

નં.એચ.બી/એડીએમ/ડી.ડી.આર.સી/વશી. ૧૫૧૮-બી ૧૧૨૦ /૨૦૧૮

અધિક ચીટનીશ શાખા,
કલેક્ટર કચેરી, અમદાવાદ.
તા. ૦૩/૦૪/૨૦૧૮

વંચાણે લીધું:

નાયબ સચિવશ્રી, સામાજિક ન્યાય અને અધિકારીતા વિભાગ, સચિવાલય, ગાંધીનગરના પત્ર
ક.અપગ/૧૦૨૦૧૮/૬૦૯૬૨/છ-૧ તા.૦૫/૦૩/૨૦૧૮.

હુકમ:-

પ્રકરણે વંચાણમાં લીધેલ પત્રથી ભારત સરકારની SIPDA (સ્કીમ ફોર ઇમ્પ્લીમેન્ટેશન ઓફ પર્સન્સ
વીથ ડીસએબીલીટી એક્ટ) યોજના અંતર્ગત ગ્રાંટ મેળવવા માટેની દરખાસ્તો ભારત સરકારને મોકલવા
બાબતેનો સામાજિક ન્યાય અને અધિકારીતા મંત્રાલયનો તા.૩૧/૧૨/૨૦૧૭ ના પત્ર નં.ડી.ઓનં.૨૨-
૩૬(૧૮)/૨૦૧૪-ડીડીઆરસી અન્વયે વર્તમાન પત્રોમાં જાહેરાત આપીને વિકલાંગોના ક્ષેત્રે કામ કરતી
સ્વૈચ્છિક સંસ્થાઓ પાસેથી નિયત પ્રક્રિયામાં દરખાસ્તો મંગાવી, સંપૂર્ણ ચકાસણી કરી અત્રેની કાઉન્ટર સહી
મેળવી દરખાસ્ત સરકારશ્રીમાં મોકલી આપવા ઉપરાંત આ સાથે સામેલ રાખેલ પત્ર માં જણાવ્યાનુસારની
તમામ આનુષંગિક કામગીરી કરવા નોડલ ઓફીસર તરીકે શ્રી એમ.એ કાપડીયા, જિલ્લા સમાજ સુરક્ષા
અધિકારી, અમદાવાદનો આથી હુકમ કરવામાં આવે છે.

બિડાણ:- ઉપર મુજબ

નિવાસી અધિક કલેક્ટર
અમદાવાદ

પ્રતિ,

શ્રી એમ.એ કાપડીયા

જિલ્લા સમાજ સુરક્ષા અધિકારી,

લાલ દરવાજા, અમદાવાદ.

નકલ સર્વિનંત રવાના:-

નાયબ સચિવશ્રી,

સામાજિક ન્યાય અને અધિકારીતા વિભાગ,

સચિવાલય, ગાંધીનગર જાણ સારું.

3 | K. ADM

સમય મર્યાદા/૩૦૩.

ભારત સરકાર સંદર્ભ/ ખુબ જ અગત્યનું

ક્ર:-અપગ/૧૦૨૦૧૮/૬૦૯૬૨ /છ-૧

સામાજિક ન્યાય અને અધિકારિતા વિભાગ
સચિવાલય, ગાંધીનગર.

તારીખ: /૩/૨૦૧૮.

E5 MAR 2018

પ્રતિ,

(૧) કમિશ્નરશ્રી, આરોગ્ય અને તબીબી શિક્ષણ,

ડૉ. જીવરાજ મહેતા ભવન, જુના સચિવાલય, ગાંધીનગર.

(૨) નિયામકશ્રી, સમાજ સુરક્ષા ખાતુ,

બ્લોક નં-૧૬, ડૉ. જીવરાજ મહેતા ભવન, ગાંધીનગર.

(૩) સર્વે કલેક્ટરશ્રી

વિષય - ડીસ્ટ્રીક્ટ ડીસેબીલીટી રીહેબીલીટેશન સેન્ટર્સ(ડી.ડી.આર.સી) અન્વયે વર્ષ
૨૦૧૮-૧૯ની દરખાસ્તો મોકલી આપવા બાબત.

શ્રીમાન,

ઉપરોક્ત વિષય પરત્વેની ભારત સરકારની SIPDA (સ્કીમ ફોર ઇમ્પ્લીમેન્ટેશન ઓફ પર્સનલ વીથ ડીસેબીલીટી એક્ટ) યોજના હેઠળ ગ્રાન્ટ મેળવવા માટેની દરખાસ્તો ભારત સરકારને મોકલવા બાબતનો સામાજિક ન્યાય અને અધિકારિતા મંત્રાલયનો તા.૩૧/૧૨/૨૦૧૭ના પત્ર No D.O No .22-36 (18)/2014-DDRCની નકલ બિડાણ સહિત આ સાથે સામેલ રાખતાં જણાવવાનું કે પત્રમાં જણાવ્યા મુજબ વર્તમાન પત્રોમાં જાહેરાત આપીને વિકલાંગોના ક્ષેત્રે કામ કરતી સ્વૈચ્છિક સંસ્થાઓ પાસેથી નિયત પ્રફોર્મામાં દરખાસ્તો મંગાવીને આપની કક્ષાએ સંપૂર્ણ ચકાસણી કરાવીને અત્રે મોકલી આપવાની કાર્યવાહી સમય મર્યાદામાં હાથ ધરવા વિનંતી છે.

આપની વિશ્વાસુ,

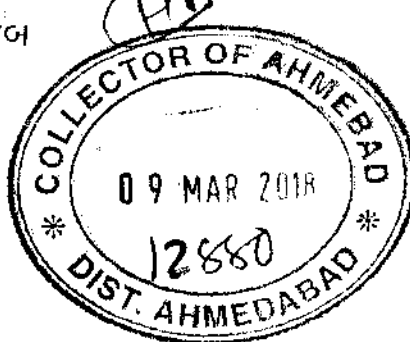
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(જે.વી.દેસાઈ)

નાયબ સચિવ

સામાજિક ન્યાય અને અધિકારિતા વિભાગ

બિડાણ:- ઉપર મુજબ
સિલેક્ટ ફાઈલ



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Adm
19/3

डॉ. प्रबोध सेठ

संयुक्त सचिव

Dr. Prabodh Seth

Joint Secretary

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60962
29/01/2018



सत्यमेव जयते

भारत सरकार
सामाजिक न्याय और अधिकारिता मंत्रालय
दिव्यांगजन सशक्तिकरण विभाग
पांचवा तल, पं. दीनदयाल अंत्योदय भवन
सी.जी.ओ. कॉम्पलेक्स
लोधी रोड, नई दिल्ली-110 003

Government of India

Ministry of Social Justice & Empowerment

Department of Empowerment of Persons

with Disabilities (Divyangjan)

5th Floor, Pt. Deendayal Antyodaya Bhawan,
CGO Complex, Lodhi Road, New Delhi-110 003

D.O. No. 22-36(18)/2014-DDRC

Dated 31st December 2017

Dear Shri Kamal,

Pr/secy

The Department has been running District Disability Rehabilitation Centres (DDRCs) since 1999 in the identified districts of the country to provide comprehensive rehabilitation services to persons with disabilities at the grass root level. At present 310 such districts have been identified by the Government of India. As regards, your State, out of 12 number of districts identified 12 number of DDRC have been set up till now. The list of DDRCs identified and set up in your State is enclosed as **Annexure I**.

