

(TO BE PUBLISHED IN PART IV OF DELHI GAZETTE-- EXTRA ORDINARY)
GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
DEPARTMENT OF SOCIAL WELFARE

F.No. 82(265)/AD-III/Amendment PWD Act/DSW/09 **3157-3205**

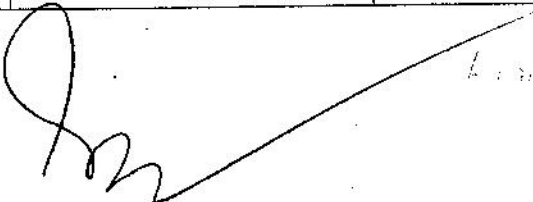
Dated the:-.....2011.

31 MAY 2011

Notification

F.No. 82(265)/AD-III/Amendment PWD Act/DSW/09- In partial modification of office order No. F 27/8/93-H & FW/20126-150 dt. 5th Jan, 2010, in supersession of Notification No. F. 27/8/93-H & FW/18337-355 dt. 29th Aug, 2008 and in pursuance of the provisions of clause (p) of section-2 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full participation) Act, 1995(1 of 1996), the Lt. Governor of NCT of Delhi hereby specifies, for the purpose of issue of certificates of disability as mentioned in clause (t) of section 2, of the said Act, the hospitals and institutions mentioned in Column 3 of the table given below, as 'medical authorities' for the type for disability mentioned in column 2 thereof, and further directs that the medical officers of the hospital/institution as mentioned in column 4 shall be authorized to sign the disability certificate on behalf of the medical authority.

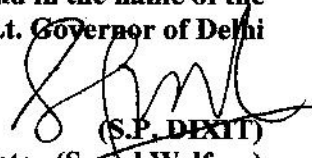
Sr. No.	Types of disability	Hospital/Institution which is being specified as the "Medical Authority" for the purpose of the disability mentioned in column no. 2.	Medical officers working in the Hospital/Institution mentioned in column no. 3 who would be competent to issue certificate of disability.
1.	2.	3.	4.
1.	(i) Locomotor disability by way only of amputation complete permanent paralysis of limbs, (ii) Blindness	<u>Distt. New Delhi</u> Lok Nayak Hospital <u>Distt. Central</u> Aruna Asaf Ali Government Hospital <u>Distt. North</u> i)Hindu Rao Hospital and ii)Satyavadi Raja Harish Chander Hospital(for rural Area) <u>Distt. North East</u> Guru Teg Bahadur Hospital <u>Distt. South</u> Pt. Madan Mohan Malviya Hospital <u>Distt. West</u> Guru Gobind Singh Hospital <u>Distt. South West</u> i) Deen Dayal Upadhyay Hospital and ii) Rao Tula Ram Hospital(for rural area) <u>Distt. East</u> Lal Bahadur Shastri Hospital	Single/specialist doctor of the concerned specialty.



		<u>Distt. North West</u> Dr. Baba Saheb Ambedkar Hospital	
2.	Multiple disabilities relating to Orthopaedics, Medicine, Eye and ENT.	<u>Distt. New Delhi</u> Lok Nayak Hospital <u>Distt. Central</u> Aruna Asaf Ali Government Hospital <u>Distt. North</u> i)Hindu Rao Hospital and ii)Satyavadi Raja Harish Chander Hospital(for rural Area) <u>Distt. North East</u> Guru Teg Bahadur Hospital <u>Distt. South</u> Pt. Madan Mohan Malviya Hospital <u>Distt. West</u> Guru Gobind Singh Hospital <u>Distt. South West</u> i) Deen Dayal Upadhyay Hospital and ii) Rao Tula Ram Hospital(for rural area) <u>Distt. East</u> Lal Bahadur Shastri Hospital <u>Distt. North West</u> Dr. Baba Saheb Ambedkar Hospital	Multi member board comprising specialist doctors pertaining to the concerned disabilities.
3.	Disabilities not mentioned at S.No. 1 and 2 above. i)Mental illness/disorders ii)Neurological disorders/cerebral palsy etc.	<u>All Distts. Of Delhi</u> Institute of Human Behaviour and Allied Sciences(IHBAS) <u>All Distts. Of Delhi</u> i) Institute of Human Behaviour and Allied Sciences(IHBAS) (ii)G.B.Pant Hospital	Single specialist doctor of the concerned specialist (i.e Psychiatry, Neurology, Neurosurgery)

Note: If a designated doctor of concerned specialist who has been authorized to issue disability certificate, is on leave or is not present, a suitable alternative arrangement will be made by the Medical Superintendent of the concerned hospital, who will ensure the issuance of disability certificate within the time period specified in rule 4 of Delhi Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules, 2011 as amended, time to time.

