

In pursuance of the provisions of clause (3) of Article 348 of "the Constitution of India", the Governor is pleased to order the publication of the following English translation of Notification **No. 259/XVII-04/2019-01(04)/V.K./2017**, dated July 09, 2019 for general information.

NOTIFICATION

Miscellaneous

July 09, 2019

No. 259/XVII-04/2019-01(04)/V.K./2017 --WHEREAS, as per requirement of Section 101 Rights of person with Disabilities Act, 2016 (Act No. 49 of 2016) with a view of inviting objections and reason from the all affected person the drafts of Uttarakhand Rights of Persons with Disabilities Rules, 2018 were published by advertisement No. 3708 dated 14.12. 2018;

And whereas, in accordance with the draft of rules objection and reason received from public are considered by the State Government, and accordingly draft of rules are amended;

Now, therefore, in exercise of the powers conferred by section 101 of the Rights of Persons with Disabilities Act, 2016 (Act no 49 of 2016) the Governor is pleased to make the following rules, namely—

The Uttarakhand Rights of Persons with Disabilities Rules, 2019

Part I- General

Short title and commencement

1. (1) These rule may be called the Uttarakhand Rights of Persons with Disabilities Rules, 2019.
- (2) It shall come into force at once.

Definitions

2. (1) In these rules, unless the context otherwise requires-
 - (a) "Act" means the Rights of Persons with Disabilities Act, 2016 (Act no 49 of 2016);
 - (b) "Central Government" means the Government of India;
 - (c) "Certificate" means certificate of person with disability issued by certifying authority mentioned in sub section (1) of Section 57 of the Rights of Persons with Disabilities Act, 2016;
 - (d) "Certificate of registration" means certificate of registration issued by competent authority under section 50 of the Rights of Persons with Disabilities Act, 2016;

(e) **“District level committee on disability”** means district level committee constituted by State Government under section 72 of the Rights of Persons with Disabilities Act, 2016;

(f) **“Forms”** means form annexed with these rules;

(g) **“State”** means the State of Uttarakhand;

(h) **“State commissioner”** means State commissioner appointed by State Government according to the rules and under section 79 of the Rights of Persons with Disabilities Act, 2016;

(i) **“State Government”** means Government of Uttarakhand State;

(2) Those words and expressions used herein and not defined but defined in the Rights of Persons with Disabilities Act, 2016 shall have the meaning respectively assigned to them in that Act.

Part II- State Committee

Constitution of State Committee for disability research

3. (1) The State Government shall constitute a disability research committee for protecting the disable from oppress, cruel inhuman or abusive behavior which shall consist of following member, namely--

(i) Director Social Welfare- ex officio Chairman;

(ii) Director, Health Department- ex officio Member;

(iii) Three members as representative of disabled person or three persons as representative from institute at State level who represents any five disability mentioned in schedule of Act, but from among above said member atleast one women representative shall be nominated by State Government – Member;

(2) Chairman shall invite subject specialist as a special invitee member.

(3) Tenure of nominated member shall be of three years from the constitution of the committee, nominated member shall be eligible for nomination again for one tenure.

- (4) Half of the total member shall form the quorum of meeting.
- (5) The non government member and special invitee member shall be paid equal daily allowances and travelling allowances like group A or competent authority of State Government.
- (6) The State Government may from time to time arrange clerical and other employee for conducting work of committee as per requirement.

Limited guardianship

- 4. Limited guardian for disabled person unable to take binding decision in legal form shall be appointed by concerned district magistrate designated by State Government in the following manner-

- (1) Concerned District Magistrate shall provide a limited guardianship for disabled regarding taking of legally binding decision.
- (2) Concerned District Magistrate before providing limited guardianship to disable shall satisfy himself that person is not in a situation to take his own legally binding decision.
- (3) Concerned District Magistrate shall take necessary decision within three month from the date of receiving of application regarding limited guardianship or from the date of knowledge of the necessity of guardianship in his notice. But district magistrate shall take prior permission of person acting as a limited guardian before granting the limited guardianship.
- (4) Concerned District Magistrate shall keep the record of appointed guardian and disabled person .

Tenure

- 5. (1) Limited guardian shall be appointed initially for five years, such period may be extended by concerned District Magistrate.
- (2) At the time of extending the period of limited guardianship concerned District Magistrate shall follow the same procedure as followed first time at the time of providing limited guardianship.