2. The cost norms in respect of honorarium and other expenditure in force since 1.4.2010, have now been enhanced and the scheme revised so that the DDRCs are above to function and provide the requisite rehabilitation services in the District. The revised scheme will be effective from 1st April 2018. The highlights of the revised scheme including the cost norms are enclosed as **Annexure-II** and the scheme is at **Annexure-III**.

3. Accordingly, all proposals for DDRCs will now be funded under the Scheme for Implementation of Rights of Persons with Disabilities (SIPDA). The DDRCs functioning in your State may also accordingly, be advised to take necessary action in this regard and submit the proposal for the next year (2018-19) with the revised cost norms.

with regards,

Yours sincerely,

(Dr. Prabodh Seth)

Shri Kamal Dayani,
Principal Secretary,
Deptt. of Social Justice & Empowerment,
Govt. of Gujarat,
Sardar Patel Bhawan, Block-5, 9th Floor, Sachivalaya, Gandhinagar-382010,
Gujarat.

Copy to DDRCs in the State of Gujarat as per list enclosed.

(Dr. Prabodh Seth)

DS(SD)
DIR(SD) &
Keth
Commissioner
To collectors
of the
district
to send
proposals.

US(SD)

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new

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30/01/2018

604/24/CM-1

Annexure-I

The list of District Disability Rehabilitation Centres (DDRCs) in the State

Sl. No.	State	District	Name & Address of DDRC/Implementing Agency	Amount of Grant in aid released under SIPDA/DDRS
1	GUJARAT	Banaskantha	Shri Chadrakant V. Thakkar (Secretary) (M:9408426884) Indian Red Cross Society, Dharnera Taluka Branch, Nr. Hutch-Idea Tower, At & Post LADHAPURA, Taluka - DHANERA, Dist: Banaskantha,	17,20,000 (2011-12)
2		Sabarkantha	Dr. Dinesh C. Parikh (Managing Trustee) (9427367100), 02778-251180,251175 Indian Red Cross Society, Idar Taluka Branch, Vishwa Kalyan Society, Atmavallabh Hospital Compound, Vijay Samudranagar, IDAR:- 383430, Dist:- Sabarkantha	17,20,000 (2011-12)
3		Nadiad	DDRC Nadiad, General Hospital-Nadiad, Distt.Kheda, Nadiad, Gujarat-387001	3,03,047 (2010-11) 2,74,336 (2011-12) 2,10,689 (2014-15)
4		Surat	Dr M.K Vadel (MD) Member Secretary Mob no. 9825555387,261-2244985 Fax no. 0261-2241324, drvadel@gmail.com Jilla Apang Punarvasan Kendra, & Medical Superintendent, New Civil Hospital, Radiology Department Majura Gate, Surat-395001, Gujarat Dr. Rajendra Kumar, collector_surat@gujarat.gov.in , Ph no. 02612652525	1,73,200 (2009-10) 2,40,909 (2010-11) 4,10,867 (2013-14)

5		Jamnagar	-	
6		Junagarh	<p>Member Secretary Cum Chief District medical officer General Hospital Junagarh , (Ph. No 0285-2620090,Fax no. 0285-2651436), cs_jun@gujarat.gov.in Ali yavar jung National Institute for hearing handicapped District Disability Rehabilitation Centre NR. Physiotherapy Dept. General Hospital Junagrh Gujarat</p> <p>District Magistrate, Ph. No 0285-2630100</p>	<p>1,64,914 (2010-11) 1,51,787 (2011-12)</p>
7		Ahmedabad	<p>Falguniben R Paraman (DDRO)/ Incharge) Tel no. 079-22681743 (O) 9724697873 (M) ddrcahmedabad@yahoo.co.in Dr. M M Prabhakar (Mem. Supdt. Civil Hospital, Ahmedabad) 079-22681379 (O)</p> <p>D.D.R.C:-Ahmedabad 'O' block, Near MRI Centre, Civil Hospital Asarwa, Ahemdabad Gujarat,Pin-380016</p> <p>District Magistrate & Collector, Ahmedabad, Tel no. 079-27551681 (O)</p>	<p>10,08,463 (2013-14) 5,90,098 (2015-16)</p>
8		Rajkot	<p>Mrs. Bhavita Patel (Mob no. 9998395249), ddrbhp Patel@gmail.com DDRC Rajkot, Pandit Deendayal Upadhyaya, P.D.U. Hospital , Opp. X-ray room Rajkot-360001</p>	<p>2,72,160 (2013-14)</p>
9		Bhavnagar	Jilla Apang Punarvasan Kendra, Bhavnagar, Gujarat	

10		Surendranagar	DDRC Surendranagar, Zilla Vikalang Punarvasan Kendra, Isolation Ward, M.G. S Hospital, Opp Bus stand Surendranagar-363001 Chairman & DM, Ph. No. 02752-285650, Collector : sm@gujarat.gov.in Fax no. 02752-283862	2,14,650 (2013-14)
11		Dahod	Initially set up by National Institute of Ministry of Social Justice and Empowerment. However, no proposal has been received from State Govt./Dist. Administration	
12		Vadodara	Member Secretary (Dr.R.N. Daveswar) (Ph.no. 265-2459641 Fax no. 2652424351), DDRO (Mr. Manoj Kumar) 0265-2420507 ddrc.baroda@gmail.com Zilla Vikalang Punarvasan Kendra, Near- C.S.S. Department, S.S.G. Hospital, Vadodara, Gujarat-390001	8,44,911 (2010-11) 10,78,383 (2013-14) 2,07,587 (2016-17)

The highlights of the revised DDRC scheme are as under:-

- Grant-in-aid to DDRCs under SIPDA scheme only, not to be shifted under DDRCs.
- Cost norms of honorarium increased with a multiplication factor of 2.5 applied to the existing amount - basis - rise in Consumer Price Index.
- Contingencies amount increased from Rs 2.10 lakhs to Rs. 5.25 lakhs and to cover local travel/Boarding & lodging for attending training programmes repair and maintenance of the assistive devices, camps at district/block level
- Rent free accommodation of 7-8 rooms with total built up area of approximately 400 Sqm in the Civil Hospital in the absence of which, to allow hiring of suitable premises on rent as per the limits laid down by the DM/District Collector/PWD
- Equipment grant enhanced from Rs. 7 lakhs to a maximum to Rs. 20 lakhs, with a view to provide state of art equipments once in every 5 years.
- The number of staff has been increased from 10 to 12. The objectives enlarged to cover the newly launched programmes /schemes like insurance scheme (Swawalamban), accessible India Campaign, distributing the Unique Disability Identity Cards in the District, scholarship scheme, etc.
- Incentive of additional 20% on honorarium to the staff to DDRCs in special areas/difficult/disturbed areas -
 - i) 8 States of North Eastern regions, States in Himalaya (Uttarakhand, Himachal Pradesh, J&K)
 - ii) Left Wing Affected districts in the states - at present 106 districts in 10 States notified by Ministry of Home Affairs
 - iii) Districts adjoining the international borders
- First installment of grant of 75% be released during 1st quarter of the financial year on receipt of proposal duly recommended by the DM/District Collector. Balance on receipt of State Government recommendation & audited accounts of the previous year & Utilization Certificate.
- The requirement of inspection report will not be mandatory as DMT is chaired by DM, for consideration of 1st installment of grant.
- The proposal of DDRC for grant-in-aid will be submitted 'online'.
- Role of the National Institutes to train the manpower of the DDRC has also been mandated.
- Covering all the districts of the country will require huge amount of funds which may not be feasible at this stage to go ahead for setting up the DDRC in each and every district of the country.