By order and in the name of the
Lt. Governor of Delhi


(S.P. DEXTI)
Director (Social Welfare)
(GNCT of Delhi)

F.No. 82(265)/AD-III/Amendment PWD Act/DSW/09

3187-3205

Dated the:-.....2011.

31 MAY 2011

copy forwarded to:-

1. Secretary to the Lt. Governor of Govt. of NCT of Delhi, Rajniwas, Delhi.
2. Secretary to Chief Minister, Govt. of NCT of Delhi, Delhi Secretariat, Delhi.
3. Pr. Secretary Health & Family Welfare.
4. Pr. Secretary Social Welfare.
5. Secretary to Minister Social Welfare.
6. Secretary to Minister Health & Family Welfare.
7. Medical Supdt. Lok Nayak Hospital
8. Medical Supdt. Aruna Asaf Ali Government Hospital
9. Medical Supdt. Hindu Rao Hospital
10. Medical Supdt. Satyavadi Raja Harish Chander Hospital(for rural Area)
11. Medical Supdt. Guru Teg Bahadur Hospital
12. Medical Supdt. Pt. Madan Mohan Malviya Hospital
13. Medical Supdt. Guru Gobind Singh Hospital
14. Medical Supdt. Deen Dayal Upadhyay Hospital
15. Medical Supdt. Rao Tula Ram Hospital(for rural area)
16. Medical Supdt. Lal Bahadur Shastri Hospital
17. Medical Supdt. Dr. Baba Saheb Ambedkar Hospital
18. Medical Supdt. Institute of Human Behaviour and Allied Sciences(IHBAS)
19. Medical Supdt. G.B.Pant Hospital



(S.P. DIXIT)
Director (Social Welfare)
GNCT of Delhi

(TO PUBLISHED IN PART IV OF THE DELHI GAZETTE-EXTRA ORDINARY)
GOVERNMENT OF NATIONAL CAPITAL TERRITORY OF DELHI
(SOCIAL WELFARE DEPARTMENT)
GLNS COMPLEX, DELHI GATE, NEW DELHI-110002

No. F.82 (265)/AD-III/Amendment PWD Act/DSW/09 ³¹⁷⁶⁻³¹⁸⁶ Dated:/2011

NOTIFICATION

31 MAY 2011

No. F.82(265)/AD-III/Amendment PWD Act/DSW/09 -In exercise of the powers conferred by section 73 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1 of 1996) read with Government of India Ministry of Home Affairs notification no. S.O. 824(E) dt. the 5th December, 1997, the Lt. Governor of National Capital Territory of Delhi, hereby makes the following rules to amend the Delhi Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation), Rules, 2001, namely:-

Chapter-I
Preliminary

1. **Short title and commencement.**- (1) These rules may be called the Delhi Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Amendment Rules, 2011.
(2) They shall come into force on the date of their publication in the Official Gazette.
2. In the Delhi Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules 2001.-
 - (i) for rule 3 the following rule shall be substituted, namely:-

“2. Definitions, -

- (1) In these rules unless the context otherwise requires, -
 - (a) “Act” means the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995(1 of 1996).
 - (b) “Chairperson” means a Chairperson appointed under the Act.
 - (c) “Delhi” means the National Capital Territory of Delhi.
 - (d) “Government” means the Lt. Governor as referred in article 239 AA of the Constitution.
 - (e) “Lt. Governor” means the Lt. Governor of the National Capital Territory of Delhi appointed by the President under article 239 of the Constitution.
 - (f) “Member” means a Member appointed under the Act.
 - (g) “Member-Secretary” means a Member-Secretary appointed under the Act.
 - (h) ‘Notification’ means a notification published in the official Gazette.
 - (i) “Prescribed” means prescribed by rules.
 - (j) “Rules” means the rules made under the Act.
 - (k) “Section” means a section of the Act.