Qualification for appointment of Guardian

- 6. (1) At the time of granting limited guardianship concerned District Magistrate shall consider to appoint above said person as limited guardian on the basis of following preference:-

- (a) parents of disabled person or adult children;
- (b) brother or sister of disabled person;
- (c) other blood relatives or local person taking care or registered organization.

(2) A person of age more than 18 shall be appointed limited guardian who is not convicted for cognizance offence defined in Criminal Procedure Code, 1973 (Act no 2 of 1974).

(3) At the time of taking decision of appointment of limited guardian concerned district magistrate shall make ensure that person:-

- (a) is citizen of India;
- (b) shall not be of unsound mind mentally retarded namely;
- (c) does not have criminal intimation;
- (d) is not dependent on any other for his livelihood;
- (e) is not declared bankrupt.

(4) If concerned district magistrate feels necessary to appoint one institution or organization as a limited guardian then following direction shall be followed:-

- (a) Institution shall be affiliated by State or Central Government;
- (b) A minimum standard of disable rehabilitation service and facility of accommodation to disable person or place specified by board hostel, staff, furniture, rehabilitation and medical facilities, are maintained.

**Appeal against
order of
appointment of
limited
guardianship**

7. A person aggrieved with the decision of district magistrate regarding appointment of limited guardian, shall appeal before the State Commissioner.

Part III- Nodal Officer and Redressal Officer

**Appointment of
Nodal officer**

8. In all education institution affiliated or financially sponsored by State Government, for operation of admission or other activities of disable boys/ girls, which are mentioned in section 16 and Section 31 of Act district education officer of concerned district shall be nodal officer.

**Redressal
complaint officer
of appointment.**

9. (1) Every Government establishment of State within 60 days of commencement of these rules shall appoint Redressal Complaint officer not below the level of gazetted officer;

Provided that where appointment of gazetted officer is not possible than Government establishment shall appoint any senior officer as Redressal Complaint Officer.

- (2) Redressal Complaint Officer shall maintain a register of complaints of persons with disabilities with the following particulars, namely—

- (a) date of complaint;
- (b) name of complaints;
- (c) name of the person who is enquiring the complaint;
- (d) place of incident;
- (e) the name of establishment or person against whom the complaint is made;
- (f) gist of complaints;
- (g) documentary evidence, if any;
- (h) date of disposal by the Redressal Complaint Officer;
- (i) details of disposal of the appeal by the district level committee, and
- (j) any other information.

Part IV- Benchmark of post for disable person

**Constitution of
special committee**

10. (1) For the purpose of marking the post a specialist committee shall be constituted by State Government, which shall consist of following member, namely:—

- (a) Secretary/ Principal Secretary or Additional Chief Secretary- Chairman;
- (b) Head of department of concerned department- member;
- (c) Secretary/ Additional Secretary, Social Welfare Department- member;
- (d) Secretary/ Additional Secretary, Finance Department- member;

- (e) Secretary/ Additional Secretary, Law Department-member;
 - (f) Incharge person of related establishment- Member;
 - (g) Disable person specialist nominated by State Government- 02 Member;
 - (h) Additional Secretary, Department of Personnel-member-secretary.
- (2) Specialist committee for marking reserved post for disable person shall meet from time to time as necessary, provided time gap between two meeting shall not be of more than six month.

Part V- Registration

- | | |
|---|--|
| Competent authority for registration | 11. Director, Social Welfare Uttarakhand shall be competent authority to issue registration certificate. |
| Application and fee | 12. Institution interested in registration shall have to fill the application Form specified by competent officer with fee of Rs.1000/ without compliance to the section 50 of the Act any person with registration certificate shall not operate or establish institute for disable person. |
| Registration | 13. The Competent Authority, before issuing the registration certificate, shall make necessary inquiry and if he is satisfied that the requirement of these rules and rules made thereunder have been complied by the applicant, he shall issue the registration certificate to the applicant within thirty days:

Provided that the competent authority may by order, refuse to issue the certificate for which application has been made, by showing cause on not being satisfied in the inquiry but the competent officer shall provide the appropriate opportunity of hearing to the applicant before giving any such order and shall intimate the applicant from every order of refusal of certificate in written. |
| Renewal | 14. For the renewal of registration certificate, the same procedure shall be followed by Competent Officer which was followed by him during first time registration. The Competent Officer shall issue the renewal certificate after being fully satisfied from the affairs of the Institution. |

**validity of the
registration
certificate**

15. (a) The validity of the registration certificate shall be for five years, which may increase from time to time.
- (b) The renewal certificate shall be issued by the competent authority for five years.
- (c) The action, on the collection of registration certificate, shall be taken by the State Government after three notice in the duration of every month to the concerned institution.