SETTING UP
OF
DISTRICT DISABILITY REHABILITATION CENTRES
IN THE
IDENTIFIED DISTRICTS

Government of India
Ministry of Social Justice and Empowerment
Department of Empowerment of Persons with Disabilities (Divyangjan)

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ESTABLISHMENT OF DISTRICT DISABILITY REHABILITATION CENTRES IN THE IDENTIFIED DISTRICTS

1. Background

During 1985-1990, District Resource Centres (DRCs) started as an outreach activity of the National Institutes/ALIMCO under the Ministry of Social Justice and Empowerment for providing comprehensive services to the persons with disabilities at the grass root level and for facilitating creation of the infrastructure and capacity building at the district level for awareness generation, rehabilitation and training of rehabilitation professionals.

From the year 1999-2000, the District Disability Rehabilitation Centres (DDRCs) were established with active support from the State Governments. While the National Institutes/ALIMCO/DRCs facilitated establishment through technical inputs and funds for 3 years, the State Governments provided a barrier free building and supervised and facilitated convergence of its activities with the State schemes through District Management Team headed by Collector. At that time it was planned to hand over these centres to the district administration after a period of 3 years, but as States were not inclined to take over on account of meeting the funding from their own resources, the funding of the Scheme was shifted under Scheme for Implementation of Provisions of Persons with Disabilities Act (SIPDA)/Deendayal Disabled Rehabilitation Scheme (DDRS). From 2018-19, the funding of the Scheme will be under Scheme for Implementation of Rights of Persons with Disabilities Act (SIPDA).

The District Disability Rehabilitation Centres are now set up and funded under the Plan Scheme "Scheme for Implementation of Rights of Persons with Disabilities Act, 2016 (SIPDA)" - an umbrella scheme under which grants-in-aid are provided to State Governments and various other bodies, set up by the Central and State Governments, including Autonomous Bodies and Universities, to support activities.

2. Objectives of setting up of DDRC

Setting up of District Disability Rehabilitation Centres (DDRCs) which would provide rehabilitative support to persons with disabilities through

- ❖ Survey & identification of persons with disabilities through camp approach; facilitation of disability certificate, bus passes and other concession/facilities for persons with disabilities; assisting in the issue of Unique Disability Identity Card (UDID) to divyangjan in the District;
- ❖ Awareness Generation for encouraging and enhancing prevention of disabilities, early detection and intervention

as well as maintaining data of organizations working for the empowerment of persons with disabilities in the district etc..

- ❖ Early Intervention and facilitating Insurance Schemes launched by the National Trust/Department for Divyangjan;
- ❖ Assessment of need of assistive devices, provision/fitment of assistive devices, follow up/repair of assistive devices, assisting the ADIP/ALMICO camps for distribution of aids and assistive devices in the district;
- ❖ Therapeutic Services e.g. Physiotherapy, Occupational Therapy, Speech Therapy etc.;
- ❖ Referral and arrangement of surgical correction through Govt. & Charitable institutes;
- ❖ Arrangement of loans for self employment, through banks & other financial institutions;
- ❖ Counseling of persons with disabilities, their parents & family members;
- ❖ Promotion of barrier free environment and to play an active role in the Accessible India campaign of the department;
- ❖ To provide supportive and complimentary services to promote education, assisting students with disabilities for availing Scholarship Schemes of the Department, vocational training/ Skill Training of eligible Divangjan and employment for persons with disabilities through:-
 - Providing orientation training to teachers, community and families,
 - Providing training to persons with disabilities for early motivation and early stimulation for education, vocational training and employment.
 - Identifying suitable vocations for persons with disabilities, keeping in view local resources and designing and providing vocational training and identifying suitable jobs, so as to make them economically independent.
- ❖ Provide referral services for existing educational training, vocational institutions and to act as Outreach centre for the services provided by the National Institutes.

3. **Disabilities under the Rights of Persons with Disabilities Act, 2016:**

List of disabilities notified under the aforesaid Act are at **Annexure I**. Guidelines to determine the %age of disability are available on the portal of this Department.

4. **(i) Identified Districts approved for setting up of DDRCs**

310 identified districts have been approved for setting up of DDRCs under the scheme of the Department across the country. List of districts identified and DDRCs set up is at **Annexure II(a)**. In addition to these districts, States may approve DDRCs for remaining districts on the same pattern or otherwise but such DDRCs have to be funded under their own budget by the States. The left wing extremism affected districts notified by the Ministry of Home Affairs is at **Annexure II(B)**.

Each DDRC may also look after and provide rehabilitation services to persons with disabilities of the adjoining/neighbouring district if that district is not having a DDRC.

(ii) Procedure for formation of DDRC:

(a). Formation of the District Management Team(DMT):

Each DDRC is to be run under the supervision of a District Management Team headed by the District Collector and also to include district officials from Social Welfare, Health, Panchayati Raj, Women & Child Welfare Departments, nodal officer from implementing agency and representative from reputed NGOs/ public representatives for better coordination and monitoring. The State Government may notify the constitution of the DMT under the Chairmanship of District Collector. This team will also be the custodian of the assets of the DDRC.

Important functions of the DMT are as follows:

- Selection of registered implementing agencies
- Selection/Deployment of Manpower and finalizing their engagement conditions
- Monitoring, coordination of activities of DDRC,
- Convergence with other activities in the district relating to rehabilitation of Divyangjan.
- Security of assets of DDRC and material received under ADIP scheme of the Department, if any.
- The District Management Team may meet once in a month but not less than 4 times in a year.

(b). Coordination – Nodal officer (DDRO)

To facilitate better coordination, a nodal officer i.e., District Disability Rehabilitation Officer (DDRO) be identified among the district officials included in the DMT to monitor and coordinate the activities of DDRC.

DDRO will be responsible for coordination, management and administration of DDRCs on a day to day basis and will be paid honorarium @ Rs. 2000 p.m.

(iii) Identification of suitable Implementing Agency by DMT for running DDRC:

The implementing agency should preferably be

- i) a Red Cross Society

or

- ii) any such autonomous /semi-autonomous bodies of State Govt.

or

- iii) a reputed NGO with a good track record who should be capable of managing the DDRC right from its inception.

