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WOMEN & CHILD DEVELOPMENT DEPARTMENT

NOTIFICATION

The 22nd June 2012

**S.R.O. No. 518/2012**—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 State Government do hereby make the following rules further to amend the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Odisha Rules, 2003, namely :—

## CHAPTER I

### PRELIMINARY

1. (1) These rules may be called the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Amendment Odisha Rules, 2012.

(2) They shall come into force on the date of their publication in the *Odisha Gazette*.

2. In the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Odisha Rules, 2003, (hereinafter referred to as the said rules), in Rule 2, in sub-rule (1),

(i) after clause (a), the following clause shall be inserted, namely :—

"(a-i) 'Appellate Medical Board' means the Board consisting of at least three members not below the rank of Assistant Professor of the Medical Colleges of the State, out of which one shall be an Assistant Professor in the particular field of assessing locomotors/visual including low vision/hearing and speech disability/mental retardation and leprosy cured as the case may be, and as notified by the Government from time to time."

(ii) after clause (b), the following clauses shall be inserted, namely :—

"(b-i) 'Certificate' or 'disability certificate' means a certificate issued in pursuance of clause (t) of Section 2 of the Act;"

"(b-ii) 'Committee' means Search-cum-Selection Committee constituted under Rule 49-C(2) of these rules;"



(iii) after clause (f), the following clauses shall be inserted, namely :—

"(f-i) 'Medical Authority' means Medical Authority for the purpose of issue of disability certificate for persons with disabilities as notified from time to time;" and

"(f-ii) 'multiple disabilities' means a combination of two or more disabilities as defined in clause (t) of Section 2 of the Act;"

3. In the said rules, 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 which shall be accompanied by proof of residence of the applicant along with two recent passport size photographs.
- (2) The application shall be submitted to the 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 :

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 parents/legal guardian.

#### 4. Issue of Disability Certificate :

- (1) On receipt of the 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 the case may be.
- (2) The certificate shall be issued within a week from the date of receipt of the same by the Medical Authority but in any case, not later than fifteen days from such date.
- (3) Medical Officer in-charge of Community Health Centre/Primary Health Centre/Hospital shall be notified as Medical Authority in respect of issuance of certificate for obvious disability.
- (4) For multiple disabilities, Chief District Medical Officer shall be notified as Medical Authority assisted by concerned specialist if required for issuance of disability certificate.
- (5) The Medical Authority, after due examination—
  - (i) shall give a permanent disability certificate in case where there are no chances of variation, over time, in the degree of disability;
  - (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; and
  - (iii) shall issue multiple disability certificate as per sub-rule (4) of Rule 4 of the said rules.



- (6) In case of non-availability of specific specialist, the Chief District Medical Officer can utilise the services of specialist from nearby Medical College/District. If the services of specialist from nearby Medical College/District are not available the services of specialist private practitioner may be hired.
- (7) The remuneration of such specialists will be paid at the rate fixed by the Government from time to time.
- (8) 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 in Form V.
- (9) The Medical Authority shall maintain two registers, one for disposal of the application in Form No. VI and another for issue of disability certificate in Form No. VII.
- (10) 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.
- (11) The Chief District Medical Officer shall maintain a data base on persons with disability on the basis of certificates issued in the district.

#### **5. Review of decision regarding issue of or refusal to issue of a Disability Certificate :**

- (1)(a) Any applicant for a disability certificate, if aggrieved by the nature of certificate issued to him by the Medical Authority at Community Health Centre/Primary Health Centre/Hospital, or by refusal to issue such a certificate in his favour by the above authority, as the case may be, may represent against such a decision to the Chief District Medical Officer of the concerned district.
- (b) The application shall be accompanied by a copy of the certificate or letter of rejection being appealed against.
- (c) After receipt of appeal petition Chief District Medical Officer shall dispose of the appeal petition after due examination of the disability taking assistance of the concerned specialist(s) within a period of one month.
- (2) On representation by the applicant, the Chief District Medical Officer may review its own decision taking assistance of concerned specialist and pass such order in the matter as it deems fit.
- (3) Any applicant for a disability certificate, if aggrieved by the orders of the District Medical Authority, may represent against such a decision to the Appellate Medical Board.
- (4) All such appeal petitions/recommendations may be sent to Convener, Appellate Medical Board, office of the Director for Welfare of Persons with Disabilities, Odisha.
- (5) On receipt of an application, the District Medical Authority or Appellate Medical Board, as the case may be, shall after due examination of the disability, pass such orders on it as it may deem appropriate within a period of two months from the date of receipt of application.
- (6) 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 parents/legal guardian.



(7) Decision of the Appellate Medical Board shall be final.

**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 any scheme of Government or non-Government organisations, subject to such conditions as the Central Government or the State Government may impose from time to time in this regard.

**4. In the said rules, after rule 49-A, the following rules shall be inserted, namely :—**

**49-B. Qualifications for appointment of Commissioner :**

- (1) In order to be eligible for appointment as Commissioner, a person must—
  - (i) be below sixty years of age as on the 1st day of January of the year in which the last date for receipt of application falls;
  - (ii) posses the following educational qualification and experience, namely :—
    - (a) Graduate from a recognised University;
    - (b) Recognised Degree/Diploma in Social Work/Law/Management/Human Rights/ Rehabilitation of Disabled Person/Education of Disabled Persons;
  - (iii) seek retirement if he/she is in service under the Central Government or State Government before appointment to the post; and
  - (iv) have special knowledge or practical experience in respect of matters relating to rehabilitation of persons with disabilities.
- (2) He/she must have minimum 25 (twenty-five) years of experience in one or more of the following types of organisations at specified levels, namely :—
  - (a) In a Group 'A' level post in Central/State Government/Public Sector Undertaking/ Semi-Government or Autonomous Bodies dealing with disability related matters and/or Social Sector (Health/Education/Poverty Alleviation/Women and Child Development); or
  - (b) A senior level functionary in a registered national or international level voluntary organisation working in the field of disability/social development; or
  - (c) Senior Executive position in a leading Government/Public/Private Sector organisation involved in social work and in-charge of handling social development activities of the organisation :

Provided that out of the total twenty-five years experience, at least three years of experience in the recent past have been in the field of empowerment of persons with disabilities.