Appeal

16. The applicant may appeal to the Secretary, Social Welfare Department within ninety days in the compliance of Section 53 of Act on not issuing the registration certificate within the time limit of 30 days or not responding within the time limit or the revocation by the competent officer. The Secretary shall dispose the appeal within 45 days.

Part VI- Certificate

**Disability
certificate**

17. The State Government shall issue list of certifying authorities for issuing the disability certificate for the specific disabilities, who shall issue the disability certificate for the disabled person according to the jurisdiction in exercise of the powers conferred in the compliance of authentic functions.

**Appeal regarding
disability
certificate**

18. (1) The person aggrieved from the decision of the authority issuing disable certificate or any disagree person may appeal before the appellate authority designated by the State Government by his own or through his guardian, parent in following manner---
- (a) the appeal shall contain the summary and grounds of appeal;
- (b) a copy of disability certificate or letter of rejection issued by the certifying authority shall be enclosed with the appeal.
- (2) The Appellate Authority shall give the appellant full opportunity to present his case and pass such detailed order, as considered suitable in the case.
- (3) Every appeal filed under sub-rule (1) shall be decided as soon as possible and the Appellate Authority within 60 days of the appeal shall decide and take action on it.

Part VII- Committee on disability

**Committee on
disability at
district level**

19. There shall be following district level committee on disability—
- (a) Concerned District Magistrate- Chairman;
- (b) Concerned District Social Welfare Officer- Secretary;

- (c) Chief Medical Officer of the District- Ex-officio Member;
- (d) District Social Welfare Officer- Ex-officio- Member;
- (e) Senior Superintendent of police- Ex-officio- Member;
- (f) District Employment Officer- Ex-officio- Member;
- (g) District Education officer- Ex-officio- Member;
- (h) District Basic Education Officer- Ex-officio- Member;
- (i) Member Secretary, District Legal Service Authority- Ex-officio- Member;
- (j) One Psychiatrist of District Hospital- Ex-officio- Member;
- (k) One Public Prosecutor of the District- Ex-officio- Member;
- (l) Project Director, District Rural Development- Ex-officio- Member;
- (m) Project Officer, ICDS- Ex-officio- Member;
- (n) Five representatives of non-governmental Organization working for disable person representing any five different disabilities defined in the Scheduled of the Act- Member;
- (o) Other person invited by the Chairperson- Member.

Functions of the Committee

20. (a) To give advice regarding rehabilitation and empowerment of the person with disabilities, to the District Administration.
- (b) To monitor the rules and sub rules of the Act.
- (c) To consider the complaints related to non- implementation of the provision of the act by an authority and to suggest appropriate measures for redressal of grievances.
- (d) Any other function entrusted by the State Government.

Meetings of the Committee

21. (a) The meeting of district level committee shall be held every month, the date, time and tenure shall be determined by the Chairperson.
- (b) The Chairperson, on the written request of atleast ten members of the district level committee shall call special meeting of the Committee.

Part VIII- Advisory Committee

Advisory committee for assistance of State commissioner

22. (1) The following advisory committee for assisting state commissioner shall be constituted by the State Government, consisting of the following—
- (a) To represent each of three groups of disabilities mentioned in the schedule of the Act, three specialists amongst which one shall be women specialist shall be nominated.

(b) Two specialist, amongst which one shall be from the field of law and one of education or health shall be nominated by the State Government.

(2) The tenure of the member of Advisory Committee shall be of three years.

(3) The State Commissioner may invite subject or domain specialist according to requirement, who shall assist them in meeting or hearing and in preparing report.

**Presenting of
annual report by
State
Commissioner**

23. (1) State Commissioner shall prepare a report at the end of current financial year, in which the account of work done by them shall be mentioned.

(2) Specially in annual reports mentioned in sub rule (1) every following matter shall also be mentioned-

(a) name of employees and officers of office of State Commissioner and detailed and chart of organization.