The functional District Red Cross Societies/registered agencies of State Health Department should be given priority over other NGOs. The DMT through local publicity could call for proposals from the interested registered organizations and then identify the most appropriate among them.

In addition to the existing mechanism, States may consider to set up a State level body/Society under the extant law to have branches in each district to run the DDRC (as implementing agency) effectively.

(iv) Accommodation for DDRC:

The District authorities should identify and allocate suitable rent-free accommodation for setting up of DDRC. The building should preferably be barrier-free and easily approachable by the disabled in addition to having electricity and water facility.

Minimum space required is 400 sqm approx.

In case of non-availability of rent free accommodation, suitable premises may be hired on rent as per the prescribed limits. The maintenance charges for the premises (rented or otherwise) will be met from the amount prescribed under the contingencies head of the grant.

(v). Staff for DDRC:

a) Implementing agency of DDRC to engage staff on contract

Each DDRC may have a maximum of **12 staff members** having specified qualifications, who are paid fixed honorarium as per prescribed norms. The rehabilitation professionals should preferably be registered with Rehabilitation Council of India (RCI). The Scheme does not envisage creation of permanent posts, and staff has to be appointed on honorarium/contractual basis by the Implementing Agency/DMT as far as possible through the local resources in order of priority:-

- Existing professionals of Govt./District hospitals on honorary basis
- Existing professionals of Govt./District hospitals on payment of token honorarium
- Professionals and others on purely contractual basis.

b) The District Management Team (DMT) is authorized to adopt any of the above options as per the requirement as well as to recommend amount of token honorarium as per norms of the State Government.

c) The State Government may suitably supplement the honorarium and other requirements of the DDRCs for undertaking their various activities in an effective manner. State Govt. needs to issue necessary instructions and guidelines to the DMT regarding advance action, so that personnel are appointed as soon as the DDRC is sanctioned

(vi). Admissible manpower, amount of Honorarium and admissible grant

(a) Each DDRC may have the following manpower with fixed honorarium and predetermined qualifications to be engaged on contract basis. The rehabilitation professionals should preferably be registered with Rehabilitation Council of India (RCI). The service conditions of the staff of the DDRC will be the responsibility of the Implementing Agency and not of the central Government.

S. No	Posts & qualifications	Honorarium after using multiplication factor of 2.50 (Rs)	20% higher amount of honorarium for DDRCs in the specified areas/States as per note below.
1	Clinical Psychologist (M.Phil in clinical Psychology/MA in Psychology preferably with 2 years experience in the field of disability rehabilitation)	20500	24600

2	Sr Physiotherapist/Occupational Therapist (Post Graduate in related field with 5 years experience	20500	24600
3	Orthopedically Handicapped Sr. Prosthetist/Orthotist - Degree in Prosthetic and Orthotic preferably from National Institute with 5 yrs experience or a diploma in Prosthetic & Orthotic with 6 years experience.	20500	24600
4	Prosthetist/Orthotist technician ITI trained with 2/3 years experience	14500	17400
5	Sr Speech Therapist/Audiologist (Post graduate in related field/B.Sc (Speech & Hearing)	20500	24600
6	Hearing Assistant/Junior Speech Therapist - Diploma in Speech & Hearing with knowledge of hearing aids repair/ear mould making	14500	17400
7.	Mobility Instructor - Matriculation + Certificate/ Diploma in Mobility	14500	17400
8.	Multipurpose Rehabilitation Worker (10+2 with diploma in CBR/MRW course or one year diploma course in early childhood special education with two years of experience)	14500	17400
9.	Accountant cum clerk cum storekeeper (B.Com/SAS with 2 years experience)	14500	17400
10	Attendant cum Peon cum Messenger (VIII class Pass)	9500	11400
11	Field & Publicity Assistant. (Graduate)	14500	17400
12	Vocational Counselor cum Computer Assistant (Graduate)	14500	17400

Note:-

- i) Honoraria to the Rehabilitation professionals of DDRCs located in North-Eastern States, Andaman & Nicobar Islands, Lakshadweep, Puducherry, Daman & Diu, Jammu & Kashmir and Himachal Pradesh, Uttrakhand, Left Wing Extremism affected areas as well as the districts of any State adjoining the international borders of the country shall be entitled to 20% more than the honoraria prescribed in respect of the DDRCs of the rest of the country.
- ii) The DDRCs are proposed to be set up in identified districts where it may be difficult to find staff with matching qualification initially. Hence, in case qualified rehabilitation professionals are not available for a while, until such professionals become available, DMT may recruit persons having lower qualification. However, non technical persons should not be appointed against technical manpower.

- iii) DDRO/Nodal officer (One of the district officials included in the DMT to monitor & coordinate the activities of the DDRC) will be given Rs. 2000/- p.m. as honorarium.

(b) Admissible grant in aid

The break-up of recurring and non-recurring expenditure in respect of One DDRC under the SIRPDA is as follows:

(Rupees in lakhs)

Items	General States per annum	For special States/areas -20% additional
Total Honorarium	23.40	28.08
Office Expenses/contingencies	05.25	05.25
Equipments (for 1 st year only)	20.00	20.00
Total for 1st year	48.65	53.33
Total for 2 nd year	28.65	33.33
Total for 3 rd year	28.65	33.33

5(i) Funding under arrangement under the scheme

DDRCs would be funded under the "Scheme for the implementation of Rights of Persons with Disabilities Act, 2016 (SIRPDA). Online proposals may continue to be submitted in the DDRC Scheme on the portal till a separate portal is made for the purpose.

(ii) Submission of Proposal for grant in aid

Proposal for grant-in-aid may be sent by District Magistrate/Collector with the recommendation during the first quarter of every year (as at Annexure III). Release of grant will be made on the basis of estimates submitted by the DDRC for the year with the recommendation of DM/Collector. Remaining admissible grant may be released on receipt of State Govt. Recommendation & audited accounts & utilization certificate in respect of previous instalment/grant.

(iii) Norms relating to financial management

All transactions/payments under all Central Sector Schemes will be covered under Public Financial Management System (PFMS). All the NGOs/VOs seeking Grant-in-Aid have to mandatorily use Expenditure, Advance and Transfer (EAT) module of PFMS for disbursing funds received from Government of India.

- (a) In the cases where Central Financial Assistance (CFA) has been sanctioned, the grant will be released in one instalment upon the

Grantee Institutions/ Organisation providing complete evidence of achieving the specified objectives and expenditure incurred supported by Audited Statement of Expenditure.

(b) The Implementing Agencies of DDRCs seeking Grant-in-Aid under the scheme must register themselves in the NITI Aayog portal (NGO-Darpan) portal and obtain Unique ID of NGO-Darpan before applying for Grant under the scheme.

(c) In addition to the existing guidelines/procedures, any other guideline, instruction which may be issued subsequently including clarification or simplification, addition or deletion shall be incorporated in the scheme by the department with the approval of Secretary of the Department.

(iv) Financial Arrangements to be followed by DDRC

(a) Maintenance of Project Accounts by DDRC

Funding of Honorarium to staff members of the DDRC and the requisite equipment for the DDRC is provided under the SIRPDA scheme only while materials for fabrication and aids and appliances funds are provided under ADIP scheme, therefore separate accounts be maintained and submitted with the respective proposals.