- (l) "Special employment exchange" means special employment exchange, special cell in normal employment exchange and such employment exchange, as is notified special employment exchange by notification in the official Gazette.
 - (m) "Vice-Chairperson" means a Vice-Chairperson appointed under the Act.
 - (n) "Year" means the financial year commencing on the first day of April.
 - (o) "Certificate" or "Disability Certificate" means a certificate issued in pursuance of clause (t) of section 2 of the Act.
 - (p) "Multiple Disabilities" means a combination of two or more disabilities as defined in clause (i) of section 2 of the Act.
 - (q) "Form" means a form appended to these rules.
- (2) Words and expressions defined in the Act but not defined in these rules shall have the meaning respectively assigned to them in the Act.",

- (ii) for Chapter II, the following Chapter shall be substituted, namely:-

**"CHAPTER-II
DISABILITY CERTIFICATE**

3. Application for issue of Disability Certificate. -

(1) A Person with Disability and desirous of getting a certificate in his favour will submit an application in Form VI, and the application shall be accompanied by -

- (a) Proof of residence, and
- (b) Two recent passport size photographs.

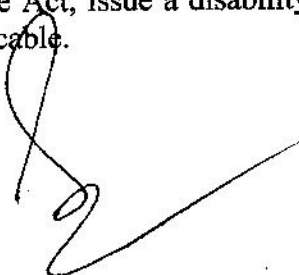
(2) The application shall be submitted to -

(i) a medical authority competent to issue such a certificate in the name of the applicant with his residence as mentioned in the proof of residence submitted by him with the application, or

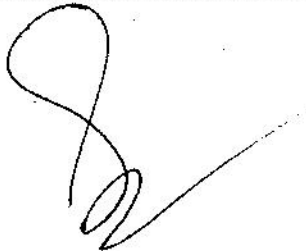
(ii) the concerned medical authority in a government hospital in which they may be undergoing or may have undergone treatment in connection with disability :

Provided that, where a person with disability is a minor or suffering from mental retardation or any other disability which renders him unfit or unable to make such an application himself, application on his behalf may be made by his legal guardian.

- 4. Issue of Disability Certificate. -** (1) On receipt of an application under rule 3, the medical authority shall, after satisfying himself that the applicant is a person with disability as defined in clause (t) of section 2 of the Act, issue a disability certificate in his favour in Form VII, Form VIII or Form IX as applicable.



- (2) The disability certificate shall be issued as far as possible, within a week from the date of receipt of the application by the medical authority, but in any case, not later than one month from such date.
 - (3) The medical authority shall, after due examination, -
 - (i) give a permanent disability certificate in cases where there are no chances of variation, over time, in the degree of disability, and
 - (ii) shall indicate the period of validity in the certificate, in cases where there is any chance of variation, over time, in the degree of disability.
 - (4) If an applicant is found ineligible for issue of disability certificate, the medical authority shall explain to him the reasons for rejection of his application, and shall also convey the reasons to him in writing in Form X.
 - (5) A copy of every disability certificate issued under these rules by a medical authority other than the Chief Medical Officer shall be simultaneously sent by such medical authority to the Chief Medical Officer of the District.
5. **Review of a decision regarding issue of, or refusal to issue, a disability certificate. -**
- (1) Any applicant for a disability certificate, who is aggrieved by the nature of a certificate issued to him, or by refusal to issue such a certificate in his favour, as the case may be, represent against such a decision to the medical authority as specified for the purpose by the appropriate Government:
- Provided that where a person with disability is a minor or suffering from mental retardation or any other disability which renders him unfit and unable to make such an application himself, the application on his behalf may be made by his legal guardian.
- (2) The application for review shall be accompanied by a copy of the certificate or letter of rejection being appealed against.
 - (3) On receipt of an application for review, the medical authority shall, after giving the appellant an opportunity of being heard, pass such orders on it as it may deem appropriate.
 - (4) An application for review shall, as far as possible, be disposed of within fortnight from the date of its receipt, but in any case, not later than a month from such date.
6. **Certificate issued under rule 4 to be generally valid for all purposes. -** A certificate issued under rule 4 shall render a person eligible to apply for facilities, concessions and benefits admissible under schemes of the Government and of Non-Government Organizations funded by the Government, subject to such conditions as may be specified in relevant schemes or instructions of Government, etc., as the case may be.”