(b) work and rights given to State commissioner under the Act.

(c) main suggestion given by State commissioner;

(d) progress in implementing Act;

(e) Any other subject included by State commissioner or directed by State Government from time to time to include in report.

Part IX- Miscellaneous

**Salary and
allowances of
special public
prosecutor**

24. Salary and allowances of Government prosecutor appointed or mentioned by State Government shall be equivalent to other Government prosecutor appointed by State Government under Criminal Procedure Code, 1973 (Act no 2 of 1974).

**Procedure to be
followed for
protection from
misuse, violence
and exploitation**

25. Any institution or person may report to nearest police station in written of the incidence of misbehavior, violence or exploitation of disable person on receiving such complaint after entering in general dairy incharge of police station shall send the issue to executive magistrate on whose jurisdiction the concerned police station is located.

**procedure to be
followed by
executive
magistrate**

26. The executive magistrate, for the purpose of taking action on complaint, shall follow the procedure provision in Section 133 to Section 143 of Criminal Procedure Act, 1973 (Act no 2 of 1974).

Form-A
Application for Certificate of Registration
(see rule 12)

- (1) Name and address of Applicant.....
- (2) Applied in context of which organization/ project---
- (a) Name of organization.....
- (b) Address and phone number (registered office).....
- (c) Name of project office.....
- (d) Address of Project office.....
- (e) Phone / Fax (office)..... E mail ID.....
- (3) (a) Name of the Act under which organization is registered.....
- (b) Registration No..... and date.....(please attach photocopy)
- (4) memorandum of Article / Management Board of organization.....
- (5) Name, Address, Business and other detail of member of management board / organization.....
- (6) Current activities of organization.....
- (7) Category and number of present member of organization list of documents to be annexed.
- (a) copy of annual report of last three years.
- (b) audit report of last three years by chartered accountant—
- (a) receipt and payment account (prepared by chartered accountant for last three years)
- (b) income and expenditure accounts (prepared by chartered accountant of last three years)
- (c) Balance sheet (prepared by chartered accountant of last three years)

8. Detail of employed staff of organization in following performa—

Name	Male/Female	Age	Education qualification	Address	Contact detail	Liability	Salary	RCI registration number (annex copy of RCI certificate)

Note- In case of foreigner volunteer inquire of native country or identification of birth and criminal record by police is compulsory.

9. Detail of beneficiary conferred / proposed by organization and type of disability following performa—

S.N.	Name	Father's name	Male/female	Age	Address	Contact details	Nature of disability

10. If hostel is operated then number of members living in hostel.....

11. Whether organization in building of rent/ owner (annex relevant evidence).....

12. Detail of free environment for disability person.....

13. Form of organization (accurate detail of the fact that for blind/ deaf and dumb/ mentally related person organization.

Signature of applicant

Name.....

Designation.....

Address.....

Date.....

Seal of office.....

Signature of competent authority with seal
Department of Social Welfare

**Government of Uttarakhand
Social Welfare Department- 04**

Dehradun

Registration Certificate

(Issued under rule 13 of the Uttarakhand Rights of Persons with Disabilities Rules, 2019)

Registration No.....

Date.....

This is to certify that..... (name of voluntary organization) which is registered Society Registration Act, 1860/ National Trust Act, 1999 has completed the formalities/ procedure in relation to issue of registration certificate under sub-section (2) of Section 21 of the Rights of Persons with Disabilities Act, 2016.

Registration certificate issued on date..... valid with date.....

1. Name of organization and registered address.....
2. Branch of organization / name and address of project.....
3. Full name and address of authorised officer of organization

This registration of certificate is issued by authorised signature/ competent officer of Social Welfare Department, Uttarakhand on date..... month... year.... which is subject to compliance with the working condition described in this by authorised representatively of the organization.

The Registration certificate holder shall apply for renewal of registration at least 60 days before the date of expiry of its validity period.

