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BY SPEED POST

F.No.A-12034/04/2014-Ad.III B
Government of India
Ministry of Finance
Department of Revenue
Central Board of Excise and Customs

07 FEB 2014

Ground Floor, Hudco Vishala Building,
Bhikaji Cama Place, R.K. Puram,
New Delhi the 3rd February, 2014.

To

All Cadre Controlling Authorities
Under CBEC.

Subject : Reservation for Persons with Disabilities – Revised forms for Disability Certificates – Regarding.

Sir/Madam,

I am directed to enclose herewith Ministry of Personnel, Public Grievances and Pension, Department of Personnel and Training's O.M. No. 36035/1/2012-Estt.(Res.) dated the 29th November, 2013 on the above mentioned subject.

You are requested to comply with the instructions contained in Rule 3 to 6 of Chapter-II relating to Disability Certificate as per Ministry of Social Justice and Empowerment's Notification No. G.S.R. 2(E) dated 30.12.2009.

Yours faithfully,

Encl:- As above.

(Rajpal Singh)
Under Secretary to the Govt. of India
Tele No. 011-26162834

No.36035/1/2012-Estt.(Res)
Government of India
Ministry of Personnel, Public Grievances and Pensions
Department of Personnel and Training
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North Block, New Delhi
Dated the 29th November, 2013

OFFICE MEMORANDUM

Sub: Reservation for Persons with Disabilities-revised forms for Disability Certificates.

The undersigned is directed to refer to this Department's O.M. No. 36035/3/2004-Estt.(Res) dated 29.12.2005 circulating consolidated instructions relating to Reservation for the Persons with Disabilities.

2. Ministry of Social Justice and Empowerment vide their Notification No. G.S.R. 2 (E) dated 30.12.2009 has issued rules to amend the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules, 1996. Rules 3 to 6 (Chapter II) of the said Notification dated 30.12.2009 have prescribed various Forms of Disability Certificate.

3. Keeping in view the amended Rules for Disability Certificates issued by the Ministry of Social Justice and Empowerment vide Notification dated 30.12.2009, paras 9, 10 and 11 of this Department's O.M. No. 36035/3/2004-Estt.(Res) dated 29.12.2005 relating to issue of Disability Certificate stands withdrawn.

4. All the Ministries/Departments are now requested to comply with the instructions contained in Rules 3 to 6 of Chapter II relating to Disability Certificate as per Ministry of Social Justice and Empowerment's Notification No. G.S.R. 2 (E) dated 30.12.2009 (copy enclosed for ready reference).

5. All the Ministries/Departments are also requested to bring the above instructions to the notice of all appointing authorities under their control.

(G. Srinivasan)
Deputy Secretary to the Govt. of India
Tele: 2309 3074

Encl: As above

To

1. All Ministries/Departments of the Govt. of India.
2. Railway Board
3. Supreme Court of India/Election Commission/Lok Sabha Secretariat/Rajya Sabha Secretariat/Cabinet Secretariat/Central Vigilance Commission/President's Secretariat/ Prime Minister's Office, Planning Commission.
4. Union Public Service Commission, Dholpur House, Shahjahan Road, New Delhi.
5. Staff Selection Commission, CGO Complex, Lodhi Road, New Delhi.

MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT

NOTIFICATION

New Delhi, the 30th December, 2009

G.S.R. 2 (E).—In exercise of the powers conferred by sub-sections (1) and (2) of Section 73 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1 of 1996), the Central Government hereby makes the following rules to amend the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules, 1996, namely :—

1. (1) These rules may be called the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Amendment Rules, 2009.

(2) They shall come into force from the date of their publication in the Official Gazette.

2. In the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules, 1996, -

(i) for rule 2 , 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);

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, the 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 sub-clause (t) of section 2 of the Act, issue a disability certificate in his favour in Form II, Form III or Form IV as applicable.

(2) The 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.

(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.

(iii) for rule 43, the following rules shall be substituted, namely:-

"**43. Qualification for appointment of Chief Commissioner -**

In order to be eligible for the appointment as Chief Commissioner, a person must satisfy the following conditions, namely:-

(i) he should have special knowledge or practical experience in respect of matters relating to rehabilitation of persons with disabilities;

(ii) he should not have attained the age of sixty years on the 1st January of the year in which the last date for receipt of applications, as specified in the advertisement issued under sub-rule(1) of rule 43 A, falls;

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

(iv) he must possess the following educational qualification and experience, namely

(A) Educational qualifications.-

(i) Essential: Graduate from a recognised university.

(ii) Desirable: Recognised degree/diploma in Social Work/ Law/ Management/ Human Rights/ Rehabilitation/ Education of Disabled Persons.

(B) Experience.-

Should have at least twenty-five years experience in one or more of the following types of organizations at specified levels:-

(a) In a Group 'A' level post in Central/State Government /Public Sector Undertaking/Semi Government or Autonomous Bodies dealing with disability related matters and/or social sector (health/education/poverty alleviation/ women and child development); or

(b) A senior level functionary in a registered national or international level voluntary organisation working in the field of disability/social development; or

(2) A person may serve as Chief Commissioner for a maximum of two terms, subject to the upper age limit of sixty-five years.

43C. Salary and allowances of the Chief Commissioner -

(1) The salary and allowances of the Chief Commissioner shall be the salary and allowances as admissible to a Secretary to the Government of India.

(2) Where a Chief 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 had received in lieu of a portion of the pension, the commuted value thereof, by the amount of such commuted portion of the pension.

43D. Other terms and conditions of service of the Chief Commissioner -

(1) **Leave -**

The Chief 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 Chief Commissioner shall be entitled to such Leave Travel Concession as is admissible to Group 'A' officers under Central Civil Service (LTC) Rules, 1988.

(3) **Medical Benefits -**

The Chief Commissioner shall be entitled to such medical benefits as is admissible to Group 'A' officers under the Central Government Health Scheme (CGHS).

"Form-I

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)
.....
.....

(c) Period since when residing at current address ----------

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----------

Form-II

Disability Certificate
(In cases of amputation or complete permanent paralysis of limbs and in cases 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 person 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.....

Form-III

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 person 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:

@ 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 and seal of Member	Name and seal of Member	Name and seal of the Chairperson

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

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:-

Form V

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

No._____ Dated :

To,

(Name and address of 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:

_____

2. 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)

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

Yours faithfully,

(Authorised Signatory of the notified Medical Authority)
(Name and Seal)