

UNEMPLOYMENT ALLOWANCES TO THE PHYSICALLY HANDICAPPED PERSONS

the Admn. Gaz. , dated the 1st November, CHANDIGARH ADMINISTRATION WELFARE DEPARTMENT Notified on 26th October, 1999 NO. 1001 • Administrator, Union Territory of the following rules governing the grant of an to the "Physically Handicapped Persons" . This Scheme in Int No. 1001, 1999. is to give unemployment allowance to the waiting for the employment for unduly cessation or the Society and required to be unemployed persons shall be eligible for • the allowance who are qualified for getting able to find employment due to various (M) between 18--30 years. . The Income of parents should not exceed have minimum two years registration in the Exchange In the U.T. Chandigarh. been residing In U.T. Chandigarh for a *three . years Immediately 'before the 3. Rate 'theft ratee for the payment of Unemployment Rate For other categories of Handicapped persons (1) Fee, Mat LCUI late t. ihf2ét • dpfiéantg (11) GreiAU'até' • For visually handicapped and Deaf and Dumb Persons Rs. 300 per month Rs. 000 per month •Yrnt- Allowance . Rs. 150 per month 200 per month Ail applicauens•r unemployment allowance shall be submitted to 'the Director Chandigarh Administration on the prescribed form de Clé 16n. ot: the Director Social Welfare over it shall be final. Scanned with CamScanner 4 2. 3

3. Pomr eo .taagtzon Vn•mp20yment Allowance The to sanction unemployment allowance shall vest in the Director • Sociu nion Territory, Chandigarh . b.. of the Unemployment Allowance . empowered to sanction the unemployment allowance may (a) Stop payment. unemployment allowance to any recipient. the. • advance is more payable due to change in the .thee same was sanctioned. • the payment of unemployment allowance at 'IOUnd "that the unemployment allowance was by ni {otaket or) 'under e ähy false Information or in anyw condltlan subject to which It could be . a. hioney order pertaining to disbursement of the allowance Is received undelivered due to any '4 wfi4Goever shall be deposited €0 the the amount Gövprnen•. account unless it Is claimed personnaUy by the recipient. 15.4tMn one month of Its receipt. (d Thaa ' •Üüipaoyment allowance will cease from the month ot of 30 years. Remittance; s toymänt Allowance . allowance shall be remitted to the recipient by and the cost or the money order commission v.shdi 8,- unemployment* not Enforceable through Court of Law >a2iowance under these rules shall not be enre*ceable. thr.aagh •äqy -court of law, 9. Yearly To drpwe •thu c,very finanetdi•-Wär unemployment allowance in subsequent year the 15 required' to gave an affidavit at the beginning of that he continued • to be unemployed. •UNEUP&OYMENT E DEPARTMENT. Name- ot Person/ RAKESH SINGH, Secretary, Social Welfare, Chandigarh Administration . ALLOWANCE TO DISABLED PERSONS CHANDIGARH ADMINISTRATION) Scanned with CamScanner unemployment allowance from any and shall inform the Director and when gainfully employed. •nd from Government •rvle• or. from the cetor undertaking or quest-Gov•rnmnt body or was convinced of a cognizable morel turpitud• . i drawing any financial assistance by way of any other source. Thu 'neomo of my family is Rs

7. That the certifiers given in my application are correct. DEPONENT of the above affidavit are true to the has been concealed. DEPONENT Income Certificate • certaty to the best of my knowledge Income from all sources of both the parents/ .(Name of candidate) In) p.m. Signature Name in block letters Dignation omc. Stamp Father/Guardien of undertake to Intimate to the »äiai WON"" any change in the above mentioned income that fkeS'VfLaee daring the pendency or the Unemployment Signature Profession Postal Address Revenue Officer not below the rank of .ogticer af equivalent status or any gazetted U.T., Chd. Scanned with CamScanner 3 the Wet three 5 Ca to C Wh Gus ome ail details, äiy) . a. b. 1. 2

3. Regional pleaser indicate Signature of the Applicant. DECLARATION s/o, D/o do hereby solemnly Intormation/particulars given above by me are my knowledge and belief and nothing has been Executive Signature of the Applicant . Magistrate/Gazetted Officer/Oath for AFFIDAVIT S/ o, D/o, W/o the last years do hereby solemnly registered for employment with Special for Physically Handicapped Persons in Scanned with CamScanner