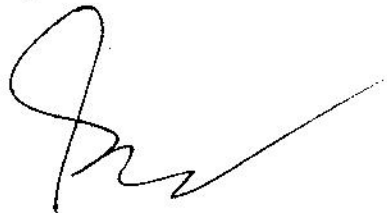
- (iii) for chapter III, the following rules shall be inserted, namely:-

**"CHAPTER III
The State Coordination Committee**

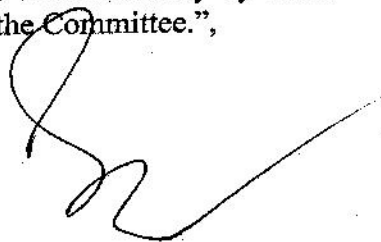
7. **Tenure for the nominated members.** - A member of the State Coordination Committee nominated under clause (f) & (h) of sub-section 2 of section 13 of the Act, shall hold the office for three years from the date of notification.
8. **Membership Roll.** - The Member Secretary shall keep a record of names of members and their address.
9. **Change of Address.** - If a member changes his address, he shall notify his new address to the Member-Secretary who shall thereupon enter his new address, in the official records but if he fails to notify his new address, the address in the official records shall, for all purposes, be deemed to be member's correct address.
10. **Daily Allowances.** - Non-official members of the State Coordination committees shall be paid allowance of two hundred rupees for each day of the actual meetings of the State Coordination Committee.
11. **Notice of meetings.** - (1) The meetings of the State Coordination Committee shall ordinarily be held at the office of Chairperson on such dates as may be fixed by the Chairperson.

Provided that it shall meet, at least, once in every six months.

- (2) The Chairperson shall, upon the written request of not less than ten members of the State Coordination Committee, call a special meeting of the State Coordination Committee.
- (3) Fifteen clear days' notice of an ordinary meeting and five clear days' notice of a special meeting specifying the time and the place at which such meeting is to be held and the business to be transacted thereat shall be given by the Member-Secretary to the members.
- (4) Notice of a meeting may be given to the members by delivering the same by messenger or sending it by registered post to his last known place of residence or business or in such other manner as the Chairperson may, in the circumstances of the case, think fit.
- (5) No member shall be entitled to bring forward for the consideration of the meeting any matter of which he has not given ten clear days' notice to the Member-Secretary, unless the Chairperson, in his discretion, permits him to do so.
12. **Adjournment of meetings of State Co-ordination Committee.** - (a) The State Coordination Committee may adjourn its meetings from day to day or to any particular day.
(b) Where a meeting of the State Coordination Committee is adjourned from day to day notice of such adjourned meeting shall be given to the members available in the city, town or other place where the meeting which is adjourned if held, either by telephone or by special messenger and it shall not be necessary to give notice of the adjourned meeting to the other members.
(c) Where a meeting of the State Coordination Committee is adjourned not from day to day but from the day on which the meeting is to be held to another date, notice of such meeting shall be given to all the members as provided in sub-rule (4) of rule 11.