(b) Opening of Bank account in the name of DDRC

A bank account in the name of DDRC to be opened and to be operated jointly by *an Officer nominated by District Magistrate/Collector from the DMT and other official authorized by the implementing agency for the receipt of grants and meeting expenditure. The decision in this regard could be taken by DMT, based on the implementing agency identified for DDRCs.*

(c) Maintenance of accounts

Proper account for the expenditure on supporting activities will be maintained by each implementing agency *under the overall guidance & supervision of DDRO.* In addition to the procedures already being followed for suitable account keeping, it must be ensured that: Each implementing agency will maintain a separate account for each of their DDRC. Nodal officers in each of the districts will submit half-yearly accounts on programme activities to the Department.

(d) Proposal for grant in aid for staff honorarium etc. under SIRPDA scheme to be submitted with DM recommendation during the first

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quarter of the financial year. Grant in aid upto 75% of the estimated expenditure for the year may be released as 1st instalment. Remaining admissible grant may be released on receipt of State Govt. Recommendation & audited accounts & utilization certificate in respect of previous instalement/grant.

- (e) Proposal for grant in aid be submitted with prescribed documents 'on line' i.e. 'e-Anudaan' portal of the Department.

6. (i) Role of State Government

(a) State Governments are expected to play a more pro-active role in the effective working of DDRCs. In order to ensure greater involvement of State/District Administration, the State Government may suitably supplement the honorarium and other requirements of the DDRCs for undertaking their various activities in an effective manner.

(b) State Governments may authorize District Collectors in their capacity as Chairperson of DMT, to make minor modifications for effective functioning of DDRCs, considering the ground realities within the broad stipulation of the DDRC Scheme.

(c) State Government may also authorize the District Collectors to make interim advances out of the local funds placed at their disposal to tide over the difficulties caused in the field due to procedural delays in release of central funds.

(d) In addition to the existing mechanism, States may also consider to set up a State level body/Society under the extant law to have branches in each district to run the DDRC (as implementing agency) effectively.

6(ii) Role of ALIMCO and National Institutes of the Department - Equipments/Training of manpower

a) Equipments required for functional DDRC

The equipment for fabrication and fitment of assistive devices related to all kind of disabilities is to be purchased as provided under the equipment head of the scheme. These equipments will range from Electric oven, workshop anvil, physiotherapy equipments, clinical audiometer, speech trainer, workshop tools and some teaching material for the MR children, office equipment including equipment needed for the UDID project. The total equipment grant will be upto Rs.20.00 lakhs per DDRC in the first year only and further revision if any may be considered after 5 years. Details of equipments are listed at Annexure IV.

These equipments may be procured from the Artificial Limbs Manufacturing Corporation of India (ALIMCO), Lucknow Road, Kanpur - a central public sector enterprise under the Department. In case if ALIMCO is not in a position to procure/provide, the procurement of equipment may be done by the Implementing Agency under the supervision of the DMT as per procedure prescribed under provisions of General Financial Rules.

b) **Raw Materials for fabrication of aids & assistive devices as well as prescribed appliances - for persons with disabilities**

The assistive devices and the material for fabrication of aids and appliances shall be supplied under the ADIP scheme of the Department.

The DDRC should annually submit the proposals to the State Govt./UTs in the prescribed proforma along with utilization certificate, audited statement of expenditure, list of beneficiaries, details of aids and *appliances procured, or distributed among persons with disabilities* and calendar of activities through District Collector for availing grants under this scheme.

(iii). **Role of National Institutes /Composite Regional Centres (as per states allocated to them)**

(i) Training to Manpower of DDRCs, State Social Welfare department officials dealing with disability in Coordination with State Govt/District authorities/DDRC

(ii) National Institutes to draw annual training calendar with course module and submit the same to the Department for approval.

(iii) The staff of the Implementing Agency of DDRCs will be provided orientation and training through National Institutes (NIs) for capacity building so as to enable them to initiate activities as per the approved action plan.

(iv) National Institutes shall undertake the following training programmes in coordination with State /District / DDRC authorities:

- One day workshop of District collectors & State govt. officials -

Sensitization to disabilities issues, *Main Provisions of PWD Act*, DDRC scheme and effective delivery through them, sharing of *best practices*.

- 3 day training for Nodal officers of Implementing agency & Social welfare officers -

DDRC Scheme, processing of proposals under ADIP, DDRS etc, maintenance of accounts and other records, facilities, concessions & Schemes for *Persons with Disabilities* & and important referral addresses

- Up to 15 days *in-service* training for technical and professional manpower in DDRCs - focus especially on early intervention and follow up, New techniques of treatment & rehabilitation
- Special courses for *in-service* training - Courses which include bridge courses for under-qualified manpower of DDRCs- for 6 months to 1 year sandwich programmes

- Workshop on Communication skills and preparation of educative material
- Repairs & maintenance of aids & appliances for Technical staff, multipurpose workers
- Exposure visits to Composite Regional Centres (CRC)/ National Institutes and DDRC doing excellent work.

The training programmes would range from one to three day sensitization workshops to one week to 15 days refresher training to 1 year sandwich courses for improving the skills of under qualified manpower in DDRCs, while the participants could vary from Senior Govt. officials like Secretary/Directors/District Collectors to District welfare officers/nodal officer to professionals and other manpower deployed in DDRCs.

The cost for training of manpower of DDRC would broadly be based as follow.

Travel, boarding lodging expenditure in respect of DDRC manpower deputed for training will be met from the contingency head of the grant in aid released to DDRC under SIPDA scheme while the training cost will be met by the concerned National Institutes.

Within the broad framework of the DDRC Scheme, DDRCs run by NGOs as implementing agency shall be free in the matter of manpower selection as per the provision of the scheme under the overall supervision of the District Management Team. In addition, minor modification in the conditions prescribed under the Scheme is also permissible in consultation with the

Department to increase State ownership, effective functioning and streamlining the processing of grants-in-aid to DDRCs under State/District authorities.)

7. Action plan of DDRCs

(i) Action plan of DDRCs should broadly be as follows

- Survey of the *PwDs* and their needs in the districts-10-15 villages per month
- Assessment camps at HQ/at Civil hospital once every week;
- Assessment cum distribution camps at block at periodical intervals
- Awareness generation activities like visits to school/awareness camp in villages for various target groups/training programme of grass root level functionaries at periodical intervals
- Follow up camps in villages/blocks at periodical intervals

7(i) Survey of persons with disabilities

For initial planning, the details of district data on disabilities, if available, could be transferred to DDRCs viz data could be available with anganwadi workers/other grassroots level workers like ASHA about the disabled persons in each village. The implementing agency should use its discretion in selecting the best possible arrangement for collection of data.

