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
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
नार्थ ध्लाक, नई दिल्ली,
दिनांक 30 मार्च, 2010

कार्यालय जार्पन

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

अध्यक्षस्ताक्षरी को यह कहने का निर्देश हुआ है कि विधान अनुदेशों के अनुसार अनुसूचित जाति और अनुसूचित जनजाति से सरकार रखने वाले केंद्रीय सरकारी कर्मचारियों के अन्यत्र रोजगार हेतु आवेदन पत्रों को, अत्यन्त दुर्लभ मामलों को छोड़ कर, तुरंत अनुरोधित कर देना होता है । अशक्तता से पीड़ित कर्मचारियों को समान सुविधा प्रदान करने के लिए इस विभाग में अभ्यावेदन प्राप्त हुए है ।

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 केंद्रीय 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, तुरंत अनुरोधित किया जाएगा ।

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

(कृष्ण गोपाल वर्मा)
निदेशक
दूरभाष : 23092158

संयोज
1. भारत सरकार के सभी कार्यालय/विभाग ।
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)

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:-

<table>
<thead>
<tr>
<th>Nature of Document</th>
<th>Date of Issue</th>
<th>Details of authority issuing certificate</th>
</tr>
</thead>
</table>

(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)

Certificate No.                                                                                                           Date:
This is to certify that we have carefully examined
Shri/Smt./Kum.__________________________________________________
/son/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:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Disability</th>
<th>Affected Part of Body</th>
<th>Diagnosis</th>
<th>Permanent physical impairment/mental disability (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Locomotor disability</td>
<td>@</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Low vision</td>
<td>#</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Blindness</td>
<td>Both Eyes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Hearing impairment</td>
<td>£</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Mental retardation</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Mental-illness</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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:-

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</tbody>
</table>

5. Signature and seal of the Medical Authority.

<table>
<thead>
<tr>
<th>Name and seal of Member</th>
<th>Name and seal of Member</th>
<th>Name and seal of the Chairperson</th>
</tr>
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</table>

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)

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:-

<table>
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<td>Hearing impairment</td>
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<td></td>
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<tr>
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<td>6</td>
<td>Mental-illness</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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
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</tr>
</tbody>
</table>

(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.