13. **Presiding Officer.** - The Chairperson shall preside at every meeting of the State Coordination Committee at which he is present, and in his absence, the members shall elect one of the members to preside at that meeting.
14. **Quorum.** - (1) One-third of the total members shall form the quorum for any meeting.
 - (2) If at any time fixed for any meeting or during the course of any meeting less than one-third of the total members are present the Chairperson may adjourn the meeting to such hours on the following or on some other future date as he may fix.
 - (3) No quorum shall be necessary for the adjourned meeting.
 - (4) No matter which had not been on the agenda of the original meeting shall be discussed at such adjourned meeting.
 - (5)(a) Where a meeting of the State Coordination Committee is adjourned under sub-rule (2) for want of quorum to the following day, notice of such adjourned meeting shall be given to the members available in the city, town or other place where the meeting which is adjourned is held, either by telephone or by special messenger and it shall not be necessary to give notice of the adjourned meeting to other members.
 - (b) Where a meeting of the State Coordination Committee is adjourned under sub-rule 2 for want of quorum not to the following date with sufficient gap, notice of such adjourned meeting shall be given to all the members as provided in sub-rule (4) of rule 11.
15. **Minutes.** - (1) Record shall be kept of the names of members who attend the Meeting and of the proceedings at the meeting in a book to be maintained for that purpose by the Member-Secretary
 - (2) The minutes of the previously meeting shall be read at the beginning of the every succeeding meeting, shall be confirmed and signed by the presiding officer at such meeting.
 - (3) The proceedings shall be open to inspection by any member at the office of the Member-Secretary during office hours.
16. **Absence from meetings of State Coordination Committee.** - Any member of the State Coordination Committee absenting himself from three consecutive meetings without leave of the Chairperson shall cease to be a member of the State Coordination Committee.
17. **Maintaining order at meeting.** - The presiding officer shall maintain order at the meeting.
18. **Business to be transacted at meeting.** - Except with the permission of the presiding officer, no business which is not entered in the agenda or of which notice has not been given by a member under sub-rule (5) of rule 11, shall, be transacted at any meeting.
19. (1) At any meeting business shall be transacted in the order in which it is entered in the agenda, unless otherwise resolved in the meeting with the permission of the Chair.
20. **Decision by majority.** - All questions considered at a meeting of the State Coordination Committee shall be decided by a majority of votes of the members present and voting and in the event of equality of votes, the Chairperson, or in the absence of Chairperson, the member, presiding at the meeting, as the case may be shall have casting vote.
21. **No proceeding to be invalid due to vacancy or any defect.** - No proceeding of the State Coordination Committee shall be invalid merely by reasons of existence of any vacancy or any defect in the Constitution of the Committee.”



(iv) for rule 36, the following rule shall be substituted, namely:-

“36. Computation of vacancies. - “For the purpose of computation of vacancies for Persons With Disabilities (Equal opportunities, Protection of Rights and Full Participation) Act, 1995 in Group A, B, C and D posts, the computation of vacancies shall be such as may be determined by Central Government through instruction/circular/office memorandum/notification in this regard.”,

(v) after rule 42, the following rule shall be inserted, namely:-

“42(A). Eligibility. - An Organization/Public Trust working in the field of welfare of differently abled persons for the last three years can apply for registration under the Act.”,

(vi) after rule 48, the following rules shall be inserted, namely:-

“48(A). Appointment of Deputy Commissioner and Assistant Commissioner for Persons with Disabilities. - To assist the Commissioner to discharge various functions under the Act, the Government shall appoint Deputy Commissioner, Assistant Commissioner, Consultants and other supporting staff.

48(B) (i) Educational Qualification. - Post graduate degree in Social Work/Sociology from a recognized university.

(ii) Experience. - Should have at least seven years experience in social welfare.”,

(vii) for rule 50, the following rules shall be substituted, namely:-

“50. Qualification for appointment of Commissioner. - In order to be eligible for the appointment of Commissioner, a person must satisfy the following conditions, namely-

(i) He/She should have special knowledge or practical experience in respect of matters related to rehabilitation of persons with disabilities.

(ii) He/She should not have attained the age of 60 years on the 1st January of the year in which the last date of receipt of applications, as specify in the advertisement issue under sub rule (1) of rule 50 (A), falls,

(iii) If he/she is in a service under the Central Government or State Government, he /she shall seek retirement from such service before his/her appointment to the post, and

(iv) He/She must possess the following educational qualification and experience namely-

(A). **Educational Qualification.-**

(i) Essential: Graduate from a recognized university.