(ii) Assessment/Fitment/Follow-up and repair of assistive devices

Assessment/Fitment

Actual fitment of assistive devices would be one of the major activities of District Centre. A blend of camp approach and institutional approach should be used in fitment of assistive devices. The expenditure on materials/assistive devices should be met out of ADIP Scheme. The implementing agency would be responsible for *making* adequate arrangements and following proper procedure in account keeping, as per the ADIP Scheme. Following points may be noted for its implementation:

- The implementing agency *must* ensure precise assessment on the requirement of assistive devices:

- While the implementing agency provides the technical inputs, the organizational and logistics
- All persons with disabilities should be assessed on the number and type of assistive devices required.
- Assessment may be done both on continuous basis through District Disability Rehabilitation Centre and at discreet points of time through the camp approach.
- This should be done in collaboration with Anganwadi Workers (AWWs), Health Workers, *Parateachers* NREGA, Panchayati Raj Institutions, Local NGOs and other grass-root level functionaries.
- The implementing agency must ensure through rigorous *follow-up* of persons provided with assistive devices *their proper & early repair*.
- The district centre should provide for repair services, adjustment and *follow-up* of assistive devices. A nominal charge for repair of assistive devices should be charged, which can be different for different devices and types of repair.
- Persons with disabilities, who are provided assistive devices, should be categorically informed of the follow up/repair/training services available at the district centres.
- *PwDs* may also be provided training for effective & correct use of assistive devices and therapeutic services. They may also be given instructions in local language in the form of a pamphlet having sketches/pictures for use and upkeep of the device(s).

(iii). **Promotion of Prevention**

Prevention has been promoted through various National Health Programmes like programmes of Prevention of Blindness, Leprosy etc. as well as various *Routine* Immunization programmes like Pulse Polio etc. The orientation of these programmes needs to focus not only on prevention of mortality, but also on disability. The District Centres, therefore, need to modify the information dissemination on prevention to emphasize the linkage between Health Programmes & Schemes and prevention of disability.

Lack of appropriate nutrition is also known to be a major factor causing disability. Studies indicate that iodine deficiency impairs brain development significantly. Various micronutrient deficiencies account for a large percentage of low birth weight in babies in India. The inadequate gestational weight gain is associated with poor mental and mortal development of surviving infants. Malnutrition during infancy and early

childhood is believed to have adverse affects on both physical growth and intellectual performance in later life. Vitamin A deficiency is a major cause of blindness among children.

Another important aspect of prevention of disability that needs to be disseminated through the District Centre is environmental sanitation and hygienic living conditions. For example, polluted water can cause growth of poliovirus leading to poliomyelitis resulting in flaccid paralysis. Similarly, unclean water causes Rota virus infection which results in diarrhea. Diarrhea is known to cause growth retardation. Flaccid paralysis can also be caused by insanitary conditions, which propagate the growth of poliomyelitis. Insanitary conditions are known to cause trachoma in eyes which can lead to blindness. Even leprosy can be caused by unsanitary conditions. Unhealthy and unhygienic food has been found to be cause of poliomyelitis. *Thus, DDRCs need to synergize the inputs of Total Sanitation Campaign, Nirmal Gram & other such Central & State Programmes and Schemes on Sanitation with Prevention of Disability particularly School Sanitation Programmes.*

The District Centres need to collect and collate the information relating to different aspects of prevention of disabilities and disseminate information in the most suitable form and mode, depending on local conditions.

The District Centres should, therefore, promote prevention by doing following:

- Converge the activities of AWWs, Health Workers, NGOs in promoting prevention;
- Distribute and publicize the information available with the implementing agencies on prevention and early intervention in local language. The material available with DDRCs/National Institutes may be compiled/prepared within two months of launching of the Scheme.
- The implementing agency may undertake orientation of the grassroots level workers including ICDS workers, Health Workers, CBRWs with a focus on identification, prevention and early detection.
- The District Disability Rehabilitation Centre set up and functioning in the areas having high incidence of Japanese Encephalitis (JE)/Acute Encephalitis (AES) must have Multiple Disability Component from the National Institute for Empowerment of Persons with Multiple Disabilities, M/o Social Justice &

Empowerment, East Road, Mullukadu, Kancheepuram,
Tamil Nadu.

(iv) **Early Intervention**

Early identification of disabilities and early intervention is very important for avoiding secondary disabilities and ensuring successful integration of children with disabilities *with other children at all levels*. Hence each DDRC must set up an early intervention unit. Parents of children with disabilities must be encouraged to visit these. In addition, low cost intervention using locally available material should be suggested to them for continuing the intervention at place of their residence.

(v) **Barrier Free Environment**

- Provision of barrier free environment is the second important compliment of assistive devices for providing accessibility to persons with disabilities;
- All new buildings, especially public sector and public utility e.g. schools and hostels, Panchayat and other Govt. buildings, hospitals, markets, bus stands, parks, public toilets are to be made barrier free, as per the standard bye-laws circulated by Ministry of Urban Affairs and Employment.
- The basic responsibility should be of the local governments.
- Public buildings like Collectorate, District hospital, local bus stand, colleges and schools should be converted into barrier free, to begin with.
- The financial support for Conversion of the buildings into barrier free may be met out of local government funds and/or MPLADS.
- *District Centres must be able to provide technical support to implementing agencies.*

(vi). **Promoting Education/Vocational Training/Placement**

Education, training and employment are important components of rehabilitation.

- The implementing agency should organize orientation-training programme for teachers/communities/families.
- They may also provide information on suitable vocations, possible job placements and other facilities like soft credit through NHFDC, vocational training through VRCs etc.
- At least one orientation programme of 3 days to a week should be held once in 6 months.

23. Performance reports

- Monitoring & Evaluation of the implementation of the programme would be done in terms of the activities enlisted above and the targets laid down for them.
- Annual Performance Report (as per proforma at Annexure IV) with action plan for the next financial year be sent to the Department of Empowerment of Persons with Disabilities (Divyangjan), Min. of SJ&E,
- Ministry may get functioning of these District Centres evaluated by external agency on sample basis every year.

**Disabilities under the Rights of Persons with Disabilities Act,
2016:**

1. Physical disability.—

A. Locomotor disability (a person's inability to execute distinctive activities associated with movement of self and objects resulting from affliction of musculoskeletal or nervous system or both), including—

(a) "**leprosy cured person**" means a person who has been cured of leprosy but is suffering from—

(i) loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and eye-lid but with no manifest deformity;

(ii) manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity;

(iii) extreme physical deformity as well as advanced age which prevents him/her from undertaking any gainful occupation, and the expression "leprosy cured" shall construed accordingly;

(b) "**cerebral palsy**" means a Group of non-progressive neurological condition affecting body movements and muscle coordination, caused by damage to one or more specific areas of the brain, usually occurring before, during or shortly after birth;

(c) "**dwarfism**" means a medical or genetic condition resulting in an adult height of 4 feet 10 inches (147 centimeters) or less;

(d) "**muscular dystrophy**" means a group of hereditary genetic muscle disease that weakens the muscles that move the human body and persons with multiple dystrophy have incorrect and missing information in their genes, which prevents them from making the proteins they need for healthy muscles. It is characterised by progressive skeletal muscle weakness, defects in muscle proteins, and the death of muscle cells and tissue;

- (e) "**acid attack victims**" means a person disfigured due to violent assaults by throwing of acid or similar corrosive substance.

