

CHANDIGARH ADMINISTRATION
SOCIAL WELFARE DEPARTMENT

NOTIFICATION

The 7-4, 2016

NO.SW2/PWD/RULES/2016/3679 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 Administrator, Union Territory of Chandigarh hereby makes the following Rules further to amend the Chandigarh Persons with Disabilities (Equal opportunities, Protection of Rights and Full Participation) Rules, 2002, namely:-

1.(i) These rules may be called the Chandigarh Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) (Amendment) Rules, 2016.

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

2. In the Chandigarh Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules, 2002:-

(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);

(b) **"certificate" or "disability certificate" means a certificate issued in pursuance of clause (t) of Section 2 of the Act;**

(c) **"multiple disabilities" means a combination of two or more disabilities as defined in clause (i) of Section 2 of the Act;**

(d) **"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 meanings 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 issuance of disability certificate –

(1) A person with disability desirous of getting a certificate in his/her favour shall submit an application in Form I, 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) medical authority competent to issue such a certificate for specified area in the Union Territory of Chandigarh, or
- (ii) the concerned medical authority in a government hospital where he/she may be undergoing or may have undergone treatment in connection with his/her disability;
- (iii) any other source as authorized by Chandigarh Administration.

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/herself, the application on his/her behalf may be made by his/her legal guardian.

4. Issue of disability certificate-

(1) On receipt of an application under Rule 3, the medical authority shall, after satisfying himself/herself 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/her 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 the 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 the time in degree of disability.

(4) If an applicant is found ineligible for issuance of disability certificate, the medical authority shall explain to him/her the reasons for rejection of his/her application, and shall also convey the reasons to him/her in writing;

(5) A copy of every disability certificate issued under these rules by a medical authority other than the Principal Medical Officer shall be simultaneously sent by such medical authority to the Principal Medical Officer of the Union Territory of Chandigarh and list of such issued certificates shall be sent to the office of Social Welfare Department.

5. Review of a decision regarding issuance 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/her, or by refusal to issue such a certificate in his/her favour, as the case may be, may 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/her unfit or unable to make such an application himself/herself, the application on his/her behalf may be made by his/her 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 or being heard, pass such orders on it as it may deem appropriate.
- (4) An application for review shall, as far as possible, be disposed off within a fortnight from the date of its receipt, but in any case, not later than one 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 various schemes of the Government and of Non-Governmental 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"

(i) Rule 6 to Rule 33 of the Chandigarh Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules, 2002, shall be re-numbered as Rule 7 to Rule 34.

(ii) after Rule 34 and before FORM DPER-I, the following forms shall be inserted, namely:-

Form I
Form II
Form III
Form IV
FORM V


**Secretary Social Welfare
Chandigarh Administration**

Form-I

APPLICATION FOR OBTAINING DISABILITY CERTIFICATE BY PERSONS WITH DISABILITIES

1. Name :
(Surname) _____ (First name) _____ (Middle name) _____
2. Father's name: _____ Mother's name: _____
3. Date of Birth: (Date) _____ / (month) _____ / (year) _____
4. Sex: _____ Male/Female/Others
5. Address:
 - (a) Permanent Address

 - (b) Telephone Number : _____
 - (c) Current Address: (i.e. for communication)

 - (d) Aadhar Number: _____
 - (e) Bank Details:
 - i) Name of Bank: _____
 - ii) Account Number: _____
6. Educational Status(Pl tick as applicable)
 - i) Post Graduate
 - ii) Graduate
 - iii) Diploma
 - iv) Higher Secondary
 - v) Middle
 - vi) Primary
 - vii) Illiterate
7. Occupation: _____
8. Identification marks (i) _____ (ii) _____
9. Nature of Disability : Locomotor/hearing/visual/mental/others

10. Period since when disabled: from Birth/Since year _____

11. (i) Did you every 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 _____

12. 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, an 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 mental retardation, autism, cerebral palsy and multiple disabilities)

Date:

Place:

Encl:

1. Proof of residence (Please tick as applicable)

- (i) ration card,
- (ii) voter identity card,
- (iii) driving license,
- (iv) bank passbook
- (v) PAN card,
- (vi) passport,
- (vii) telephone, electricity, water and any other utility bill indicating the address of the applicant,
- (viii) 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,
- (ix) 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-II

Disability Certificate

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

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

Recent PP size self
attested photograph
(showing face only) of the
person with disability

Certificate No. _____

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. _____ Ward/Village/Street _____ Post Office _____
District _____ State _____ Aadhar No. _____ whose photograph
is affixed above and am satisfied that:

(A) He/She is a case of :

- Locomotor
- 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).

(D) The applicant has submitted the following documents as proof of residence:-

Nature of Document	Date of Issue	Details of Authority issuing certificate

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

Signature /Thumb impression
Of the person whose favour
Disability certificate is issued

Form-III

Disability Certificate

(In cases of multiple disabilities)

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

(See Rule 4)

Recent PP size self
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(DD/MM/YY) _____ / _____ / _____ Age _____ years, male/female

Registration no. _____ Ward/Village/Street _____ Post Office _____

District _____ State _____ Aadhar No. _____ 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 (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

Sr. No.	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) If 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.

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Name and seal of Member

Name and seal of Member

Name and seal of the
Chairperson

Signature/Thumb impression
in whose favour disability
certificate is issued

Form - IV**Disability Certificate
(In cases other than those mentioned in Forms II and III)**

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

Recent PP size self
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 (DD / MM / YY) _____ Age _____ years, male/female Registration No. _____
_____ permanent resident of House
No. _____ Ward/Village/ Street _____ Post
Office _____ District _____ State _____.

_____ photograph is affixed above, and am satisfied that he/she is a case of impairment
disability has been evaluated as per guidelines (to be specified) and is shown against the
relevant disability in the table below:

Sr. No.	Disability	Affected part of Body	Diagnosis	Permanent physical impairment/mental disability (in%)
1	Locomotr 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 / Manimajra, Chandigarh /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 and Seal)

Countersigned

{Countersignature and seal of
the PMO/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
in whose favour disability
certificate 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 Principal Medical Officer of the Union Territory of Chandigarh"

Note: The principal rules were published in the Chandigarh Administration vide notification number SWZ/PWD/RULES/2001/2418 dated the 11th September, 2002.

Form - V

Intimation of Rejection of Application for Disability Certificate

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)