**Signature of competent authority with seal
Department of Social Welfare**

Working condition of registration certificate

1. Organization holding this registration certificate shall provide following facilities to beneficiaries:
 - (a) appropriate accessible accommodation and accessible clean facilities;
 - (b) appropriate medical care and facilities;
 - (c) facilities of entertainment;
 - (d) educational and professional or skill training.
2. Accommodation campus for girls if any then it shall be separate from accommodation campus of boys.
3. Holder of registration certificate for its own or private purpose of other shall not employ any beneficiary of organization or shall not give permission to other to employ.
4. Incharge/ project manager shall keep visitor book which shall have record of competent authority to inspect or person authorised by him. Incharge/ project manager shall give copy of notes entered in the said book with complaint report to competent authority within seven day from concerned journey.
5. Holder of registration certificate shall keep competent authority or person authorised by him in inquiry work, according to provision of the Rights of Persons with Disabilities Act, 2016.
6. Certificate shall be displayed on conspicuous place in office of Incharge officer/ Project Manager.
7. Information of any change in office bearer shall be immediately given to competent authority and concerned District Social Welfare Officer.
8. Registration certificate holder shall ensure according to Section 6 and Section 7 of the Rights Persons with Disabilities Act, 2016 certificate is not exploited, violated misused.
9. The certificate holder should ensure that in case of foreign countries, before giving the permission for institution/travel to center/ migration, verification of identify and criminal record from their origin country through the police.

10. Registration certificate holder shall ensure that appropriate means for safety against man made/ natural disaster like fire extinguisher etc. are taken.
11. Registration certificate holder shall comply with terms and condition of registration and rules/ regulations made under provision of the Rights of Persons with Disabilities Act, 2016.

Form C
Government of Uttarakhand
Social Welfare Department- 4
Dehradun

Refusing to giving registration certificate

(Issued under the provision of rule 13 of the Uttarakhand Rights of Persons with Disabilities rules, 2019)

Date.....

(Issued under the provision of rule 13 of the Uttarakhand Rights of Persons with Disabilities rules, 2019)

Organization (name and registered address of organization) of Shri.....
(authorised representative) under the sub section (2) of Section 51 of the Right of Persons
with Disabilities Act, 2016 his/her applied for project of project (name and
address of branch/ project of organization .

-
-
-
-
-

Hereby rejected to granting the registration certificate under rule 13 of the Rights of
Persons with Disabilities Rules, 2019. This is advised that after removing the above faults
organization shall send new application through the authorised representative.

Signature with seal of competent authority
Social Welfare, Uttarakhand.

Form D

Government of Uttarakhand

Social Welfare Department- 4

Dehradun

Rejection of Registration certificate

(Issued under the provision of rule 13 of the Uttarakhand Rights of Persons with Disabilities Rules, 2019) Dated.....

.....Organization (name and registered address of organization) of Shri..... (authorised representative) under the sub section (2) of Section 51 of the Rights of Persons with Disabilities Act, 2016 his/her applied for project of project (name and address of branch/ project of organization concerned provisions of Act and rules of Competent Authority date..... registration certificate has been issued, and now competent authority has reason and proof that registration certificate holder—

(a) A statement has been given in contest of application for issued certificate of registration of renewal under sub-section (1) of Section 51 of the Rights of Persons with Disabilities Act, 2016, which are wrong or falls in physical term.

(b) The work conditions of these rules have been contravene under which the certificate may issued.

Therefore, the certificate of registration issued to the organization is cancelled under the provisions of rule 13 of the Uttarakhand Rights of Persons with Disabilities Rules, 2019.

Signature with seal of competent authority

Social Welfare, Uttarakhand

Form-1**(Return of Employer of persons with Disabilities)**

Six monthly return to be submitted to the special Employment Exchange for the half year ended.....

Name and address of the employer.....

Head office.....

Branch office.....

Nature of Business/main activity

1. Employment

(a) Total number of persons including working Proprietors/Partners/commission agents/contingent paid and contractual workers, on the pay rolls of the Government establishment excluding part time workers and apprentices (the figure should include every person whose wage or salary is paid by the Government establishment)

On the last working day of the previous half year				
Blindness and low vision	Deaf and hard of hearing	Locomotive disability including cerebral Palsy, leprosy cured, dwarfism, acid attack victims and muscular dystrophy	Autism intellectual disabilities, specific learning disability and mental illness	Multiple disabilities from amongst persons with disabilities under columns (1) to (4) including deaf-blindness
(1)	(2)	(3)	(4)	(5)

On the last working day of the previous half year				
Blindness and low vision	Deaf and hard of hearing	Locomotive disability including cerebral Palsy, leprosy cured, dwarfism, acid attack victims and muscular dystrophy	Autism intellectual disabilities, specific learning disability and mental illness	Multiple disabilities from amongst persons with disabilities under columns (1) to (4) including deaf-blindness
(1)	(2)	(3)	(4)	(5)

Men with disability.....