B. Visual impairment—

- (a) "**blindness**" means a condition where a person has any of the following conditions, after best correction—

- (i) total absence of sight; or
- (ii) visual acuity less than 3/60 or less than 10/200 (Snellen) in the better eye with best possible correction; or
- (iii) limitation of the field of vision subtending an angle of less than 10 degree.

- (b) "**low-vision**" means a condition where a person has any of the following conditions, namely:—

- (i) visual acuity not exceeding 6/18 or less than 20/60 upto 3/60 or upto 10/200 (Snellen) in the better eye with best possible corrections; or
- (ii) limitation of the field of vision subtending an angle of less than 40 degree up to 10 degree.

C. Hearing impairment—

- (a) "**deaf**" means persons having 70 DB hearing loss in speech frequencies in both ears;
- (b) "**hard of hearing**" means person having 60 DB to 70 DB hearing loss in speech frequencies in both ears;

- D. "**speech and language disability**" means a permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.

2. Intellectual disability, a condition characterised by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior which covers a range of every day, social and practical skills, including—

- (a) "**specific learning disabilities**" means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia;

organ damage; "hemolytic" refers to the destruction of the cell membrane of red blood cells resulting in the release of hemoglobin.

5. **Multiple Disabilities** (more than one of the above specified disabilities) including deaf blindness which means a condition in which a person may have combination of hearing and visual impairments causing severe communication, developmental, and educational problems.

6. **Any other category as may be notified by the Central Government.**

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- (b) "**autism spectrum disorder**" means a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others, and is frequently associated with unusual or stereotypical rituals or behaviours.

3. Mental behaviour,—

"**mental illness**" means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognize reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub-normality of intelligence.

4. Disability caused due to—

(a) chronic neurological conditions, such as—

- (i) "**multiple sclerosis**" means an inflammatory, nervous system disease in which the myelin sheaths around the axons of nerve cells of the brain and spinal cord are damaged, leading to demyelination and affecting the ability of nerve cells in the brain and spinal cord to communicate with each other;
- (ii) "**parkinson's disease**" means a progressive disease of the nervous system marked by tremor, muscular rigidity, and slow, imprecise movement, chiefly affecting middle-aged and elderly people associated with degeneration of the basal ganglia of the brain and a deficiency of the neurotransmitter dopamine.

(c) Blood disorder—

- (i) "**haemophilia**" means an inheritable disease, usually affecting only male but transmitted by women to their male children, characterised by loss or impairment of the normal clotting ability of blood so that a minor wound may result in fatal bleeding;
- (ii) "**thalassemia**" means a group of inherited disorders characterised by reduced or absent amounts of haemoglobin.
- (iii) "**sickle cell disease**" means a hemolytic disorder characterised by chronic anemia, painful events, and various complications due to associated tissue and

6	Goa	1	1 (Panaji)	
7	Gujarat	12	12 (Surat, Jamnagar, Ahmedabad, Vadodra, Rajkot, Bhavnagar, Surendranagar, Nadiad, Junagarh, Dahod, Banaskantha & Sabarkantha)	Banaskantha
8	Haryana	5	5 (Rohtak, Kurukshetra, Sonapat, Hissar, Yamunagar & Fatehabad)	
9	Himachal Pradesh	4	5 (Shimla, Dharmshala & Kullu (in place of Chamba), Kinnaur, Bilaspur	5 (Shimla, Dharmshala & Kullu (in place of Chamba), Kinnaur, Bilaspur
10	Jammu and Kashmir	7	8 (Jammu, Udampur, Leh, Anantnag, Doda, Barmulla, Poonch, Kupwara	8 (Jammu, Udampur, Leh, Anantnag, Doda, Barmulla, Poonch, Kupwara
11	Jharkhand	6	6 (Palamu, Ranchi, Hazaribagh, Dumka, Dhanbad & Jamshedpur)	Palamu, Dhanbad Hazaribagh, , Dumka, Ranchi,
12	Karnataka	8	8 (Bellary, Belgaum, Mangalore, Tumkur, Gulbarga, Mandaya, Bidar, Kolar)	
13	Kerala	11	3 (Kozhikode, Thrissur & Thiruvanthapuram	
14	Madhya Pradesh	23	24 (Jabalpur, Balaghat, Rewa, Sagar, Indore, Jabua, Gwalior, Rajgarh, Ujjain, Satna, Khargaon, Khandwa, Agar, Alote-Ratlam, Jawad, Dewas, Mandsaur, Damoh, Shivpuri, Chhindawara, Guna, Vidisha, Sehore, Shajapur	Balaghat
15	Maharashtra	17	12 (Buldana, Wardha, Latur, Aurangabad, Mahim/Dadar, Gondia, Amravati, Pune, Nagpur, Jalgaon, Hingoli, Solapur.	Gondia,
16	Manipur	4	4 (Imphal, Thoubal, Churachandpur, Imphal West	4 (Imphal, Thoubal, Churachandpur, Imphal West

Districts identified for setting up of District Disability Rehabilitation Centres

Sr. No	Name of State /UT	No. of District identified and DDRCs set up		
		No. of Districts Approved	Set up (Funds given at least once to the Centres since start of the Scheme in 1999 onwards.	Districts affected by LWE, adjoining international borders, NE, Himalayan States etc. (to get 20% enhanced honorarium for staff)
1	2	3	4	5
1	Andhra Pradesh	12	11 (East Godavari, Kurnool, Chittoor, Nellore, Vizianagram, Prakasam, Cudappah, Guntur, Vishakapatnam, Anantpur, & Srikakulam)	East Godavari, Guntur, Kurnool, Prakasam Vizianagram, Vishakapatnam, Anantpur, & Srikakulam)
2	Arunachal Pradesh	05	3 (Itanagar (Naharlagun), Tawang & East Kamang)	5 (Itanagar (Naharlagun), Tawang East Kamang, West Siang, and Papumpare
3	Assam	17	13 (Tezpur (Sonitpur), Dibrugarh, Silchar, Karimganj, Dhubri, Nagaon, Jorhat, Barpeta, Dhemaji, Sivasagar, Golaghat, Lakhimpur, Cachar)	17 (Tezpur (Sonitpur), Dibrugarh, Silchar, Karimganj, Dhubri, Nagaon, Jorhat, Barpeta, Dhemaji, Sivasagar, Golaghat, Lakhimpur, Cachar) Darrange, Udalgiri Bongaigoan, Tinsukia
4	Bihar	27	23 (Purnia, Supaul, Sitamarhi, West Champaran, Darbhanga, Bhojpur, Banka, Muzzafarpur, Chapra, Kishan Ganj, Nawada, Jehanabad, Samastipur, Begusarai, Nalanda, East Champaran, Kaimur, Madhubani, Bhojpur, Aurangabad, Vaishali Araria, Katihar)	(20)West Champaran, East Champaran, Sitamarhi, Supaul, Madhubani Araria, Kishan Ganj, Aurangabad Bhojpur, Gaya Jehanabad, Kaimur, Nalanda Nawada, Rohtas, Sitamarhi, Muzzafarpur Vaishali Banka, Begusarai,
5	Chhattisgarh	07	7 (Raipur, Raigarh, Durg, Rajnandgaon, Jashpur, Bastar, Dhamtari)	Rajnandgaon, Jashpur, Bastar, Dhamtari)

