In exercise of powers conferred by sub-sections (1) and (2) of section 101 of the Rights of Persons with Disabilities Act, 2016 (49 of 2016), the Chandigarh Administration, hereby makes the following rules, namely:-
Draft Model Chandigarh Rules Under RPwD Act, 2016

CHAPTER-I

PRELIMINARY

1. Short title, extent and commencement.- (1) These rules may be called the Chandigarh Rights of Persons with Disabilities Rules, 2017.
(2) They extend to the U.T. of Chandigarh Administration.
(3) They shall come into force from the date of their publication in the Official Gazette.

2. Definitions.- (1) In these rules, unless the context otherwise requires,-
(a) "Act" means the Rights of Persons with Disabilities Act, 2016 (49 of 2016);
(b) "certificate" means a certificate of disability issued by a certifying authority referred to in sub-section (1) of section 57 of the Act;
(c) "certificate of registration" means a certificate of registration issued by the competent authority under Section 50 of the Act;
(d) "Form" means a form appended to these rules.

(2) Words and expressions used herein and not defined but defined in the Act shall have the meanings respectively assigned to them in the Act.

CHAPTER II

Committee on Research on Disability 6(2)

3. State Committee for Research on Disability.- (1) The Committee for Research on Disability shall consist of the following members, namely:-
(i) an eminent person having vast experience in the field of science or Medical Research to be nominated by the Chandigarh Administration, ex officio-Chairperson;
(ii) Director of Health Services of the Chandigarh Administration – ex officio-Members;
(iii) five persons as representatives of the registered organisations, from each of the five groups of specified disabilities in the Schedule to the Act, to be nominated by the Chandigarh Administration – Members:
Provided that at least one representative of the registered organizations is a woman;
(iv) The Director, Department of Social Welfare Women & Child Development, Chandigarh Administration shall be the Member Secretary.

(2) The Chairperson may invite any expert as a special invitee.

(3) The term of office of the nominated members shall be for a period of three years from the date on which they enter upon office, and the nominated member shall be eligible for re-nomination for one more term.

(4) One half of the members shall constitute the quorum for the meeting.

(5) The non-official members and special invitees shall be entitled for travelling
allowance and daily allowance as admissible to a Group “A” officer of the Chandigarh Administration.

(6) The Chandigarh Administration may provide the Committee with such clerical and other staff as it deems necessary.

4. Person with disability not to be a subject of research.- No person with disability shall be a subject of research except when the research involves physical impact on his body. 6(2)

CHAPTER III
Limited Guardianship 14(1)

5. Limited Guardianship:- (1) A District Court or any designated authority as designated by the State Government on its own or otherwise shall grant the support of limited guardianship to a Person with Disabilities to take a legally binding decision on his behalf.

(2) The District Court or the designated authority before granting limited guardianship for the Person with Disability shall satisfy itself that such person is not in a position to take legally binding decision of his own.

(3) The District Court or the designated authority shall take a decision preferably within a period of one month from the date of receipt of an application regarding grant of limited guardianship of from the date of coming to his notice of the need of such limited guardianship:

Provided that the consent of the person to act as a limited guardian shall also be obtained before grant of such limited guardianship.

(4) The validity of the limited guardianship as appointed under sub-rule (1) shall be initially for a period of five years which can be further extended by the District Court or the designated authority as the case may be:

Provided that the District Court or the designated authority shall follow the same procedure while extending the validity of the limited guardianship as followed while granting the initial guardianship.

(5) While granting the support of such limited guardianship the court or the designated authority shall consider a suitable person to be appointed as a limited guardian in the following preference of merit:-

(a) The parents or adult children of the person with disability
(b) Immediate brother or sister
(c) Other Blood relatives or care givers or prominent personality of the locality

(6) Only those individuals who are over the age of 18 years and who have not been previously convicted of any cognizable offence as defined in the Code of Criminal Procedure, 1973 (1 of 1974) shall be appointed.

(7) the limited guardian appointed under sub-rule (1) shall consult the person with disability in all matters before taking any legally binding decisions on his behalf.

(8) The appointed limited guardian shall ensure that the legally binding decisions taken on behalf of the person with disability are in the interest of the person with disability.

3
CHAPTER IV
Education 16

6. Terms and conditions before recognition of the educational institution: (1) The terms and conditions of grant of recognition to the educational institutions by the competent authority in the State may include the requirement to comply with the provisions of Section 16 of the Act.

