

P/255(Cc)

CPO's Sl. Circular No.-145/2013

Eastern Railway

No:E.890/2/ R&R/HP/Policy/Pt.XIV

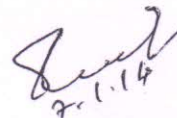
Kolkata, dt.07.01.2014

All Concerned'

Sub: Reservation for persons with disabilities for recruitment from open Market – revised form the disability certificates- regarding.

A copy of DOP&Ts OM No.36035/1/2012- Estt. (Res) dt.29.11.2013 received vide Railway Board's letter No. E(NG)II/2006/RC-2/13 dt.19.12.2013 wherein it has been mentioned the revised form for disability certificates of persons with disabilities for recruitment of open market is sent herewith for information, guidance and necessary action.

Encl: As above (17 pages)



(S. Ganguly)

Asstt. Personnel Officer (R&B)

f. Chief Personnel Officer

Index No: 1063- Reservation for persons with disabilities for recruitment of open market revised form for disability certificates.

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)



ER

E(NG)II/2006/RC-2/13

New Delhi, dated 19.12.2013

The General Manager (P),
All Zonal Railways/PUs,
Chairman/RRBs & RRCs.

Sub:- Reservation for Persons with Disabilities for recruitment from
from open market – revised form for Disability Certificates-
regarding.

A copy of DoP&T's OM No. 36035/1/2012-Estt.(Res) dated
29/12/2013 is sent herewith for guidance and compliance. Consequently,
it has been decided to delete para 4 of this Ministry's letter of even
number dated 17/09/2007.

Please acknowledge receipt.

Encl: As above

19/12/13
(Harsha Dass)
Director Estt. (N)II
Railway Board

Central Registry/ E. Rly
Date of Receipt
Serial No.

31 DEC 2013

by CPO (R) & (IR)

Impd

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मु. का.धि
C.P.O

No.36035/1/2012-Estt.(Res)
Government of India
Ministry of Personnel, Public Grievances and Pensions
Department of Personnel and Training

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.

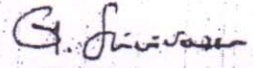
2. Ministry of Social Justice and Empowerment vide their Notification No. G.S.R. 2 (E) dated 30.12.2009 has issued rules to amend the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules, 1996. Rules 3 to 6 (Chapter II) of the said Notification dated 30.12.2009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

Encl: As above


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

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);

- (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 issue of disability certificate -

- (1) A person with disability desirous of getting a certificate in his 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) a medical authority competent to issue such a certificate in the district of the applicant's residence as mentioned in the proof of residence submitted by him with the application, or
- (ii) the concerned medical authority in a government hospital where he may be undergoing or may have undergone treatment in connection with his disability :

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.

5. Review of a decision regarding issue 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, or by refusal to issue such a certificate in his 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 unfit or unable to make such an application himself, the application on his behalf may be made by his 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 of being heard, pass such orders on it as it may deem appropriate.
- (4) An application for review shall, as far as possible, be disposed of 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 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."

"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-----

12. (i) Did you ever 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-----

13. 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, 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 mental retardation, autism, cerebral palsy and multiple disabilities)

Date:

Place:

Encl:

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 Govt. school,
 - (i) 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 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.....

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(A) 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).

2. The applicant has submitted the following document 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 in whose
favour disability
certificate is
issued.

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:

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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		

(B) In 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.

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.

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
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 he/she is a case of _____ disability. His/her extent of percentage physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below:-

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:-

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 CMO/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 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 Chief Medical Officer of the District."

Note: The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996.

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)

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)

[F. No. 16-02/2007-DD. III]

Dr. ARBIND PRASAD, Jt. Secy.