Women with disability.....

Total.....

(b) Please indicate the main reasons for any increase or decrease in employment if the increase or decrease in more than 5% during the half year.

2. **Vacancies:-** Vacancies carrying total emoluments as per prevailing minimum wage per month and of over six months duration.

(a) Number of vacancies occurred and notified during the half year and number filled during the half year (separate figures may be given for men and women with disability)

Number of vacancies come within the purview of the Act

OccurredNotified.....filled.....source.....

(mention the source from which filled)

Local/special Employment Exchange.....

General Employment Exchange.....

(b) Reasons for not notifying all vacancies occurred during the half year see report See 2 (a).....

3. **Manpower shortages**

Vacancies/Posts unfilled due to shortage of suitable applicants

Name of the occupation or designation of the posts,	Number of unfilled vacancies/posts according to disability	Essential qualification	Essential experience/desirable experience
1	2	3	4

Please list any other occupation for which the Government establishment had recently any difficulty in obtaining suitable applicants.

Date.....

Signature of employer

To,

The Employment Exchange

.....

Note- This return relates to half yearly ending 31st March/30 September and shall be rendered to the local special employment exchange within 30 days after the end of the half year concerned.

Form-2

(Return of the employer of the persons with disability)

Occupational return to be submitted to the local special employment exchange once in two years.

Name and address of the Employer.....

Nature of business

(Describe what the Government establishment makes or does as its principal activity)

1. Total number of persons on the pay rolls of the Government establishment on.....(Specify date) (the figure should include every person whose wage or salary is paid by the Government establishment) (Separate figures for men and women with disability may be given)
2. Occupational classification of all employees as given in item-1 above, (Please give below the number of employees in each occupation separately)

Occupation use exact term	Number of employees			Remarks
	man with disabilities	women with disabilities	Total	
Such as Engineer (mechanical) Teacher (arts/science)				Please give as far as possible approximate number of vacancies in each occupation you are likely to fill during the next calendar year due to retirement
Officer on duty (actuary),				
Assistant Director (met allergy)				
Scientific Assistant (chemist)				
Research officer (Economist) Instructor (carpenter) Supervisor (tailor) Fitter (internal combustion engine) Inspector (sanitary) Superintendent office apprentice (Electrician)				
Total				

Date-

Signature of employer

To,

The Employment Exchange

.....

(Please fill here the address of your local special Employment Exchange)

Note- Total of column 5 under item-2 should correspond to the figure given against item-1

Form III

(Return of Employer of Persons with Disability)

Name and address of the employer

Head office.....

Branch office.....

Nature of Business (Principal activity).....

.....

Total number of persons on the payroll of the Government Establishment (The figures should include every person whose wage or salary is paid by the Government establishment).

Total number of Persons with (disabilities (disability wise) on the payroll of the Government establishment (The figure should on the Payroll of the Government establishment (The figure should include every person with disability whose wage or salary is paid by the Government establishment)

- (a) Professional classification of all employees as given in above point-1 (Please mention below the number of employees in each occupation separately)

Occupation use exact term	Number of employees			Note
	Men with Disabilities	Women with disabilities	total	
Such as Engineer (Mechanical)				
Teacher (Arts/Science)				Please give as far as possible approximate number of vacancies in each occupation you are likely to fill during the next calendar year due to retirement.
Officer on duty (actuary)				
Assistant Director (metallurgy)				
Scientist Assistant (Chemist) Research officer (economics) Instructor (carpenter)				

(b) Please: indicate the main reason for any increase or decrease if the increase or is more than 5% during the half year.....

2. Vacancies: vacancies carrying total emoluments as per prevailing minimum wage per month and over six months duration.

(a) Number of vacancies occurred and notified during the half year and the number filled during the half year

Number of Vacancies which come within the purview of the Act				
Occurred	Notified		Filled	Source (Describe the source from where filled)
	Local Special Employment Exchange	Central Employment Exchange		
1	2	3	4	5
Total				

(b) Reasons for net notifying also vacancies during the half year under report

(a) 2.....above.

Date.....

Signature of employee...

