# [Extract from the Chd. Admn. Gaz., dated the 1st March, 2000] CHANDIGARH ADMINISTRATION

# SOCIAL WELFARE DEPARTMENT

#### Notification

### The 18th February, 2000

No. SW2/SWD/99/513.--In supersession of Notification No. F.11/9/210/ 76/SW/1212, dated the 19th January, 1979, the Administrator, Union Territory, Chandigarh is pleased to frame the following rules in respect of the scheme "Assistance to Physically Handicapped for Purchase of Aids".

2. These rules shall be called "The Chandigarh Financial Assistance to the Physically Handicapped for the Purchase of Aids and Appliances" Rules, 1999 and shall be applicable throughout the Union Territory of Chandigarh. These rules shall come into operation from the date of issue of notification.

### 2. AIMS :

- (i) The aim of these rules is to provide financial help to the physically handicapped for purchase of such aids and special gadgets as are necessary to increase their mobility and capacity.
- (ii) To reduce the dependence of physically handicapped on other members of the family for their daily routine work as also to improve mobility and locomotion.

(iii) To restore in them the feeling of self-confidence and self respect.3. ELIGIBILITY :

The following persons shall be entitled to this assistance :--

- (i) Persons who are of any age and sex but are permanent resident of Union Territory of Chandigarh or are domiciled and have resided in the Union Territory of Chandigarh for a minimum period of three years at the time of making an application.
- (ii) Persons who are in need of artificial aids, gadgets or tools to reduce the effect of their handicap. His/Her application should be fuly recommended by qualified doctor of Government/Semi-Government/ Local Bodies or Government approved Hospital for such assistance.
- (iii) Persons whose total family income from all sources including income from property does not exceed Rs. 8,000 P.M. For dependents, total income of parents should not exceed Rs. 8,000 P.M.

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4. MAKING APPLICATION :

Application for "Assistance to Physically Handicapped for purchase of Aids" shall be submitted in the prescribed form to Director of Social Welfare, Chandigarh Administration, Chandigarh. The requisite application form shall be obtainable free of charge from the Directorate of Social Welfare, Chandigarh Administration, Chandigarh.

5. VERIFICATION :

It shall be the duty of the Directorate of Social Welfare, Chandigarh to carry out detailed inquiries into the financial position of the applicant and into other particulars given in the application form. In cases where a particular applicant owns property i.e. house or land, area of land owned and size of the house, the probable income derived shall be investigated and indicated while forwarding the application to sanctioning authority for final orders.

6. QUANTUM OF ASSISTANCE : (i) The quantum of assistance will de condition of individual and family and will be as prescribed below :	apend upon the financial subject to a maximum limit
as prescribed below :	
as prescribed below :	Amount of assistance
	Amount of Long
Sr. Total family income	admissible
No.	an ansta

		Full Cost
1.	Upto Rs. 5,000 P.M.	50% of the cost.
2.	From Rs. 5,001 to Rs. 8,000 P.M	
		will be determined
1.	ii) The requirement and the type of	aids required will be determined aids required will be determined

- 15 by a qualified doctor of a Government/Semi-Governmen (11) The requirement and the or Government approved Hospital. 20.000
- (iii) Maximum amount of assistance shall not exceed Rs. (Rs. Twenty thousand). 14 C 12 M

# 7. POWER OF SANCTIONING AUTHORITY :

The Director of Social Weifare, Chandigarh Administration, Chandigarh shall be the Sanctioning Authority who shall pass orders in each case on the basis of the report of recommending authority and/or spot verification conducted by the departmental investigator or other official specifically deputed for this purpose. The decision of the Director Social Welfare, Chandigarh Administration shall be final.

# 8. CANCELING OF ASSISTANCE :

The sanctioning authority shall have the right to cancel the sanction of assistance, if at any stage, it is found that it was sanctioned on a mistaken ground as following the sanctioned on a mistaken ground or false information or the condition for which the assistance was granted no longer exists. sector the to make at the sector of

# 9. MODE OF PAYMENT :

- (i) Payment shall be made by the Director Social Welfare direct to the supplier party through demand draft after the beneficiary pays his/her share or the party agrees in writing to collect the balance cost in installments.
- (ii) Persons receiving assistance under this scheme will not be considered at least for next three financial years, for any further assistance. 10. UTILISATION : erent others, or more about the second

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The fact that the assistance received from the Directorate of Social Welfare by a Physically handicapped persons under this scheme has been utilised for the purpose for which it was meant shall be certified by one of the following authorities :--

(1) A qualified doctor of a Government/Semi-Government/Local Bodies or Government approved hospital. territion of any set of the set o

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(11) An official of the Directorate of Social Welfare deputed for the

# 11. REFUND OF ASSISTANCE :

If the dealer to whom payment has been made, fails to deliver the ald/appliance within reasonable period, the amount shall the recovered with interest @ 15% per annum. 12. CHANGE OF ADDRESS :

It shall be obligatory for the persons receiving assistance under, these rules to intimate any change of address to the Director, Social Welfare, Chandigarh Administration, Chandigarh.

This issues with the concurrence of F.D. conveyed, --vide their memo No. 455-FII(14)-2000/1590, dated 16th February, 2000.

RAKESH SINGH.

Secretary Social Welfare, Chandigarh Administration.

## CHANDIGARH ADMINISTRATION SOCIAL WELFARE DEPARTMENT INCOME CERTIFICATE

I,....certify to the best of my knowledge and belief the total combined income from all sources of both the parents/guardian of Shri/Smt./Km.....(Name of the candidate) resident of..... 

Signature of candidate Date : Place :

Signature

Name in block letters

Designation

Office Stamp

I,.....Father/Guardian of Shri/Smt./Km.....

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 scholarship.

Date :

#### Signature

Profession:

#### Postal Address;

Place

- N.B.--(i) It may be given by a Revenue Officer not below the rank of Naib Tehsildar or any other officer of equivalent status or any affidavit attested by a first class Magistrate or a Certificate from a gazetted officer of the Central or State Government or Union Territory or Member of Parliament or State Legislature.
  - (ii) If a student faces difficulties to get an income certificate from any of the above authority, a voluntary declaration on income from the parent/guardian of the student will be accepted.

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