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](#)

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

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.

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)

Divyansh Sharma

E-mail (optional)

Phone(WhatsApp number if possible) (required)

9953444661

Birth Date (required)

dd-mm-yyyy

Disability Type (required)

Select Disability Type

Explain how Disability Limits your Functioning (required)

Guardian/Representative/Organization Name

VOSAP Vision Drive 2025 (required)

NO

Partner Organization (required)

Select Partner Organization

State (required)

Select State

City (required)

Select City

District

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, |

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

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

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

Select Primary Usage ▾

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)

| Choose File | No file chosen |

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

| Choose File | No file chosen |

Attach Income Certificate(required)

| Choose File | No file chosen |

Attach Reference letter of community leader (required)

| Choose File | No file chosen |

Self Declaration

| Choose File | No file chosen |

Audiogram Report (required)

| Choose File | No file chosen |

Full Picture of the beneficiary (required)

| Choose File | 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