CHAPTER V
Certificate of Registration of Institutions 51(1)

7. Application for, and grant of certificate of registration: (1) A person desirous of establishing or maintaining an institution for persons with disabilities may make an application in Form 'A' to the competent authority referred to in Section 51 of the Act.

(2) Every application made under sub-rule (1) shall be accompanied with:-
   (a) documentary evidence of work in the area of disability;
   (b) the Constitution or bye laws or regulations governing the institutions;
   (c) audited statement and details of grants received in the last three years, preceding the date of application;
   (d) a statement regarding total number of persons employed in the Institutions along with their respective duties;
   (e) the number of professionals employed in the Institution;
   (f) a statement regarding qualification of the professionals employed by the Institution; and
   (g) the proof of residence of the applicant.

(3) Every application made under sub rule (1) shall comply with the following requirement in respect of the concerned institution, namely:-
   (a) that the institution had been working in the field of rehabilitation of Persons with Disabilities for not less than three years immediately before the date on which the application is made;
   (b) that the institution is registered under the Indian Societies Registration Act, 1860 (XXI of 1860) or under any other law for the time being in force in the state and a Copy of such registration certificate along with the byelaws and memorandum of association of the society shall accompany the application;
   (c) that the institution has not been running to profit any individual or a body of individuals;
   (d) that the institution has employed professionals registered with the Rehabilitation Council of India to cater to the special needs of children with disabilities
   (e) that the institution has adequate teaching and learning material for the Persons with Disabilities; and
   (f) that the institution has submitted its audited accounts and annual reports of last three years with the competent authority.

(4) The certificate of registration under this rule, unless revoke under section 52 of the Act, shall remain in force for a period of five years on and from the date on which it is granted or renewed.

(5) An application for the renewal of certificate of registration shall, be made in the same manner as the application for grant of certificate under sub-rule (1) accompanied with the previous certificate of registration and a statement that the applicant is applying for renewal of the certificate so accompanied:

Provided that such application shall be made before sixty days of the expiry of the
validity of such certificate;  
Provided further that the competent authority may consider application for renewal of the certificate of registration after 60 days but not later than 120 days, if he is satisfied that sufficient reasons has been provided for such delay.

(6) If the application for renewal of certificate of registration is made before its expiry as specified in the proviso to sub-rule (5), the certificate of registration shall continue to be in force until orders are passed on the application and the certificate of registration shall be deemed to have expired if application for its renewal is not made within sixty days as specified in the said proviso.

(7) Every application made under sub-rule (1) or sub rule (5), in which the competent authority referred to in sub-section (1) of Section 51 of the Act, is satisfied that the requirement for grant of certificate of registration under the Act and these rules have been complied with, shall be disposed of by it within a period of ninety days thereafter.

8. Appeal against the order of competent authority:- Any person aggrieved by the order of the competent authority referred to in sub-section (1) of Section 51, refusing to grant a certificate of registration or revoking a certificate of registration may, within three months from the date of the order, prefer an appeal against that order to the appellate authority referred to in sub-section (1) of Section 53 and the appellate authority may, after such enquiry into the matter as it considers necessary and after giving the appellant an opportunity of hearing, make such orders as it thinks fit. 53

CHAPTER VI

Appeal Regarding Certificate of Disability 59(1)

9. Appeal against the decision of the authority issuing certificate of disability:- (1) Any person aggrieved with the decision of the authority issuing the certificate of disability may within ninety days from the date of the decision, prefer an appeal to the appellate authority designated by the State Government for the purpose under sub-section (1) of Section 59 of the Act in the following manner:-

(a) The appeal shall contain brief background and the grounds for making the appeal.

(b) The appeal shall be accompanied by a copy of the certificate of disability or letter of rejection issued by the certifying authority.

Provided that where a Persons with Disability is a minor or suffering from any disability which renders him unfit to make such an appeal himself, the appeal on his behalf may be made by his legal or limited guardian as the case may be.

(2) On receipt of such appeal, the appellate authority shall provide the appellant an opportunity to present his case and thereafter pass such reasoned and detailed order as it may deem appropriate.

(3) Every appeal preferred under sub-rule (1) shall be decided as expeditiously as possible and not later than a period of sixty days from the date of receipt of the appeal.
10. Allowances for the members of the State Advisory Board.- (1) The non-official members of the State Advisory Board, shall be paid an allowance of rupees two thousand per day for each day of the actual meeting.