**49. (C) Mode of appointment of the Commissioner :**

- (1) About six months before the post of Commissioner is due to fall vacant, an advertisement shall be published in at least one widely circulated English daily, two Odia daily and



Department Website inviting applications for the post from eligible candidates fulfilling the criteria mentioned in Rule 49-B.

- (2) A Search-cum-Selection Committee shall be constituted by Government to recommend a panel of three suitable candidates for the post of the Commissioner.
- (3) The Search-cum-Selection Committee shall examine the applications with reference to qualification, experience and overall bio-data of the applicant along with special knowledge or practical experience in the matters relating to rehabilitation of the disabled persons and recommend suitably.
- (4) The panel recommended by the Committee may consist of persons from amongst those who have applied in response to the advertisement mentioned in sub-rule (1).
- (5) The Government may appoint one of the candidates from the panel so recommended.

**49. (D) Term of the Commissioner :**

- (1) The Commissioner shall be appointed on full time basis for a period of three years from the date on which he/she assumes office, or till he/she attains the age of sixty-two years, whichever is earlier.
- (2) A person may serve as Commissioner for a maximum of two terms, subject to the upper age limit of sixty-two years.

**49. (E) Resignation and Removal of the Commissioner :**

- (1) The Commissioner may, by notice in writing, under his/her hand, addressed to the Government, resign his/her post.
- (2) The Government shall remove a person from the office of the Commissioner, if he/she—
  - (a) becomes an undischarged insolvent;
  - (b) engages during his term of office in any paid employment or activity outside the duties of his office;
  - (c) gets convicted and sentenced to imprisonment for an offence which in the opinion of the Government involves moral turpitude;
  - (d) is in the opinion of the State Government, unfit to continue in office by reason of infirmity of mind or body or serious default in the performance of his functions as laid down in the Act;
  - (e) without obtaining leave of absence from the Government, remains absent from duty for a consecutive period of 15 days or more; or
  - (f) has, in the opinion of the Government, so abused the position of the Commissioner as to render his continuance in office detrimental to the interest of persons with disability.
- (3) The Government may place a Commissioner under suspension in respect of whom proceedings for removal have been commenced in accordance with sub-rule (2), pending conclusion of such proceedings.



5. In the said rules, for Rule 51, the following rule shall be substituted, namely :—

**51. Honorarium :**

The Commissioner shall be entitled to honorarium and other perquisite as may be fixed by Government from time to time.

6. In the said rules, the Forms annexed to Annexure-N, shall be substituted by the following Forms, namely :—

[No. 10406—DW-II-E-105/2011-WCD.]

By order of the Governor

ARTI AHUJA

Principal Secretary to Government



## "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 (Please 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.

Date :

Place :

End :

(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)

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 Headmaster of a Government 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 passport  
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 .....

(C) he/she has ..... % (in figure) ..... per cent (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

| Disability            | Affected part of body | Diagnosis | Permanent physical impairment/mental disability (in %) |
|-----------------------|-----------------------|-----------|--|
| 1. Total blindness    |                       |           |  |
| 2. Partial blindness  |                       |           |  |
| 3. Hearing impairment |                       |           |  |
| 4. Mental retardation |                       |           |  |
| 5. Mental illness     |                       |           |  |

(b) In the light of the above, higher overall permanent physical impairment as per guidelines (to be specified) is as follows: —



## FORM III

**Disability Certificate**

(In case of multiple disabilities)

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

(See rule 4)

Recent passport  
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 .....

Date..... 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 :—

| Sl. 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 overall permanent physical impairment as per guidelines (to be specified), is as follows :—



In figures : ..... per cent

In words : ..... per cent

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 years

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 passport  
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/  
Age/Street..... Post Office ..... District .....

I, ..... whose photograph is affixed above, and am satisfied that he/she is a  
person 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 :—

| Sl. No. | Disability           | Affected part of body | Diagnosis | Permanent physical<br>impairment/mental<br>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 years

## 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 C.M.O./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 (1)**—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 (2)**—The principal rules were published in the Gazette of India vide Notification No. S.O. 908(E), dated the 31st December 1996.

No. ....

To

Sub.

Sir/M

for th



[See rule 4 (6)]

**Intimation of rejection of Application for Disability Certificate**

No. ....

Date : .....

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 the decision.

Yours faithfully

(Authorised Signatory of notified Medical Authority)

(Name and Seal)

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[See rule 4 (7)]

**Receipt of Application**

| Sl.<br>No. | Name of the<br>Applicant | Address | Date of<br>receipt of<br>Application | Whether<br>certificate<br>granted | If not, date of<br>communication of<br>order to the applicant |
|------------|--------------------------|---------|--------------------------------------|-----------------------------------|---|
| 1          | 2                        | 3       | 4                                    | 5                                 | 6   |



## FORM VII

[See rule 4 (7)]

Name of the District :—

| Sl. No. | Name of the person to whom disability certificate issued | Father/ Husband's Name | Age | Address | Date of issue of disability certificate | Nature of disability | REMARKS |
|---------|--|------------------------|-----|---------|---|----------------------|---------|
| 1       | 2  | 3                      | 4   | 5       | 6                                       | 7                    | 8       |
|         |  |                        |     |         |   |                      |         |