



ABSTRACT

Welfare of Differently Abled Persons- Tamil Nadu Persons with Disabilities (Equal Opportunities, protection of Rights and full participation Rules 2002- Amendment - Orders - Issued.

Welfare of Differently Abled Persons(DAP 2.2) Department

G.O.(Ms) No.21

Dated: 17.06.2011

திருவள்ளூர் ஆண்டு 2042

ஆனி திங்கள் 2ம் நாள்

Read:

1. G.O.(Ms) No.120, Social Welfare and Nutritious Meal Programme Department, dated 9.8.2002.
2. Government of India, Ministry of Social Justice and Empowerment Notification dated 30.12.2009.
3. From the State Commissioner for the Differently Abled, letter Roc No.4297/DAW 2.3/2010, dated 10.12.2010.

ORDER:

In the Government Order first read above, the Tamil Nadu Persons with Disabilities (Equal Opportunities, Protection of Rights and full Participation) Rules, 2002 have been issued.

2. Consequent to the above rules the following Notification will be published in the Tamil Nadu Government Gazette.

(By Order of the Governor)

**Kannegi Packianathan,
Secretary to Government.**

To
The State Commissioner for the Differently Abled,
Chennai-6.

All District Collectors.

All Head of the Department, Secretariat, Chennai-9.

All District Differently Abled Welfare Officers (Through the State Commissioner for the Differently Abled)

The Director of Medical Education, Chennai -10

The Director of Medical and Rural Health Services,
Chennai-6.

The Works Manager, Government Central Press, Mint (To notify in the Government Gazettee)

//Forwarded by order//



Section Officer

APPENDIX

NOTIFICATION

In exercise of the powers conferred by sub-section (1) of section 73 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 1995 (Central Act I of 1996), the Governor of Tamil Nadu hereby makes the following amendments to the Tamil Nadu Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules, 2002, namely:-

2. The amendments hereby made shall come into force from the date of publication in the Tamil Nadu Government Gazette

AMENDMENTS.

In the said Rules,--

1. in rule 2,-

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

“(aa) “Certificate” or “Disability Certificate” means a certificate issued in pursuance of clause (t) of section 2 of the Act”;

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

(iii) after clause (e), the following clause shall be inserted, namely:-

“(ea) “multiple disabilities” means a combination of two or more disabilities as defined in clause (i) of section 2 of the Act “ ;

“(ba) “Form” means a form appended to these rules.”

(2) for Chapter II, the following chapter shall be substituted, namely:-

“CHAPTER II

DISABILITY CERTIFICATE

3. Application for issue of Disability Certificate:- A person with disability desirous of getting a certificate in his favour shall submit an application in Form I, to the Medical Authority concerned as specified in sub-rule(3) of rule 4 and the application shall be accompanied by –

(a) proof of residence, and

(b) two recent passport size photographs:

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.

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 (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 as far possible, within a week from the date of receipt of the application by the Medical Authority, but in any case, not later than on month from such date.

(3) (i) The Medical Authority and person to issue disability certificate shall be as specified below:-

| Sl. No. | Type of disability | "Medical Authority" for the purpose of the issue of disability certificate | Person to issue certificate of disability |
|---------|--|--|---|
| (1) | (2) | (3) | (4) |
| (1) | Locomotor disability by way of only of amputation or complete permanent paralysis of limbs | Hospitals / Institutions/ Primary Health Centres run by Government/ Local bodies | Any medical practitioner working in the Hospitals/Institutions/Primary Health Centres run by Government/Local bodies. |
| (2) | Multiple Disability | District Hospital/Other hospitals/Institutions run by the State Government or Local bodies having relevant medical specialist and testing facilities | Medical Board consisting of three members of whom one shall be a specialist dealing with relevant disability |
| (3) | Disabilities not mentioned in items (1) and (2) above | Hospitals/ Primary Health Centres Institutions run by Government/ Local bodies | A specialist dealing with the relevant disability as specified in clause (ii) |

(ii) The details of the Specialists who may issue disability certificate for persons with disabilities specified in item (3) of clause (i):-

| Sl. No. | Category of disabilities | Specialist |
|---------|--------------------------|---|
| (1) | (2) | (3) |
| 1. | Cerebral palsy | A Medical Practitioner in Physical Medicine and Rehabilitation or Orthopaedics or Paediatric Neurologist or Psychiatrist. |

| | | |
|----|---|--|
| 2. | Hearing impairment | A Specialist in the field of Ear Nose Throat. |
| 3. | Leprosy Cured person | A Medical Practitioner in Physical Medicine and Rehabilitation or Orthopaedics or Dermatologist. |
| 4. | Locomotor disability other than amputation or complete permanent paralysis of limbs | A Medical Practitioner in Physical medicine and Rehabilitation or Orthopaedics. |
| 5. | Mental Illness | Psychiatrist |
| 6. | Mental Retardation | A Paediatrician or Paediatric Neurologist or Psychiatrist in respect of Children with Mental Retardation below the age of twelve years. A Psychiatrist in respect of for adults above the age group of twelve years. |
| 7. | Low Vision | A Specialist in the field of Ophthalmology. |
| 8. | Autism | A Psychiatrist or Paediatrician or Neurologist. |

(4) 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 cases where there is any chance of variation, over time, in the degree of disability.