(2) The non-official Members of the State Advisory Board on disability residing outside the State capital region shall be paid daily and travelling allowances for each day of the actual meetings of the said Board at the rates admissible to a Group A or equivalent Officer of the State Government.

11. Notice of meeting.- (1) The meeting of the State Advisory Board on disability constituted under sub-section (1) of Section 66 of the Act (hereinafter in this Chapter referred to as 'the Board') shall ordinarily be held in the Capital of the State on such dates as may be fixed by its Chairperson:

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

(2) The Chairperson shall, on the written request of not less than ten members of the State Advisory Board, call a special meeting of the Board.

(3) The Member-Secretary shall give 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.

(4) The Member-Secretary may give notice 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 by email 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 may permit him to do so.

(6) The State Advisory Board may adjourn its meeting from day to day or to any particular day as under:-

(a) Where a meeting of the State Advisory Board is adjourned from day to day, the Member-Secretary shall give notice of such adjourned meeting at the place where the meeting is adjourned, if held, by messenger and it shall not be necessary to give notice of the adjourned meeting to other members.

(b) Where a meeting of the State Advisory Board is adjourned not from day to day but from the day on which the meeting is to be held to another day, notice of such meeting shall be given to all the members as provided in sub-rule (4).

12. Presiding officer.- The Chairperson of the Board shall preside over every meeting of the Board and in his absence, the Vice-Chairperson shall preside, but when both the Chairperson and the Vice-Chairperson are absent from any meeting, the members present shall elect one of the members to preside over that meeting.

13. Quorum.- (1) One-third of the total members of the State Advisory Board shall
form the quorum for any meeting. 70

(2) If at any time fixed for any meeting or during the course of any meeting, less than one-third of the total members of the Board 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 of the Board.

(4) No matter, which had not been on the agenda of the ordinary or the special meeting of the Board, as the case may be, shall be discussed at adjourned meeting.

(5) (a) Where a meeting of the Board 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 of the Board available at the place where the meeting which was adjourned was to be held and it shall not be necessary to give notice of the adjourned meeting to other members; and

(b) where a meeting of the Board is adjourned under sub-rule (2) for want of quorum not to the following, but on a date with sufficient gap, notice of such adjourned meeting shall be given to all the members of the Board in the manner as specified in sub-rule (4) of rule 11.

14. Minutes.- (1) The Member-Secretary shall maintain the record containing the names of members who attended the meeting and of the proceedings at the meetings in a book to be kept for that purpose by the Member-Secretary of the Board. 70

(2) The minutes of the previous meeting shall be read at the beginning of the every succeeding meeting, and shall be confirmed and signed by the presiding officer at such meeting.

(3) The proceedings shall be open to inspection by any member of the Board at the office of the Member-Secretary during office hours.

15. 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. 70

16. Agenda for the meeting of the State Advisory Board.- (1) The business of the meeting 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 presiding officer:

At the beginning of the meeting or after the conclusion of the debate on a motion during the meeting, the presiding officer or a member may suggest a change in the order of business as entered in the agenda and if the Chairperson agrees, such a change shall take place. 70

17. Decision by majority.- All questions considered at a meeting of the Board 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 the Chairperson, the Vice-Chairperson or in the absence of both the member presiding at the
meeting, as the case may be, shall have a second or casting vote.

18. No proceeding to be invalid due to vacancy or any defect.- No proceeding of the State Advisory Board shall be invalid by reason of existence of any vacancy in or any defect in the constitution of the Board.

19. District-level Committee:- The District-Level Committee on disability referred to in Section 72 of the Act shall consist of –

(i) An Officer of the Civil Service of the Union or of the State, not below the rank of a District Magistrate or a Deputy Commissioner, as the case may be, of a district ........................................................................................................ Ex-officio Chairperson;

(ii) Civil Surgeon or Chief Medical Officer ...............member;

(iii) a Psychiatrist of the District Hospital ...............member;

(iv) a Public Prosecutor of District ............... member;

(v) a Representative of a Registered Organization ...............member;

(vi) a Persons with Disability as defined in Clause(s) of Section 2 of the Act .................................................................member; and

(vii) Any other member as invited by the Chairperson ...............member

(viii) District Officer dealing with empowerment of Persons with Disabilities...............................................................member secretary;

20. Functions of the Committee:- The District-Level Committee on disability shall perform the following functions, namely:-

(a) advise the District authorities on matters relating to rehabilitation and empowerment of Persons with Disabilities.