(ii) Desirable: Recognized Masters degree in Social Work/Sociology

(B). **Experience.** - Should have at least 10 years of experience in one or more of the following types of organization at specified levels-



- (a). In a Group 'A' level post in central/state Govt./public sector undertaking/semi-Govt. or autonomous bodies dealing with disability related matters and / or social sector (Social welfare/health/education/poverty alleviation/women and child development) ,or
- (b) A senior level functionary in a registered national or international level voluntary organization working in the field of disability/ social development, or
- (c) Senior Executive position in a leading private sector organization in social work and in charge of handling social development task in the organization:

Provided that out of the total ten years of experience mentioned above, he/she should have at least five years of experience in the field of empowerment of persons with disabilities.

- 50(A) Mode of appointment of the Commissioner.** - (1) About six months before the post of the commissioner is about to vacant, an advertisement shall be published in at least two national dailies each in English and Hindi inviting application for the post from eligible candidates fulfilling the criteria mentioned in rule 50.
- (2) A search-cum- Selection Committee shall be constituted to record the panel of three suitable candidates for the post of Commissioner.
 - (3) Composition of the committee will be governed by relevant instructions issued by the Department of Personnel and Training from time to time.
 - (4) The panel recommended by the committee may consist of persons amongst those who have applied in response to the advertisement mentioned in sub-rule (1) above.
 - (5) The State Government shall appoint one of the candidates recommended by search-cum-selection committee as a commissioner.
- 50(B). Terms of the Commissioner.** - (1) The Commissioner shall be appointed on full-time basis for a period of three years from the date on which he/she resumes office or till he/she attain the age of 65 years, whichever is earlier.
- (2) A person may serve as a Commissioner for a maximum of two terms, subject to the upper age limit of 65 years.
- 50(C). Salary and allowances of the Commissioner.** - (1) The salary and the allowances of the commissioner shall be the salary and allowance as admissible to Secretary of Government of NCT of Delhi.
- (2) Where a Commissioner, being a retired Government Servant or a retired employee of any institution or autonomous body funded by the Government, is in receipt of pension in respect of such previous service, the salary admissible to him under these rules shall be reduced by the amount of the pension, and if he/she had received in lieu of the portion of the pension, the commuted value thereof, by the amount of such commuted portion of the pension.
- 50(D). Other terms and conditions of service of the Commissioner.** - (1) Leave - The Commissioner shall be entitled to such leave as is admissible to Government servants under the Central Civil Service (leave) Rules, 1972.



(2) Leave Travel Concession

The Commissioner shall be entitled to such leave travel concession as is admissible to Group 'A' Officers.

(3) Medical benefits

The Commissioner shall be entitled to such medical benefits as is admissible to Group 'A' Officers under Delhi Government Employee Health Scheme (DGEHS).

50(E). Recognition and Removal. - (1) The Commissioner may, by notice in writing, address to State Government, resign from his/her post.

(2) The State Government shall remove a person from the office of the commissioner if he/she-

(a) becomes undercharged insolvent,

(b) engages during his/her term of office in any paid employment of outside the duties of his/her office.

(c) gets convicted and sentenced to imprisonment for an offence which in the opinion of State Government involves moral turpitude

(d) is in the opinion of the state government, unfit to continue in office, reason of infirmity of mind or body or serious default in the performance of office functions as laid down in the Act,

(e) without obtaining leave of absence from the State Government, remains absent from duty for a consecutive period of fifteen days or more, or

(f) has, in the opinion of State Government, so abused the position of the Commissioner as to render his continuance in office detrimental to the interest of persons with disability:

Provided that no person shall be removed under this rule except after following the procedure, mutatis mutandis, prescribed for removal of a Group "A" employee of the Central Government.

(3). The State Government may suspend a Commissioner, in respect of whom proceedings for removal have been commenced in accordance with sub-rule (2), pending conclusion of such proceedings.

50(F). Residuary Provision. - Conditions of service of a Commissioner in respect of which no express provision has been made in these rules shall be determined by the rules and orders for the time being applicable to a Secretary to the Government of NCT of Delhi."

(viii) after Form-V, the following forms shall be inserted namely:-"Forms VI to X"

"FORM-VI" Application For Obtaining Disability Certificate By Persons With Disabilities.

"Form-VII" Disability Certificate (In case of amputation or complete permanent paralysis of limbs and in case of blindness).

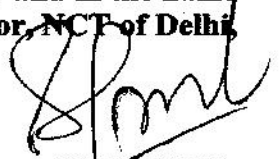
"Form-VIII" Disability Certificate (In case of multiple disabilities) (NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE).