(5) 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.

(6) 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.

5. Appeal against a decision regarding nature of, or refusal to issue, a Disability Certificate.- (1) Any person aggrieved by the nature of Certificate issued to him or by refusal to issue such a Certificate in his favour, may appeal against such a decision to the Joint Director (Medical Services) of the District concerned.

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 appeal shall be accompanied by a copy of the Certificate or letter of rejection being appealed against.
- (3) On receipt of an appeal the appellate Authority shall, after giving the appellant an opportunity of being heard, pass such orders on it as it may deem appropriate.
- (4) An appeal shall be disposed of within one month from the date of receipt of the same.

5-A Second Appeal.- Any person aggrieved by the order of the appellate authority under rule 5 may further appeal to the authorities specified below whose decision shall be final. The Certificate shall be issued as far 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:-

| S.N (1) | Category of Disability (2) | Authority (3) |
|--------------------------|---|--|
| 1 | Hearing Impairment | The Director, Upgraded Institute of Oto Rhino Laryngology, Government General Hospital, Chennai. |
| 2 | Locomotor disability | The Director, Government Institute of Rehabilitation Medicine, K.K.Nagar, Chennai-78 |
| 3 | Mental Retardation | <u>Below 12 years of age</u> The Director, Institute of Child Health, Egmore, Chennai-8 <u>Above 12 years of age</u> The Director, Institute of Mental Health, Kilpauk, Chennai-10 |
| 4 | Low Vision / Blind | The Director, Government Institute of Ophthalmology,, Egmore, Chennai-8 |
| 5 | Mental Illness | The Director, Institute of Mental Health, Kilpauk,Chennai-10 |
| 6 | Cerebral Palsy | The Director, Government Institute of Rehabilitation Medicine, K.K.Nagar, Chennai-78 |

| | | |
|---|-----------------------|--|
| 7 | Multiple Disabilities | The Director, Government Institute of Rehabilitation Medicine, K.K.Nagar, Chennai-78 |
| 8 | Leprosy Cured | The Director, Government Institute of Rehabilitation Medicine, K.K.Nagar, Chennai-78 |
| 9 | Autism | The Director, Institute of Child Health, Egmore, Chennai-8 |

6. Validity on the Certificate issued under rule 4.- 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 Non-Governmental Organizations funded by the Government, subject to such conditions as may be specified in relevant schemes or instructions of Government, as the case may be'

6-A. Guidelines.- Guidelines for evaluation of locomotor, visual, hearing, mental retardation and multiple disabilities as notified in the Government of India, Ministry of Social Justice and Empowerment vide Notification No.16-18/97-N1, dated 1-6-2001 and mental illness vide Notification No.16-18/97-N1, dated 18-2-2002 and as may be amended from time to time shall be followed for evaluation of various disabilities read with sections 2(b), (e), (i), (l), (n), (o), (q), (r), (t) and (u)

(3) (a) before Form DPER-I and the entries relating thereto, the following

Forms and entries relating thereto shall be inserted, namely:-

(b) the existing Forms DPER-1, DPER-II, DPER-III and Form IV shall be re-numbered as Forms VI, VII, VIII and IX respectively."

(By Order of the Governor)

**Kannegi Packianathan,
Secretary to Government.**

//Forwarded by order//


Section Officer

"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 (Pl. 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.

.....
(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 Pass Book
 - (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 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. Two recent passport size photographs

(For office use only)

Date:
Place:

Signature of Issuing Authority
Stamp

DISABILITY CERTIFICATE

**(In cases of amputation or complete permanent paralysis of limbs
and in cases of visual impairment)**

(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 ____ __ __ 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
- Visual Impairment

(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)
(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 ____ ____ ____ 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 **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 impairments 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 Medical Authority.

| | | |
|--|--|--|
| | | |
|--|--|--|

Name and seal of Member
Chairperson

Name and seal of Member

Name and seal of

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 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 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. This 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

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

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)

3. In case you are aggrieved by the rejection of your application, you may represent to _____, requesting for review of this decision.

Yours faithfully,

(Authorised Signatory of the notified Medical Authority)
(Name and Seal)."

(b) the existing Forms DPER-I, DPER-II, DPER-III and Form-IV shall be re-numbered as Forms VI, VII, VIII and IX, respectively".