(b) monitor the implementation of the provisions of the Act and the rules made there under by the District authorities.

(c) assist the District authorities in implementation of schemes and programmes of the Government for empowerment of Persons with Disabilities.

(d) look into the complaints relating to non implementation of the provisions of the Act by the District authorities and recommend suitable remedial measures to the concerned authority to redress such complaints.

(e) look into the appeal made by the employees of Government establishments aggrieved with the action taken by the District level establishments under sub- section (4) of Section 23 of the Act and recommend appropriate measures.

(f) any other functions as may be assigned by the State Government.
CHAPTER VIII
STATE COMMISSIONER FOR PERSONS WITH DISABILITIES 79

21. Qualification for appointment of Commissioner. – A person shall not be qualified to be appointed as a State Commissioner for Persons with Disability under sub-section (1) of Section 79 of the Act (in this Chapter referred to as the State Commissioner) unless:–

(i) he has special knowledge or practical experience in respect of the matters relating to rehabilitation of Persons with Disabilities.

(ii) he has not 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 inviting applications for appointment of the State Commissioner, occurs;

(iii) if he is in the 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 possesses the following educational qualifications and experience, namely:–

(A) Educational qualifications:

(i) essential: Graduate from a recognized university;

(ii) desirable: recognized degree or diploma in social work or law or management or human rights or rehabilitation or education of disabled persons.

(B) Experience:

atleast twenty years experience in a Group 'A' level or equivalent post:–

(i) in Central or State Government or

(ii) Public Sector Undertakings or Semi Government or Autonomous Bodies dealing With disability related matters or social sector or

(iii) works in the capacity of a senior level functionary in a registered State or National or International level voluntary organization working in the field of Disability or social development;

Provided that out of the total twenty years experience mentioned in this sub-clause, at least three years of experience in the recent past had been in the field of empowerment of Persons with Disabilities.

22. Mode of appointment of the State Commissioner.– (1) At least six months before the post of Commissioner is due to fall vacant, advertise in at least two national level dailies each in English and Hindi inviting applications for the post from eligible candidates fulfilling the qualifications specified in rules 20. 79

(2) A search-cum-selection committee shall be constituted by the Chandigarh
**Administration** to recommend a panel of three suitable candidates for the post of the State Commissioner.

(3) Composition of the Search-cum-Selection Committee referred to in sub-rule (2) shall be governed by relevant instructions issued by the concerned administrative department of the State Government.

(4) The panel recommended by the Search-cum-Selection Committee under sub-rule (2) may consist of persons from amongst those who have applied in response to the advertisement made under sub-rule (1) as well as from other willing eligible persons in the employment of Central or State Government whom the Committee may consider suitable.

(5) The State Government shall appoint one of the candidates out of the panel recommended by the Search-cum-Selection Committee under sub-rule (2) as the State Commissioner.

**23. Term of the State Commissioner.**- (1) The term of office of the Commissioner shall be for a period of three years and may be extended for a period of another two years or till he attains the age of sixty years, whichever is earlier.

(2) A person may serve as State Commissioner for a maximum period of two terms subject to the condition that he has not attained the age of sixty years. 79

**24. Salary and allowances of the Commissioner**- (1) The Commissioner shall be entitled for the salary and allowances as admissible to a Secretary to the Chandigarh Administration.

(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 had received in lieu of a portion of the pension, the commuted value thereof, by the amount of such commuted portion of the pension. 79

**25. Other terms and conditions of service of the State Commissioner.**- (1) The Commissioner shall be entitled to such leave as is admissible to a Government servant under the Punjab Civil Service (Leave) Rules, 1972.

(2) The Chief Commissioner and the Commissioner shall be entitled to such leave travel concession as is admissible to a Group “A” officer under the Punjab Civil Services (Leave Travel Concession) Rules, 1988.

(3) The Commissioner shall be entitled to such medical benefits as is admissible to a Group “A” officer under the Punjab Government Health Scheme. 79

**26. Resignation and removal.**- (1) The State Commissioner may, by notice in writing, under his hand, addressed to the Chandigarh Administration resign from the office:

Provided that he shall continue in the office till his resignation is accepted.

