<input type="text" value="9953444661"/>	<input type="text" value="dd-mm-yyyy"/>
Disability Type (required)	Explain how Disability Limits your Functioning (required)
<input type="text" value="Select Disability Type"/>	<input type="text"/>
Guardian/Representative/Organization Name	VOSAP Vision Drive 2025 (required)
<input type="text"/>	<input type="text" value="NO"/>
Partner Organization (required)	State (required)
<input type="text" value="Select Partner Organization"/>	<input type="text" value="Select State"/>
City (required)	District
<input type="text" value="Select City"/>	<input type="text" value="Select District"/>

4. Next, select the **Assistive Device** you need. Provide either your **UDID, Voter ID, or PAN Card number**, and indicate whether you have received an assistive device before (Yes/No).

Select Assistive Device/Service: (Information on Subsidy Here)

100 % Subsidized

- ☐ Wheelchair
- ☐ Smart Phone

- ☐ Handicare
- ☐ Smarton Smartglasses App

- ☐ Saarthi Smartcane (Age 16- 35)
- ☐ Digital Hearing Aid

Heavily Subsidized

- ☐ Tricycle
- ☐ Flexmo Premium Elbow Crutch
- ☐ Flexmo silent walker
- ☐ CP Walker
- ☐ Mouseware (Wearable head device)
- ☐ Sahayatha 200
- ☐ Jyoti AI Glasses
- ☐ Orbit Reader Q20

- ☐ Beauty Parlour Kit
- ☐ CiCare
- ☐ Smarton Smartglasses (Age 14 and above)
- ☐ Kibo App (1 Year Subscription)
- ☐ Kibo XS Device with Perpetual License
- ☒ Vision Wallet
- ☐ Callipers / Braces
- ☐ Orbit Reader 40

- ☐ Daisy Player
- ☐ Flexmo Premium Underarm Crutch
- ☐ Signable- ISL Interpreter Service (Any age)
- ☐ Kibo App (3 Year Subscription)
- ☐ Kibo XS Device with Annual License
- ☐ Sahayatha 100
- ☐ Orbit Braille Reader(Any age 20 Cell)
- ☐ Orbit Reader 20 Plus
- ☐ Orbit Reader Q40

Heavily Subsidized (Prosthetic / Orthotics)

- ☐ AK Prostheses
- ☐ Cervical Collar
- ☐ Knee Cap with Hinge
- ☐ Molded ACL Caliper without shoes
- ☐ BK Prostheses
- ☐ Dennis Brown Splint
- ☐ O. A. Brace
- ☐ Molded ACL Caliper with shoes

- ☐ Air Splint
- ☐ Knee Cap
- ☐ L.S. Belt
- ☐ Walking Stick

Partially Subsidized

- ☐ Neofly (customized wheelchair)
- ☐ VGO Wheelchair Attachment

- ☐ Combo (Neofly+Neobolt)

- ☐ Electric Tricycle

If you have **UDID** , click on Yes and enter the UDID number .

Do you have a UDID card? (required)
☒ Yes ☐ No

Govt ID Number (Pan Card/Voter ID Card/Other) (required) **UDID Number**(required)
UDID IE. AB01234567890123456

Did you receive any Assistive Devices in past? (required)
☐ Yes ☐ No

Welcome to our site, I

If UDID is not there , pls upload any of these documents .

Do you have a UDID card? (required)
☐ Yes ☒ No

Govt ID Number (Pan Card/Voter ID Card/Other) (required) **Pan Card Number**(required)
Pan Card IE. ABCDE1234F
Select ID Type
Pan Card
Voter ID Card
Other

Primary Use of Assistive Device (required) **Explain the Usage Purpose in Detail** (required)
Select Primary Usage

Welcome to our sit
simply reply to this
ready to help.

5. Now, enter your **Family Information**. The **Delivery Center** and its **Address** will be automatically generated based on the partner organization selected in Step 4.

Primary Use of Assistive Device (required) **Explain the Usage Purpose in Detail** (required)
Education I need the device for my educational purposes

Tell us about you and your family? (required) **Family income per year** (required)
I live with 3 members, my parents and my brother Rs 1.5 LAC To Rs 3 LAC

Delivery Center (required) **Delivery Address**
Kalyanam Karoti Mathura Kalyanam Karoti Mathura, Kalyan Dham, Masani Delhi Link Road,

6. Finally, upload all the required documents.

- Each document must be **less than 1.5 MB** and should be in one of the following formats: **JPG/PNG/PDF/DOC**.
- Upload the following documents:
 - Any Govt Id (Adhaar Card/ voter id/passport, birth certificate,) if there is no UDID**
 - UDID/Medical Certificate**

- **Income Certificate**
- **Full Picture of the Beneficiary**
- Add your **Address** in the last box.

Audiogram Report Document Attachment (Options for this attachment will change base on the device you select):

- **Provide an Education Certificate** OR
- **Attach an Experience Letter** for a Sewing Machine or Beauty Parlor Kit.
- **For Smart Glasses**, provide a **Mark Sheet**.
- **For Digital Hearing Aid**, attach an **Audiologist Report**.

The maximum size per document accepted is 1.5 mb. The document should be in the form of JPG/PNG/PDF/DOC

Attach UDID/Medical Certificate(required)

 No file chosen

Upload Government Issued ID (Birth Certificate/Voter ID/ Adhaar) (required)

 No file chosen

Attach Income Certificate(required)

 No file chosen

Attach Reference letter of community leader (required)

 No file chosen

Self Declaration

 No file chosen

Audiogram Report (required)

 No file chosen

Full Picture of the beneficiary (required)

 No file chosen

7. Click on "I confirm that all the information is correct", and then click on "Submit"

☐ I confirm that information submitted is accurate.

SUBMIT