

2010

**NOTIFICATION**  
**Social Justice and Empowerment Department**  
**Sachivalaya, Gandhinaga .**  
**Dated 1<sup>st</sup> june,2010**

**THE PERSONS WITH DISABILITIES (EQUAL OPPORTUNITIES,  
PROTECTION OF RIGHTS AND FULL PARTICIPATION) ACT,  
1995.**

No GH/SH/5/2010/APG/102007/1034/CHH1:- In exercise of powers conferred by sub section (1) of section 73 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act , 1995 ( 1 of 1996), the Government of Gujarat hereby makes the following rules, further to amend the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation ) Rules, 2000, namely :-

1. 1) These rules may be called the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) (Amendment) Rules, 2010.
- 2) They shall come into force from the date of their publication in the *Official Gazette*.
2. In the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation ) Rules, 2000 (herein after referred to as the "said rules"),
  - (i) for rule 2 the following shall be substituted, namely:-
- 2 Definitions:-
  - (1) In these rules unless the context other wise 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 disability" 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.
- (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."
3. In the said rules, for CHAPTER - II, the following shall be substituted, namely:-

**"CHAPTER - II**  
**DISABILITIES CERTIFICATE**

3. **Application for issue of disability certificate -**
- (1) A person with disability desirous of getting a certificate in his favor shall submit an application in Form- I 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) a medical authority competent to issue such a certificate in the district of the applicant, residence as mentioned in the proof of residence submitted by him with application, or
- (ii) the concerned medical authority in a Government hospital where he may be undergoing or may have undergone treatment in connection with his disability:
- 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



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application on his behalf may be made by his legal guardian.

**4 Issue of disability certificate -**

- (1) On receipt of an application under rule 3, the medical authority shall, after satisfying himself that the applicant is a person with disability as defined in sub-clause (i) of section 2 of the Act, issue a disability certificate in his favour in Form - II or Form III or Form - IV as applicable.
- (2) The certificate shall be issued as far as possible, within a week from the date of receipt of the application by the medical authority, but in 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 time in the degree of disability, and
  - (ii) shall indicate the period of validity in the certificate, in case where there is any chance of variation, over time in the degree of disability.
- (4) If an applicant is found ineligible for issue of disability certificate the medical authority shall explain to him the reason for rejection of his application and shall also convey the reason to him in Form - V.
- (5) A copy of every disability certificate 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.

5. **Review of a decision regarding issue of , or refusal to issue a disability certificate**

(1) Any applicant for a disability, who is aggrieved by the nature of certificate issued to him, or by refusal to issue such a certificate in his favor 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 unfit or unable to make such an application himself, the application on his behalf may be made by his legal guardian.

(2) The application for review shall be accompanied by a copy of the certificate or letter of rejection being appealed against.

(3) On receipt of an application for review, medical authority shall, after giving the appellant an opportunity of being heard, pass such orders on it as it may deem appropriate.

(4) An application for review shall, as far as possible, be disposed of within a fortnight from the date of its receipt, but in any case, not later than one month from such date.

**5(A). Certificate issued under rule 4 to b 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 schemes of the Government and of Non- Government Organization 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.”



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4. In the said rules, in rule 28, for the word and figure "Form -V", the word and figure "Form -X" shall be substituted.
5. In the said rules, in rule 30,-
  - (i) for the word and figure "Form -I", the word and figure "Form -VI" shall be substituted;
  - (ii) for the word and figure "Form-III", the word and figure "Form-VII" shall be substituted.
6. In the said rules, in rule 31, for the word and figure "Form-III", the word and figure "Form-VIII" shall be substituted.
7. In the said rules, in rule 32, for the word and figure "Form-IV", the word and figure "Form-IX" shall be substituted.
8. In the said rules, "Form-I, Form-II, Form-III, Form-IV and Form-V" shall be renumbered as "Form-VI, Form-VII, Form-VIII, Form-IX and Form-X".

**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 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 (pl.tick as application)

- (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: locomotors/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.



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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.

.....  
(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)
  - (a) ration card
  - (b) voter identity card
  - (c) driving license
  - (d) bank passbook
  - (e) PAN card
  - (f) Passport
  - (g) Telephone, electricity, water and any 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 head master of a Govt. 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. Tow recent passport size photographs

.....  
**(For officer 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)**

**(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 -----/-----/----- 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) ..... 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 Authorized Signatory of  
Notified Medical Authority)**

**Signature/Thumb  
Impression of the  
person in whose  
favour disability  
certificate is issued**



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**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..... 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 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	f		
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

f 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.

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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	(a)		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	f		
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) 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  
f 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

(Authorized signatory of notified Medical Authority)  
(Name and Seal)

Counter signed

( Counter signature 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 "



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**Form- V**  
**Intimation of Rejection of Application for Disability Certificate**  
**(See rule 4)**

No: ----- Dated :-----

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:

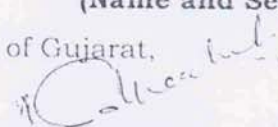
2. Pursuant to the above application, you have been examined by the undersigned/Medical Board on ..... and I regret to inform that, for the reasons mentioned below, it is not possible to issue a disability certificate in your favour:
  - (i)
  - (ii)
  - (iii)
7. In case you are aggrieved by the rejection of your application you may represent to -----  
- requesting for review of this decision.

**Yours faithfully,**

**(Authorized Signatory of the notified Medical Authority)**

**(Name and Seal)**

By order and in the name of the Governor of Gujarat,

  
**(A. P. DHADUK)**

**Deputy Secretary to  
Government of Gujarat  
Social Justice & Empowerment  
Dep.**

Copy with C.C. to:

The Principal Secretary to H.E. the Governor of Gujarat, Gandhinagar

The Principal Secretary to Hon. Chief Minister

The Personal Secretary to All Ministers, Gandhinagar

The Personal Secretary to Chief Secretary, Sachivalaya, Gandhinagar  
382 010.

Principal Secretary, Home Deptt., Sachivalaya, Gandhinagar 382 010.

Principal Secretary, Women & Child Development Department,  
Sachivalaya, Gandhinagar 382 010.

Principal Secretary, Labour and Employment Department,  
Sachivalaya, Gandhinagar 382 010.

Principal Secretary, Health & Family Welfare Department, Sachivalaya,  
Gandhinagar 382 010.

Principal Secretary, Education Department, Sachivalaya,  
Gandhinagar 382 010.

Secretary, Legal Department, Sachivalaya, Gandhinagar 382 010.

All other Secretariat Departments

Collector, Tapi.

Dist. Superintending of Police, Tapi.

The Director, Social Defence, 16, Dr. Jivraj Mehta Bhavan,  
Gandhinagar.

The Senior most Judicial Magistrate, First Class (Tapi) by Director  
(SD)

The Director General of police, Gandhinagar.

The Director of Information, Sachivalaya, Gandhinagar.

With a request to issue a suitable press note.

The Manager, Government Central Press, Gandhinagar with a request  
to publish this Notification in Gujarat Government Gazette and to  
send 50copies of the Print to this Department and 100copies to the  
Director of Social Defence, Dr.Jivraj Mehta Bhavan, Gandhinagar.

The Registrar of Gujarat High Court, Ahmedabad (1 / letter)

The Accountant General, Ahmedabad/ Rajkot.

All the District Social Defence Officers

All the Chairman/Member of the Juvenile Welfare Board/Child  
Welfare Committees

The Select file.