(2) The Chandigarh Administration may remove a person from the office of the
Commissioner, if he -

(a) becomes an undischarged insolvent;

(b) engages during his term of office in any paid employment or activity outside the duties of his office;

(c) is convicted or sentenced to imprisonment for an offence which in the opinion of the Chandigarh Administration involves moral turpitude;

(d) is in the opinion of the Chandigarh Administration, unfit to continue in office by reason of infirmity of mind or body or serious default in the performance of his functions as laid down in the Act;

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

(f) has, in the opinion of the Chandigarh Administration, 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 State Commissioner shall be removed under this rule except after following the procedure, mutatis mutandis, applicable for removal of a Group “A” employee of the Chandigarh Administration.

(3) The Chandigarh Administration may suspend the Commissioner, in respect of whom proceedings for removal have been commenced in accordance with sub-rule (2), pending conclusion of such proceedings. 79

27. Residuary provision.– The other conditions of service of the State 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 the Secretary and Secretary to the Chandigarh Administration. 79

28. Constitution of the Advisory Committee:– (1) The State Government shall appoint an Advisory Committee comprising the following members, namely:-

(a) three experts to represent each of the five groups of specified disabilities mentioned in the Schedule to the Act by rotation of whom one shall be woman;

(b) two experts or senior officers of the Government to be nominated by the State Government.

(2) The tenure of the members of the Advisory Committee shall be for a period of three years.

(3) The State Commissioner may invite subject or domain expert as per the need who shall assist him in meeting or hearing and in preparation of the report. 79 (7)

29. Procedure to be followed by Commissioner.– (1) An aggrieved person may present a complaint containing the following particulars in person or by his agent to the Commissioner or send it by registered post or by email addressed to the
Commissioner, namely:-

(a) the name, description and the address of the aggrieved person;
(b) the name, description and the address of the opposite party or parties, as the case may be, so far as they may be ascertained;
(c) the facts relating to complaint and when and where it arose;
(d) documents in support of the allegations contained in the complaint; and
(e) the relief which the aggrieved person claims.

(2) The Commissioner on receipt of a complaint shall refer a copy of the complaint to the opposite party or parties mentioned in the complaint, directing him to give his version of the case within a period of thirty days or such extended period not exceeding fifteen days as may be granted by the Commissioner.

(3) On the date of hearing or any other date to which hearing could be adjourned, the parties or their agents shall appear before the Commissioner.

(4) Where the aggrieved person or his agent fails to appear before the Commissioner on such days, or the Commissioner may either dismiss the complaint on default or decide on merits.

(5) Where the opposite party or his agent fails to appear on the date of hearing, the Commissioner may take such necessary action under section 82 of the Act as he deems fit for summoning and enforcing the attendance of the opposite party.

(6) The Commissioner may dispose of the complaint ex-parte, if necessary.

(7) The Commissioner may on such terms as he deems fit and at any stage of the proceedings, adjourn the hearing of the complaint.

(8) The Commissioner shall decide the complaint as far as possible within a period of three months from the date of receipt of notice by the opposite party. 80

30. Advisory Committee to assist the State Commissioner.- (1) The Chandigarh Administration shall appoint an Advisory Committee comprising five experts to represent each of the five groups of specified disabilities mentioned in the Schedule to the Act, of whom two shall be women;

(2) The State Commissioner may invite subject or domain expert as per the need who shall assist him in meeting or hearing and in preparation of the report.

(3) The tenure of the members of the Advisory Committee shall be for a period of three years and the members shall not be eligible for re-nomination.

(4) The non-official members of the Advisory Committee, shall be paid an allowance of rupees two thousand per day for each day of the actual meeting. 80

31. Submission of Annual Report.- (1) The State Commissioner, shall as soon as possible, after the end of the financial year but not later than the 30th day of September in the next year ensuing prepare and submit to the Chandigarh Administration, an annual report giving a complete account of his activities
during the said financial year.

(2) In particular, the annual report referred to in sub-rule (1) shall contain information in respect of each of the following matters, namely:-

(a) names of its officers and staff and a chart showing the organisational set up;
(b) the functions which the State Commissioner has been empowered under the Act and the highlights of the performance in this regard;
(c) the main recommendations made by the State Commissioner;
(d) the progress made in the implementation of the Act; and
(e) any other matter deemed appropriate for inclusion by the State Commissioner or specified by the Chandigarh Administration from time to time. 83(3)

CHAPTER IX
Public Prosecutor 85(2)

32. Appointment of Public Prosecutor:- (1) The Public Prosecutor to be appointed by the State Government in every Special Court shall have:-

(a) Practical experience of handling cases of Persons with Disabilities.
(b) Experience at the Bar of not less than five years.
(c) Shall be well versed with local language and customs.