Form IV

Application for obtaining certificate of disability by persons with disabilities

- (1) Name
(Surname) (First name) (Middle name)
- (2) Father's Name..... Mother's Name.....
- (3) Date of Birth.....(in words).....
- (4) Age at the time of application.....year
- (5) Sex: (Male/Female/Transgender).....
- (6) Address: (a) (Permanent address).....
(b)Current address (i.e. for Communication).....
(c)Period since when residing at current address.....
- (7) Educational status (Please tick as applicable)
1. Post graduate
 2. Graduate
 3. Diploma
 4. Higher Secondary
 5. High School
 6. Middle
 7. Primary
 8. Non-literate
- (8) Occupation.....
- (9) Identification marks. (i).....(ii).....
- (10) Nature of disability.....
- (11) Period, Since when disabled: from birth /since year.....
- (12) (I) Did you ever apply for issue of a certificate of disability in the
Past.....yes/no
- (II) If yes, details:

(a) Authority to whom and district in which applied

(b) Result of application.....

(13) Have you ever been issued a certificate of disability in the Past? If yes,

Please enclose a verified copy.

Declaration

I hereby declare that all particular stated above are true to the best of my knowledge and belief, and no material information has been canceled or misstated, I know well the fact that if any inaccuracy is detected in the application. I shall be liable to forfeiture of any benefits derived and also other legal action shall be taken against me

(Signature or left thumb impression of person with disability, or of his other legal guardian in case of persons with intellectual disability/autism/cerebral palsy and multiple disabilities, etc.

Date:.....

Place:.....

Enclosures:-

1. Proof of residence (Please tick as applicable)

(a) Ration Card

(b) Voter Indentify Card

(c) Driving license

(d) Bank passbook

(e) PAN card

(f) Passport

(g) Telephone, electricity, water and any other utility bill indicating the address of the applicant.

- (h) A certificate of residence issued by a Panchayet, municipality, cantonment board, any gazetted officer, or the concerned lekhpal or head master of a Government School.
- (i) In case of an inmate of a residential institution for Persons with disabilities, destitute, mentally ill and other disability, a certificate of residence from head of such institution

2. Two recent Passport Size Photographs.

(for office use only)

Signature and stamp

of issuing authority,

Date:

Place:

Form-V
Certificate of Disability

(In case of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)

See rule 17

Name and address of the medical Authority issuing the certificate

Certificate No.....Date.....

This is to certify that I have carefully Examined Shri/Srimati/Km.....

Son/wife/daughter of shri.....Date of Birth (DD/MM/YY).....

Age.....years..... male/female.....

Registration no.....Permanent resident of house no.....

Ward/village/street.....Post office.....

District.....State.....whose photograph is affixed above

and I am satisfied that:

Recent passport
size photograph
(showing face only
of the person with
disability)

(A) he (She is related to the following disability:-

- Locomotors disability
- Dwarfism
- Blindness

(Please tick as applicable)

(B) The diagnosis in his/her case is.....

- He /She has.....% (in figure).....Percent (in words)

Permanent locomotor disability/dwarfism/blindness in relation to his/her.....(part of body) as per guidelines number and date of issue of the guideline to be specified)

- The applicant has submitted the following documents as proof of residence.

Nature of document	Date of issue	Details of authority issuing certificate
--------------------	---------------	--

(Signature and seal of authorised
signatory notified medical

Signature/thumb impression
of the Person in whose
Favour Certificate of
disability is issued

Form VI
Certificate of disability
(in case of multiple disabilities)

see rule 17

(Name and address of the medical authority issuing the certificate)

Certificate No.----- date-----

This is to certify that I have carefully examined Shri/smt/Km-----
son/wife/daughter -----date of birth (dd/mm/yy)-----

Recent passport
size photograph
(showing face
only of the person
with disability)

Age----- year, male/ female-----

Registration No----- permanent resident of House No.-----

Ward/ village/ street----- post office-----

District----- State, whose photograph is affixed above and I am satisfied
that—

(A) He/ She is a case of multiple disability, His/her extent of permanent physical
impairment/ disability has been evaluated as per guidelines (..... number and date of
issue of the guidelines to be specified) for the disabilities ticked below, and is shown
against the relevant disability in the table below--

S.N.	kind of disability	affected part of the body	diagnosis	permanent physical impairment/ mental disability (in%)
1	loco meter disability	@		
2	muscular dystrophy			
3	leprosy cured			
4	dwarfism			
5	cerebral palsy			
6	acid attack victim			
7	low vision	#		
8	blindness	#		

