

(Extract from the Chd. Admn. Gaz., dated the 1st November, 1999)

CHANDIGARH ADMINISTRATION
SOCIAL WELFARE DEPARTMENT
Notification

The 28th October, 1999

No. SW/SWD/35/2205.—The Administrator, Union Territory of Chandigarh is pleased to formulate the following rules governing the grant of "Unemployment Allowance" to the "Physically Handicapped Persons". This scheme will take effect from 1st November, 1999.

1. Objective :

The aim of the scheme is to give unemployment allowance to the unemployed Handicapped Persons waiting for the employment for unduly long period and belongs to poor section of the Society and required to be associated with their gainful employment.

2. Eligibility :

(i) All educated unemployed persons shall be eligible for the grant of unemployment allowance who are qualified for getting a job but are not able to find employment due to various reasons.

(ii) His/her age is between 18--30 years.

(iii) The total family income of parents should not exceed Rs. 50,000 P.A.

(iv) He/She should have minimum two years registration in the Special Employment Exchange in the U.T. Chandigarh.

(v) He/She should have been residing in U.T. Chandigarh for a period of at least three years immediately before the submission of application.

3. Rate of Unemployment Allowance :

The following shall be the rates for the payment of Unemployment Allowance :--

Qualifications	Rate	
	For visually handicapped and Deaf and Dumb Persons.	For other categories of Handicapped Persons.
(i) For Matriculate and under graduate applicants	Rs. 300 per month	Rs. 150 per month
(ii) For Graduate/Post Graduate applicants	Rs. 400 per month	Rs. 200 per month

4. Application for Unemployment Allowance :

All applications for unemployment allowance shall be submitted to the Director Social Welfare, Chandigarh Administration on the prescribed form and the decision of the Director Social Welfare over it shall be final.

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5. Power to Sanction Unemployment Allowance :

The power to sanction unemployment allowance shall vest in the Director Social Welfare, Union Territory, Chandigarh.

6. Stoppage or Recovery of the Unemployment Allowance :

The Authority empowered to sanction the unemployment allowance may :

(a) Stop the payment of unemployment allowance to any recipient, if the said allowance is no more payable due to change in the circumstances in which the same was sanctioned.

(b) Withdraw or withhold the payment of unemployment allowance at any stage if it is found that the unemployment allowance was sanctioned by mistake or under any false information or in disregard of any condition subject to which it could be sanctioned.

(c) If at any time a money order pertaining to disbursement of the unemployment allowance is received undelivered due to any reasons whatsoever the amount shall be deposited to the Government account unless it is claimed personally by the recipient within one month of its receipt.

(d) The unemployment allowance will cease from the month of attaining age of 30 years.

7. Remittance of Unemployment Allowance :

The unemployment allowance shall be remitted to the recipient by money order on quarterly basis and the cost of the money order commission shall be borne by Government.

8. Unemployment Allowance not Enforceable through Court of Law :

The unemployment allowance under these rules shall not be enforceable through any court of law.

9. Yearly Affidavit :

To draw the unemployment allowance in subsequent year the unemployed person is required to give an affidavit at the beginning of every financial year that he continued to be unemployed.

RAKESH SINGH,

Secretary, Social Welfare,
Chandigarh Administration.

APPLICATION FOR UNEMPLOYMENT ALLOWANCE TO DISABLED PERSONS
(SOCIAL WELFARE DEPARTMENT, CHANDIGARH ADMINISTRATION)

1. Name of the Disabled Person/
Applicant.

2. Name of Father/Husband

3. Date of Birth/Age

(Proof to be attached)

- 2. That I have not claimed unemployment allowance from any State Government.
- 3. That I am not employed at present and shall inform the Director Social Welfare as and when gainfully employed.
- 4. That I was never dismissed from Government service or from the service of a public sector undertaking or a quasi-Government institution or a local body or was convicted of a cognizable offence involving moral turpitude.
- 5. That I am not drawing any financial assistance by way of pension etc. from any other source.
- 6. That the total income of my family is Rs.
- 7. That the particulars given in my application are correct.

DEPONENT

VERIFICATION

Verifier, that the contents of the above affidavit are true to the best of my knowledge and nothing has been concealed.

DEPONENT

Income Certificate

I, certify to the best of my knowledge and belief the total estimated income from all sources of both the parents/guardian of Shri/Smt./Mm (Name of candidate) resident of in Rs. (Rs.) p.m.

Signature of candidate

Signature

Name in block letters

Date :

Designation

Place :

Office Stamp

I, Father/Guardian of Shri/Smt./Mm undertake to intimate to the Social Welfare Department, any change in the above mentioned income that takes place at any time during the pendency of the Unemployment Allowance.

Signature

Profession :

Postal Address :

This certificate may be given by a Revenue Officer not below the rank of Tahsildar or any other officer of equivalent status or any gazetted officer.

CC(BE) - Govt. P.W.D., U.T., Chd.

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All Address where the applicant is residing for the last three years (Proof to be attached).

5. Caste (Whether Belongs to SC/ST/OBCs/Others)

6. Sex (Male/Female)

7. Whether married/unmarried.

8. Nature and Percentage of Disability (Certificate to be attached).

9. Educational Qualifications a.

b.

10. Specimen Signatures of the applicant: 1.

2.

3.

11. Family's total annual income from all sources (give details, if any).

12. Whether Registered with Regional Employment Exchange, U.T., Mandigarh, if so, please indicate Registration No. Date.

Signature of the Applicant.

DECLARATION

I,S/o, D/o..... do hereby solemnly affirm and declare that the information/particulars given above by me are correct to the best of my knowledge and belief and nothing has been concealed therein.

Signature of the Applicant.

(Attestation by Executive Magistrate/Gazetted Officer/Oath Commissioner).

AFFIDAVIT

I,S/o, D/o, W/o..... do hereby solemnly affirm and declare as under :-

1. That my name is registered for employment with Special Employment Exchange for Physically Handicapped Persons in Mandigarh.