(2) The fee and other remunerations of the Special Public Prosecutor specified or appointed under sub-section (1) of Section 85 of the Act shall be the same as that of Public Prosecutor appointed by the State Government under the code of criminal procedure, 1973 (1 of 1974) for conducting the cases before a court of session.

CHAPTER X
State Fund For Persons With Disabilities 88(1)

33. State Fund For Persons With Disabilities and its Management.- (1) There shall be credited to the State Fund for Persons with Disabilities hereinafter referred to as 'the state fund':-

(a) all sums received by way of grant, gifts, donations, benefactions, bequests or transfers;
(b) all sums received from the State Government including grants-in-aid; and
(c) all sums from such other sources as may be decided by the State Government.

(2) There shall be a governing body consisting of following members to manage the State Fund, namely:-

(a) Principal Secretary or Secretary, Department dealing with Empowerment of Persons with Disabilities, in the State Government
– Chairperson;

(b) two representatives from the Department of Health and Family Welfare, Department of Education, Department of Labour and Employment, Department of Finance, Department of Rural Development in the State Government, not below the rank of a Joint Secretary, by rotation in alphabetical orders – Members;

(c) two persons representing different types of disabilities to be nominated by the State Government, by rotation – Members;

(d) Director in the Directorate dealing with Empowerment of Persons with Disabilities in the State Government – Convener and Chief Executive Officer.

(3) The governing body shall meet as often as necessary, but at least once in every financial year.

(4) The nominated members shall hold office for not more than three years.

(5) No member of the governing body shall be a beneficiary of the fund during the period such Member holds office.

(6) The nominated non-official members shall be eligible for payment of travelling allowance and dearness allowance as admissible to a Group 'A' officer of the State Government for attending the meetings of the governing body.

(7) No person shall be nominated under cause (b) and (c) of sub-rule 2 as a member of the governing body if he –

(a) is, or has been, convicted of an offence, which in the opinion of the State Government, involves moral turpitude; or

(b) is, or at any time has been, adjudicated as an insolvent.

34. **Utilisation of the State Fund.**– (1) The State Fund shall be utilized for the following purposes, namely:

(a) financial assistance in the areas which are not specifically covered under any scheme and programme of the State Government;

(b) administrative and other expenses of the Fund, as may be required to be incurred by or under the Act; and

(c) such other purposes as may be decided by the governing body.

(2) Every proposal of expenditure shall be placed before the governing body for its approval.

(3) The governing body may appoint secretarial staff including accountants with such terms and conditions as it may think appropriate to look after the management and utilisation of the State Fund based on need based requirement.

(4) The State Fund shall be invested in such manner as may be decided by the
governing body. \textbf{88(2)}

35. \textbf{Budget}.- The Chief Executive Officer of the State Fund shall prepare the budget for incurring expenditure under the Fund for each financial year showing the estimated receipt and expenditure of the Fund, in January every year and shall place the same for consideration of the governing body.

36. \textbf{Annual Report}.- The annual report of the \textbf{Department of Social Welfare, Women & Child Development, Chandigarh Administration} shall include a chapter on \textbf{State Fund}.
FORM–I
(Persons with Disabilities Employer’s Return)

[See rule 13 (1)]

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

Name and Address of the Employer.................................................................

Whether - Head Office.................................................................

Branch Office.................................................................

Nature of business/principal 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 figures should include every person whose wage or salary is paid by the Government establishment).

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

On the last working day of the half year under report
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<th>Bl blindness and low vision</th>
<th>Deaf and hard of hearing</th>
<th>Locomotive disability including cerebral palsy, leprosy cured, dwarfism, acid attack victims and muscular dystrophy</th>
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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 is 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 the number filled during the half year (Separate figures may be given for men with disability and women with disability).

Number of vacancies which come within the purview of the Act.

<table>
<thead>
<tr>
<th>Occurred</th>
<th>Notified</th>
<th>Filled</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Describe the source from which filled)</td>
</tr>
</tbody>
</table>

Local/Special Employment Exchange General Employment Exchange

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

3. Manpower Shortages

Vacancies/posts unfilled because of shortage of suitable applicants.

<table>
<thead>
<tr>
<th>Name of the occupation or Designation</th>
<th>Number of unfilled vacancies/posts</th>
<th>disability wise essential qualification</th>
<th>essential experience</th>
<th>experience of the posts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>
Please list any other occupations for which this Government establishment had recently any difficulty in obtaining suitable applicants.  