9	deaf	\$		
10	hard of hearing	\$		
11	speech and language disability			
12	intellectual disability			
13	specific learning disability			
14	autism spectrum disorder			
15	mental illness			
16	chronic neurological conditions			
17	multiple sclerosis			
18	Parkinson's disease			
19	hemophilia			
20	Thailassmia			
21	sickle cell disease			

(B) In the light of the above, his/her overall permanent physical impairment as per guidelines (..... number and date of issue of the guidelines to be specified), is as follows—

In figure..... percent

In word.....percent

(C) this condition is progressive/ non-progressive / likely to improve not likely to improve.....

(D) Reassessment of disability is---

- not necessary
- or
- is recommended after..... years..... month and therefore this certificate shall valid that dd..... mm.....yy.....
- @ e.g. left /right/ both arms/ legs
- # eg. single eye
- \$ e.g. left/ right/both ears

(E) The applicant has submitted the following document as proof of residence—

Nature of document	date of issue	details of authority issuing certificate

(F) signature and seal of Medical Authority –

name and seal of member	name and seal of member	name and seal of chairman

signature / thumb
impression of the
person in whose favour
certificate of disability
is issued

Form VII**Certificate of disability****(in case other then mentioned in Forms V and VI)****see rule 17**

(Name and address of the medical authority issuing the certificate)

Certificate No.----- date-----

This is to certify that I have carefully examined Shri/smt/Km-----

son/wife/daughter -----date of birth (dd/mm/yy)-----

Age----- year, male/ female-----

Registration No----- permanent resident of House No.-----

Ward/ village/ street----- post office-----

District----- State, whose photograph is affixed above and I am satisfied that—

Recent passport
size photograph
(showing face only
of the person with
disability)

(A) He/ She is a case of multiple disability, His/her extent of permanent physical impairment/ disability has been evaluated as per guidelines (..... number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below--

S.N.	kind of disability	affected part of the body	diagnosis	permanent physical impairment/ mental disability (in%)
1	loco meter disability	@		
2	muscular dystrophy			
3	leprosy cured			
4	dwarfism			
5	cerebral palsy			
6	acid attack victim			
7	low vision	#		

8	blindness	#		
9	deaf	\$		
10	hard of hearing	\$		
11	speech and language disability			
12	intellectual disability			
13	specific learning disability			
14	autism spectrum disorder			
15	mental illness			
16	chronic neurological conditions			
17	multiple sclerosis			
18	Parkinson's disease			
19	hemophilia			
20	Thailassmia			
21	sickle cell disease			

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (..... number and date of issue of the guidelines to be specified), is as follows—

In figure..... percent

In word.....percent

(C) this condition is progressive/ non-progressive / likely to improve not likely to improve.....

(D) Reassessment of disability is---

- not necessary
 - or
 - is recommended after..... year..... month and therefore this certificate shall valid that dd..... mm.....yy.....
- @ e.g. left /right/ both arms/ legs
 # eg. single eye
 \$ e.g. left/ right/both ears

(E) The applicant has submitted the following document as proof of residence—

Nature of document	date of issue	details of authority issuing certificate

(Authorised signatory of notified medical authority)

(name and seal)

Countersigned

(Chief medical officer/ medical superintendent/

Head of Government hospital, in case the certificates

issued by a medical authority who is not

a Government servant (with seal)

signature / thumb
impression of the
person in whose favour
certificate of disability
is issued

Note- In case this certificate is issued by a medical authority who is not a Government servant, it shall be valid only if countersigned by the Chief Medical Officer of the district.

Form VIII

(Intimation of rejection of application for certificate of disability)

Letter No.....

Date.....

To,

Name and Address of the Applicant

.....

.....

Certificate No.....

Subject: Rejection of application for certificate of disability.

Sir/ Madam,

Please refer to your application dated..... for issue of certificate of disability for the following disability.....

2. Pursuant to the above application, you have been examined by the under signed/ medical authority on..... and I regret to inform that, for the reasons mentioned below, it is not possible to issue a certificate of disability in your favour:-

-
-
-
-
-

3. If you are aggrieved for the rejection of application, you may appear for review of this decision before.....

Yours faithfully

**Authorised signatory of notified medical
authority
(name and seal)**

By Order,

L. FANAI,
Secretary.