

No.36035/7/2008-Estt.(Res.)
Government of India
Ministry of Personnel, Public Grievances and Pensions
Department of Personnel and Training

North Block, New Delhi,
Dated the 30th March, 2010

OFFICE MEMORANDUM

Subject : Forwarding of applications of Government Servants suffering from disability for employment elsewhere.

The undersigned is directed to say that instructions provide that applications of Central Government servants belonging to the scheduled castes and scheduled tribes for employment elsewhere should be readily forwarded except in very rare cases. Representations have been received requesting that similar facility should be provided to the employees suffering from disability.

2. The matter has been considered and it has been decided that applications for employment elsewhere of Central Government Servants suffering from disability in terms of the provisions of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 shall be readily forwarded except in very rare and exceptional cases where there may be compelling grounds of public interest for withholding such applications.

3. These instructions may be brought to the notice of all concerned



(K.G. Verma)
Director

Tel.No. 2309 2158

To

- i. All Ministries/Departments of the Govt. of India.
- ii. Department of Financial Services, New Delhi
- iii. Department of Public Enterprises, New Delhi
- iv. Union Public Service Commission/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.
- v. Staff Selection Commission, CGO Complex, Lodi Road, New Delhi
- vi. Office of the Chief Commissioner for Disabilities, Sarojini House, 6, Bhagwan Das Road, New Delhi – 110 001
- vii. Office of the Comptroller & Auditor General of India, 10, Bahadur Shah Zafar Marg, New Delhi.
- viii. All Officers and Sections in the Ministry of Personnel, Public Grievances and Pensions and all attached/subordinate offices of this Ministry.
- ix. Information and Facilitation Centre, DOPT, North Block, New Delhi.
- x. 100 spare copies for Estt(Res)Desk

सं.36035/7/2008- स्थापना (आरक्षण)

भारत सरकार

कार्मिक, लोक शिकायत तथा पेंशन मंत्रालय

कार्मिक और प्रशिक्षण विभाग

नार्थ ब्लॉक, नई दिल्ली,

दिनांक 30 मार्च, 2010

कार्यालय जापन

विषय :-रोजगार हेतु अशक्तता से पीड़ित सरकारी कर्मचारियों के आवेदन पत्रों का अग्रेषण ।

अधोहस्ताक्षरी को यह कहने का निदेश हुआ है कि विद्यमान अनुदेशों के अनुसार अनुसूचित जाति और अनुसूचित जनजाति से सरोकार रखने वाले केन्द्रीय सरकारी कर्मचारियों के अन्यत्र रोजगार हेतु आवेदन पत्रों को, अत्यन्त दुर्लभ मामलों को छोड़ कर, तुरन्त अग्रेषित कर देना होता है । अशक्तता से पीड़ित कर्मचारियों को समान सुविधा प्रदान करने के लिए इस विभाग में अभ्यावेदन प्राप्त हुए हैं ।

2. मामले पर विचार करने के बाद यह निर्णय लिया गया है कि अशक्त व्यक्ति (समान अवसर, अधिकारों की सुरक्षा और पूर्ण भागीदारी) अधिनियम, 1995 के प्रावधानों के अनुसार अशक्तता से पीड़ित केन्द्रीय कर्मचारियों के अन्यत्र रोजगार हेतु आवेदन पत्रों को, अत्यन्त दुर्लभ और उन अपवादिक मामलों जहां ऐसे आवेदन पत्रों को रोकने के लिए लोक हित की विवशता हो को छोड़कर, तुरन्त अग्रेषित किया जाएगा ।

3. इन अनुदेशों को सभी संबंधितों के ध्यान में लाए जाए ।



(कृष्ण गोपाल वर्मा)

निदेशक

दूरभाष : 23092158

सेवा

i भारत सरकार के सभी कार्यालय/विभाग । 3/31/10 ।

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 (DD / MM / YY) ____ ____ ____ Age _____ years, male/female

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 _____

(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 (DD / MM / YY) _____ Age _____ years, male/female _____

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:

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.
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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 (DD / MM / YY) _____ Age _____ years, male/female _____

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.
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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.