Signature of employer

Dated……..

To

The Employment Exchange

Note.- This return relates to half yearly ending 31\textsuperscript{st} March/30\textsuperscript{th} September and shall be rendered to the local Special Employment Exchange within thirty days after the end of the half year concerned.

Form -II
(Persons with Disabilities Employer’s Return)

[See rule 13 (1)]

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).............(This figure should include every person whose wage or salary is paid by the Government establishment)(Separate figures for men with disability 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)

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Number of Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use exact terms</td>
<td>Men with disability</td>
</tr>
<tr>
<td>Such as Engineer (Mechanical); Teacher (domestic/science); Officer on duty (actuary);</td>
<td></td>
</tr>
</tbody>
</table>

Please give as far as possible approximate number of vacancies in
Assistant Director (Metallurgist); Scientific Assistant (chemist); Research Officer (economist); Instructor (carpenter);

each occupation you are likely to fill during the next calendar year due to retirement.

Supervisor (tailor);
Fitter (internal Combustion engine);
Inspector Sanitary; Superintendent Office; apprentice Electrician).

<table>
<thead>
<tr>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dated...........................</td>
</tr>
</tbody>
</table>

To
The Employment Exchange
(please fill in 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
(Persons with Disabilities Employer’s Return)

[See rule 14]

Name and Address of the Employer.................................................................

Whether - Head Office.................................................................

Branch Office.................................................................

Nature of business/principal activity: .........................................................
Total number of persons on the pay rolls of the Government establishment (This figure 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 (This figure should include every person with disability whose wage or salary is paid by the Government establishment).

(a) Occupational qualification of all employees (Please give below the number of employees in each occupation separately.

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Number of Employees</th>
<th>occupation</th>
<th>Number of Employees</th>
<th>occupation</th>
<th>Number of Employees</th>
<th>occupation</th>
<th>Number of Employees</th>
<th>occupation</th>
<th>Number of Employees</th>
<th>occupation</th>
<th>Number of Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use exact terms</td>
<td></td>
<td>Use exact terms</td>
<td></td>
<td>Use exact terms</td>
<td></td>
<td>Use exact terms</td>
<td></td>
<td>Use exact terms</td>
<td></td>
<td>Use exact terms</td>
<td></td>
</tr>
<tr>
<td>Men with disabilities</td>
<td></td>
<td>Men with disabilities</td>
<td></td>
<td>Men with disabilities</td>
<td></td>
<td>Men with disabilities</td>
<td></td>
<td>Men with disabilities</td>
<td></td>
<td>Men with disabilities</td>
<td></td>
</tr>
<tr>
<td>Women with disabilities</td>
<td></td>
<td>Women with disabilities</td>
<td></td>
<td>Women with disabilities</td>
<td></td>
<td>Women with disabilities</td>
<td></td>
<td>Women with disabilities</td>
<td></td>
<td>Women with disabilities</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>Total</td>
<td></td>
<td>Total</td>
<td></td>
<td>Total</td>
<td></td>
<td>Total</td>
<td></td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Please give as far as possible</td>
<td></td>
<td>approximate</td>
<td>number of</td>
<td>vacancies in</td>
<td>each</td>
<td>occupation</td>
<td>you are likely</td>
<td>to fill during</td>
<td>the next calendar year</td>
<td>due to</td>
<td>retirement.</td>
</tr>
</tbody>
</table>

(b) Please indicate the main reasons for any increase or decrease in employment if the increase or decrease is 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 the number filled during the half year.

Number of vacancies which come within the purview of the Act

<table>
<thead>
<tr>
<th>Occurred</th>
<th>Notified</th>
<th>Filled</th>
<th>Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local</td>
<td>General</td>
<td></td>
<td>(Describe the source form which filled</td>
</tr>
<tr>
<td>Special</td>
<td>employment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(b) Reasons for not notifying all vacancies occurred during the half year under report *vide* (a) 2..................above.

3. Manpower shortages

<table>
<thead>
<tr>
<th>Vacancies/posts unfilled because of shortage of suitable applicants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the occupation or Number of unfiled vacancies/posts</td>
</tr>
<tr>
<td>Designation of the posts</td>
</tr>
<tr>
<td>Essential qualification</td>
</tr>
<tr>
<td>1.</td>
</tr>
</tbody>
</table>

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

Signature of employer

Dated....
FORM- IV
Application for Obtaining Certificate of Disability by Persons with Disabilities

[See rule 17(1)]

(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/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)
    (i) Post Graduate
    (ii) Graduate
    (iii) Diploma
    (iv) Higher Secondary
    (v) High School
    (vi) Middle
    (vii) Primary
    (viii) 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 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 benefits derived and other action as per law.

