

CHANDIGARH PERSONS WITH DISABILITIES (EQUAL OPPORTUNITIES,  
PROTECTION OF RIGHTS AND FULL PARTICIPATION) (AMENDMENT) RULE

C HANDIC,ARH ADMINISTRATION SOCIAL WELFARE DEPARTMENT NOTIFICATION The \_•-  
r= 4 2016 In exercise of the powers conferred by Sub sections (1) and (2) of Section / 3 of the Persons With Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1 of 1996), the Administrator, Unton rerritory of Chandigarh hereby makes the following Rules further to amend the Chandigarh Persons Witt Disabilities (Equal opportunities, Protection of Rights and Full Participation) Rules, 2002. namely 1.(1) 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.-** L. 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. Scanned with CamScanner (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.; (i) for CHAPTER 11, the following Chapter shall be substituted, namely:- CHAPTER 11 DISABILITY CERTIFICATE 3. Application for issuance of disability certificate — (1) A person With disability desirous of getting a certificate in his/her favour s' ll submit an application n



Form 1, 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 r-cxn 11,**



Form III or Form IV as applicable. Scanned with CamScanner the certificate shall be Issued as far as possible, within a week from the date 'ecetpt of the application by the medical authority, but tn 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 ume In the degree of disability, and (ii) shall indicate the pertod of validity in the certificate, in cases where there is any chance of variation over the time in degree of disability. 4) f an applicant is found ineligible for Issuance of disability certificate, the medical authority sha I 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 certiQcate, who ts 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 applicaton himself/herself, the application on his/her behalf may be made by his/her legal guardian. Scanned with CamScanner (2) The application for review shall be accompanied by a copy of the,certificate or letter of rejection being appeared 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 ft may deem appropriate. (4) An application for review shaft, as far as possjbie, be disposed off within a fortnlght from the date of its receipt, but in any case, not tater 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 11 Form 111 Form rv  
FORM V Secretary Social Welfare Chandigarh Administration Scanned with CamScanner Form-I  
APPLICATION FOR OBTAINING DISABILITY CERTIFICATE BY PERSONS WITH I. 2. 3. 4

**6. Name : (Surname) Father's name: Date of Birth: (Date) DISABILITIES (First name) Mother's name: (Middle name) Sex: Address: Male/Female/Others (a) Permanent Address (b) Telephone Number : (c) Current Address: (i.e. for communication) (d) Aadhar Number: (e) Bank Details: i) Name of Bank: Account Number: Educational Status(PJ tick as applicable) iv) v) vii) Post Graduate Graduate Diploma Higher Secondary Middle Primary Illiterate 7. Occupation: 8. Identification marks ( i) (ii) 9. Nature of Disability : Locomotor/hearing/visual/mentat/others** Scanned with CamScanner



**10. Period since when disabled: from Birth/Once year I (i) Did you ever apply for issue of a disability certificate in the Past ii yes, details: (a) Authority to whom and district in which applied (b) Result of application YES/NO 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, 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 benefit; 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) (ii) (iii) (iv) (v) (vi) (vii) (viii) (ix) ration card, voter identity card, driving license, bank passbook PAN card, passport, telephone, electricity, water and any other utility bill indicating the address of the applicant, 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, 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. Date: Place: 2. Two recent passport size photographs (For office use only) Signature of issuing authority Stamp Scanned with CamScanner

Annexure- A



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) 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 Registration no. District State \_ Ward/Village/Street Aadhar No. Recent PP size self attested photograph (showing face only) of the person with disability years, male/female Post Office 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 per guidelines (to be specified)- (part of body) as (D) The applicant has submitted the following documents as proof of residence:- Nature of Document Date of Issue Signature /Thumb impression Of the person whose favour Disability certificate is issued Details of Authority issuing certificate (Signature and seat of Authorised Signatory of notified Medical Authority) Scanned with CamScanner Annexure- A Form-III Disability Certificate (In cases of multiple disabilities) (NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE ) (See Rule 4) 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) —J—/ Age Registration no. District State \_ Ward/Village/Street Aadhar No. Recent PP size self attested photograph (showing face only) of the person with disability Date: years. male/female Post Office 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. j Affected part of Body 1 2 3 4 5 6 Locomotor disability Low Vision Blindness Hearing Impairment Mental Retardation Mental Illness Permanent physical Diagnosis impairment/mental disability (in%) Both Eyes x x (8) If the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:- In figures In words percent percent (2) This condition is progressive/non-progressive/likely to improve/not likely to improve. Scanned with CamScanner

**3. Reassessment of disability is: (i) not necessary, Or (ii) is recommended/ after years certificate shall be valid till (DD / MM / YY) e. . Left/Right/both arms/legs # - e.g. Single eye/both eyes E - e.g.**

Left/Right/both ears months, and therefore this 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 Signature/Thumb impression in whose favour disability certificate is issued Name and seal of Member Name and seal of the Chairperson Scanned with CamScanner Annexure Disability Certificate (In cases other than those mentioned in Forms I and II) (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. This is Shri/Smt./Kum. to certify that 1 Date: have carefully examined son/wife/daughter of Shri Date of Birth (DD / MM / YY) Age permanent Office Ward/Village/ Street District years, male/female Registration No. House of resident Post State 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. 1 2 3 4 5 6 Disability Locomotor disability Low vision Blindness Hearing impairment Mental retardation Affected part of Diagnosis Permanent physical impairment/mental disability in % Body Both Eyes x 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, Scanned with CamScanner months, and therefore this certificate years ' (i) is recommended/ after be valid till (DD / MM / YY) @ - e.g. Left/Right/both arms/legs # - e.g. Single eye/both eyes E - e.g. Left/Right/both ears 4. The applicant has submitted the following document as proof of residence:- Nature of Document Date of issue (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" Nana. The District rules were published in the Chandigarh Administration vide notification number SVZ/PWD/RULES/2002/2418 dated the September, 2002.

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Form — V Intimation of Rejection of Application for Disability Certificate Dated: (Name and address of applicant for Disability Certificate) Sub Rejection of Application for Disability Certificate. Sir/Madam,

Please refer to your application dated following disability:- for issue of a Disability Certificate for the 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: 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) Scanned with CamScanner