“Form-IX” Disability Certificate (In case other than those mentioned in Forms VII & VIII) (NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE).

“Form-X” Intimation of Rejection of Application for Disability Certificate.

By order and in the name
of Lt. Governor, NCT of Delhi



(S.P. DIXIT)
DIRECTOR
(SOCIAL WELFARE)

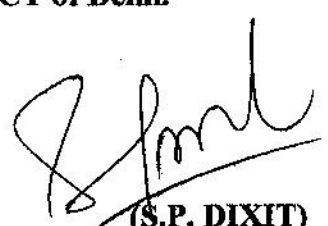
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Copy forwarded to:

Dated:/2011

3176-3186

31 MAY 2011

1. Secretary to the Lt. Governor of Govt. of NCT of Delhi, Raj Niwas, Delhi.
2. Secretary to the Chief Minister, Govt. of NCT of Delhi.
3. Secretary to the Speaker of Delhi Legislative Assembly, Delhi
4. Secretary to the Dy. Speaker of Delhi Legislative Assembly, Delhi
5. Secretary to the Minister Food & Supply, Govt. of NCT of Delhi.
6. Secretary to the Minister Finance, Govt. of NCT of Delhi.
7. Secretary to the Minister Industries, Govt. of NCT of Delhi.
8. Secretary to the Minister Education, Govt. of NCT of Delhi.
9. Secretary to the Minister Health & Family Welfare, Govt. of NCT of Delhi.
10. Secretary to the Minister Social Welfare, Govt. of NCT of Delhi.
11. Private Secretary to the Chief Secretary, Govt. of NCT of Delhi.



(S.P. DIXIT)
DIRECTOR
(SOCIAL WELFARE)

"FORM-VI"
Application For Obtaining Disability Certificate
By Persons With Disabilities
(See Rule 3)

1. Name: _____
 (Surname) (First name) (Middle name)

2. Father's name: _____ Mother's name _____

3. Date of Birth: ____/____/____
 (date) (month) (year)

4. Age at the time of application: _____ years

5. Sex: Male/Female

6. Address:

(a) Permanent Address _____ _____ _____	(b) Current Address (i.e for communication) _____ _____ _____
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7. Educational Status (Pl. tick as applicable)
- (I) Post Graduate
 - (II) Graduate
 - (III) Diploma
 - (IV) Higher Secondary
 - (V) High School
 - (VI) Middle
 - (VII) Primary
 - (VIII) Illiterate

8. Occupation: _____

9. Identification marks (i) _____ (ii) _____

10. Nature of disability: locomotor/hearing/visual/mental/others

11. Period since when disabled: From Birth/Since year _____

12. (i) Did you ever apply for issue of a disability certificate 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 disability certificate in the past? If yes, please enclose a true copy.

Declaration: I hereby declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further, state that if any inaccuracy is detected in the application, I shall be liable to forfeiture of any benefit derived and other action as per law.

(Signature or left thumb impression of persons with disability, or of his/her legal guardian in case of persons with mental retardation, autism, cerebral palsy and multiple disabilities)

Date:

Place:

1. Proof of residence (Please tick as applicable)

- (a) ration card,
- (b) voter identity ,
- (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 panchayat, municipality, cantonment board, any gazetted officer, or the concerned Patwari or Head Master of a Govt. School,
- (i) in case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill etc., a certificate of residence from the head of such institution.

2. Two recent passport size photographs

(For Office use only)

Date:

Place:

Signature of issuing authority

Stamp

Form-VII
Disability Certificate
(In case of amputation or complete permanent paralysis of limbs
and in case of blindness)
(See Rule 4)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent PP Size
Attested
Photograph
(showing face
only) of the
persons with
disability

Certificate NO. _____

Date: _____

This is to certify that I have carefully examined Shri/Smt./Kum

son/wife/daughter of Shri _____

Date of Birth _____ / _____ / _____ Age _____ years, male/female _____
(DD/MM/YY)

Registration No. _____, Permanent resident of House No. _____
_____ ward/village/Street _____ Post Office _____
_____ District _____ State _____

Whose photograph is affixed above, and am satisfied that:

(A) he/she is a case of:

- locomotor disability
- Blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is _____

(C)He/She has _____%(in figure) _____ percent (in words) permanent physical impairment/blindness in relation to his/her _____ (part of body) as per guidelines (to be specified).

2. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and seal of Authorised Signatory or notified Medical Authority)

Signature/Thumb impression of the persons in whose favour disability certificate is issued.

40
"Form-VIII"

Disability Certificate
(In case of multiple disabilities)
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE
CERTIFICATE)
(See Rule 4)

**Recent PP Size
Attested
Photograph
(Showing face
only) of the
persons with
disability**

Certificate No: _____

Date: _____

This is to certify that we have carefully examined Shri/Smt./Kum

son/wife/daughter of Shri _____

Date of Birth _____ / _____ / _____ Age _____ years, male/female _____

(DD/MM/YY)

Registration No. _____, Permanent resident of House No.

_____ ward/village/Street _____ Post Office

_____ District _____ State _____

Whose photograph is affixed above, and are 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 (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

S.No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Low Vision	#		
3.	Blindness	Both Eyes		
4.	Hearing Impairment	£		
5.	Mental Retardation	X		
6.	Mental illness	X		

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (to be specified), is as follows:-

In figures:- _____ percent

In words:- _____ percent

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is:

(i) not necessary,

Or

(ii) is recommended/after _____ years _____ months, and therefore this certificate shall be valid till _____
 (DD) (MM) (YY)

@ e.g. Left/Right/both arms/legs

e.g. Single eye/both eyes

£ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority.

--	--	--

Name & seal of Member

Name & seal of Member

Name & seal of the Chairperson

Signature/Thumb impression of the person in whose favour disability certificate is issued.

"Form-IX"

Disability Certificate
(In case other than those mentioned in Forms VII & VIII)

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY
ISSUING THE CERTIFICATE)**
(See Rule 4)

**Recent PP Size
Attested
Photograph
(showing face
only) of the
persons with
disability**

Certificate NO. _____

Date: _____

This is to certify that I have carefully examined Shri/Smt./Kum

son/wife/daughter of Shri _____

Date of Birth _____ / _____ / _____ Age _____ years, male/female _____

(DD/MM/YY)

Registration No. _____, Permanent resident of House No.

_____ ward/village/Street _____ Post Office

_____ District _____ State _____

Whose photograph is affixed above, and am satisfied that he/she is a case of

_____ Disability. His/her extent of percentage physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below:-

S.No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Low Vision	#		
3.	Blindness	Both Eyes		
4.	Hearing Impairment	£		
5.	Mental Retardation	X		
6.	Mental illness	X		

(Please strike out the disabilities which are not applicable)

2. The above condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is:

(i) not necessary,

Or

(ii) is recommended/after _____ years _____ months, and therefore this certificate shall be valid till _____ (DD) _____ (MM) _____ (YY)

@ e.g. Left/Right/both arms/legs

e.g. Single eye/both eyes

£ e.g. Left/Right/both ears

4. 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 & Seal)**

Countersigned

**{Countersigned and seal
of the CMO/Medical Superintendent/Head of
Government Hospital, in case the certificate
is issued by a medical authority who is not a
government servant (with seal)}**

Signature/Thumb
impression of the
person in whose
favour disability
certificate 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."

Note: The Principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996.

"Form-X"

**Intimation of Rejection of Application for Disability Certificate
(See rule 4)**

No. _____

Dated:

To

(Name and Address of the applicant
for Disability Certificate)

Sub: Rejection of Application for Disability Certificate.

Sir/Madam,

Please refer to your application dated _____ for issue of a Disability Certificate for the following disability:

1. Pursuant to the above application, you have been examined by the undersigned/Medical Board on _____, and I regret to inform that, for the reasons mentioned below, it is not possible to issue a disability certificate in your favour:

- (i)
- (ii)
- (iii)

2 In case you are aggrieved by the rejection of your application, you may represent to _____, requesting for review of this decision.

Yours faithfully

**(Authorized Signatory of the notified Medical Authority)
(Name and Seal)**