____________________
(signature or left thumb impression of person with disability, or of his/her 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 identity 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 Panchayat, municipality, cantonment board, any gazetted officer, or the concerned Patwari 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)

Date:
Place:

Signature of issuing authority
Stamp

Form-V
Certificate of Disability

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

[See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

<table>
<thead>
<tr>
<th>Recent passport size attested photograph</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Showing face only) of the person with disability.</td>
</tr>
</tbody>
</table>

Certificate No.  

Date:

This is to certify that I have carefully examined Shri/Smt./Kum. ___________________________ son/daughter/wife 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 am satisfied that:

(A) he/she is a case of:

- locomotor disability
- dwarfism
- blindness

(Please tick as applicable)

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

(A) 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 guidelines to be specified).

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

<table>
<thead>
<tr>
<th>Nature of Document</th>
<th>Date of Issue</th>
<th>Details of Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document</td>
<td>issuing certificate</td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td>---------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Signature/thumb impression of the person in whose favour certificate of disability is issued
Form - VI
Certificate of Disability
(In cases of multiple disabilities)
[See rule 18(1)]
(Name and Address of the Medical Authority issuing the Certificate)

Recent passport 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 (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 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:

<table>
<thead>
<tr>
<th>S. No</th>
<th>Disability</th>
<th>Affected part of body</th>
<th>Diagnosis</th>
<th>Permanent physical impairment/mental disability (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Locomotor disability</td>
<td>@</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Muscular Dystrophy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Leprosy cured</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Dwarfism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Cerebral Palsy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Acid attack Victim</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Low vision</td>
<td>#</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Blindness</td>
<td>#</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Deaf</td>
<td>£</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(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 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
   £ e.g. Left/Right/both ears

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

<table>
<thead>
<tr>
<th>Nature of document</th>
<th>Date of issue</th>
<th>Details of authority issuing certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Signature and seal of the Medical Authority.
<table>
<thead>
<tr>
<th>Name and Seal of Member</th>
<th>Name and Seal of Member</th>
<th>Name and Seal of the Chairperson</th>
</tr>
</thead>
</table>

Signature/thumb impression of the person in whose favour certificate of disability is issued.
**Form – VII**

**Certificate of Disability**

(In cases other than those mentioned in Forms V and VI)

(Name and Address of the Medical Authority issuing the Certificate)

(See rule 18(1))

Certificate No. Date:

This is to certify that I have carefully examined

Shri/Smt/Kum______________________________ 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 am satisfied that he/she is a case of ______________________ disability. His/her extent of percentage physical impairment/disability has been evaluated as per guidelines (........number and date of issue of the guidelines to be specified) and is shown against the relevant disability in the table below:-

<table>
<thead>
<tr>
<th>S. No</th>
<th>Disability</th>
<th>Affected part of body</th>
<th>Diagnosis</th>
<th>Permanent physical impairment/mental disability (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Locomotor disability</td>
<td>@</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Muscular Dystrophy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Leprosy cured</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Cerebral Palsy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Acid attack Victim</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Low vision</td>
<td>#</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Deaf</td>
<td>€</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Hard of Hearing</td>
<td>€</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Speech and Language disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Intellectual Disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Specific Learning Disability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Autism Spectrum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disorder</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Mental illness</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Chronic Neurological Conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Multiple sclerosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Parkinson’s disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Haemophilia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Thalassemia</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Sickle Cell disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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) ____ ____ ___

@ - eg. Left/Right/both arms/legs
# - eg. Single eye/both eyes
€ - eg. Left/Right/both ears

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

<table>
<thead>
<tr>
<th>Nature of document</th>
<th>Date of issue</th>
<th>Details of authority issuing certificate</th>
</tr>
</thead>
</table>

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

Countersigned
{Countersignature and seal of the Chief Medical Officer/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 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]

[See rule 18 (4)]

No. __________________________ dried: __________________________

To,

(Name and address of applicant for Certificate of Disability)

Sub: Rejection of Application for Certificate of Disability

Sir/ Madam,

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


2. Pursuant to the above application, you have been examined by the undersigned/ 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:

(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)

[File No. 03-01/2017-DD-III]

Joint Secretary to the Government of India