17	Meghalaya	5	5 (Shillong, East Garo Hills, Jantia Hills West Khasi Hills & West Garo Hills)	5 (Shillong, East Garo Hills, Jantia Hills West Khasi Hills & West Garo Hills)
18	Mizoram	3	3 (Aizawal, Lunglei+Lunglit, Kolasib+Mamit)	3 (Aizawal, Lunglei+Lunglit, Kolasib+Mamit)
19	Nagaland	3	1 (Dimapur)	(Dimapur)
20	Odisha	12	8 (Kalahandi, Nabrangpur, Ganjam, Phulbani, Sambalpur, Keonjhar, Mayurbhanj, Koraput)	(7) Kalahandi, Nabrangpur Ganjam, Sambalpur, Keonjhar, Mayurbhanj, Koraput
21	Punjab	9	8 (Patiala, Sangrur, Ferozepur, Bhatinda, Hoshiarpur, Moga, Nawanshahr & Amritsar)	Amritsar, Ferozepur,
22	Rajasthan	17	12(Ajmer, Jodhpur, Tonk, Bikaner, Jaisalmer, Jalore, Pali, Udaipur, Alwar, Bharatpur, Bhilwara & Chittorgarh)	(2) Jaisalmer, Bikaner,
23	Sikkim	3	1 (Gangtok)	1 (Gangtok)
24	Tamil Nadu	7	7 (Vellore, Thoothukudi, Madurai, Salem, Virudhunagar, Kanyakumari & Perambalur	
25	Telangana	7	5 (Nalgonda, Mahbubnagar, Medak, Karimnagar, Warangal	(5) (Nalgonda, Mahbubnagar Medak, Karimnagar, Warangal
26	Uttar Pradesh	46	40 (Jaunpur, Hardoi, Deoria, Saharanpur, Rampur, Moradabad, Azamgarh, Aligarh, Bulandshahr, Ghazipur, Siddharthanagar, Kheri, Budaun, Basti, Unnao, Balrampur, Kushinagar, Sant Kabir Nagar, Shravasti, Sitapur, Gorakhpur, Mau, Gonda, Varanasi, Agra, Meerut, Allahabad, Balia, Jhansi, Ambedkarnagar, Pilibhit, Rai Bareilly, Maharajganj, Muzzafarnagar, Mathura, Bareilly, Kanpur Dehat, Bahraich, Farrukabad & Barabanki)	() Pilibhit, Bahraich Shravasti Balrampur Maharajganj, Siddharthanagar,
27	Uttarakhand	5	6 (Tehri Garhwal, Almorah, Haridwar, Bageshwar	6 (Tehri Garhwal, Almorah, Haridwar,

			Naintal & Udamsinghnagar)	Bageshwar, Naintal & Udamsinghnagar
28	Tripura	4	4 (North Tripura, South Tripura, Dhalai, Agartala (West Tripura)	4 (North Tripura, South Tripura, Dhalai, Agartala
29	West Bengal	16	12 (Bardhaman, Purulia, Bankura, Howarah, Malda, Nadia, Jalpaiguri, Murshidabad, Cooch Behar, Birbhum, Dakshin Dinajpur, Hooghly)	Purulia, Bankura Birbhum, Nadia, Murshidabad, Malda, Dakshin Dinajpur, Cooch Behar Jalpaiguri, 24 Pargana North, West Midnapore, Darjeeling,
30	Andaman and Nicobar	2	1 (Port Blair)	1 (Port Blair)
32	Dadra & Nagar haveli	1	1 (Silvassa)	1 (Silvassa)
33	Daman & Diu	1	1 (Diu)	1 (Diu)
34	Puducherry	2	2 (Pondicherry & Karaikal)	2 (Pondicherry & Karaikal)
	Total	310	262	

Annexure II (b)

At present 106 districts in 10 States have been identified by the Government of India as Left Wing Extremism (LWE) affected districts in the country, as per list below:

List of 106 districts covered under the SRE Scheme

<u>Andhra Pradesh</u> 1. Anantapur 2. East Godavari 3. Guntur 4. Kurnool 5. Prakasam 6. Srikakulam 7. Visakhapatnam 8. Vizianagaram <u>Telengana</u> 9. Adilabad 10. Karimnagar 11. Khammam 12. Medak 13. Mehboobnagar 14. Nalgonda 15. Warangal 16. Nizamabad <u>Bihar</u> 17. Arwal 18. Aurangabad 19. Bhojpur 20. East Champaran 21. Gaya 22. Jamui 23. Jehanabad 24. Kaimur 25. Munger 26. Nalanda 27. Nawada 28. Patna 29. Rohtas 30. Sitamarhi 31. West Champaran 32. Muzaffarpur 33. Sheohar 34. Vaishali 35. Banka 36. Lakhisarai 37. Begusarai 38. Khagaria	<u>Chhattisgarh</u> 39. Bastar 40. Bijapur 41. Dantewada 42. Jashpur 43. Kanker 44. Korea (Baikunthpur) 45. Narayanpur 46. Rajnandgaon 47. Sarguja 48. Dhamtari 49. Mahasamund 50. Gariyaband 51. Balod 52. Sukma 53. Kondagaon 54. Balrampur <u>Jharkhand</u> 55. Bokaro 56. Chatra 57. Dhanbad 58. East Singhbhum 59. Garhwa 60. Giridih 61. Gumla 62. Hazaribagh 63. Koderma 64. Latehar 65. Lohardagga 66. Palamu 67. Ranchi 68. Simdega 69. Saraikela-Kharaswan 70. West Singhbhum 71. Khunti 72. Ramgarh 73. Dumka 74. Deoghar 75. Pakur <u>Madhya Pradesh</u> 76. Balaghat	<u>Maharashtra</u> 77. Chandrapur 78. Gadchiroli 79. Gondia 80. Aheri <u>Odisha</u> 81. Gajapati 82. Ganjam 83. Keonjhar 84. Koraput 85. Malkangiri 86. Mayurbhanj 87. Navrangpur 88. Rayagada 89. Sambhalpur 90. Sundargarh 91. Nayagarh 92. Kandhamal 93. Deogarh 94. Jajpur 95. Dhenkanal 96. Kalahandi 97. Nuapada 98. Bargarh 99. Bolangir <u>Uttar Pradesh</u> 100. Chandauli 101. Mirzapur 102. Sonbhadra <u>West Bengal</u> 103. Bankura 104. West Midnapore 105. Purulia 106. Birbhum
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Application form for **grant-in-aid proposal for the first year for setting up of District Disability Rehabilitation Centre** in the identified and approved district in the State

1. Unique ID Number allotted on the Darpan
Portal of the Niti Aayog
(If not already registered then register at
http://ngodarpan.gov.in)
2. Name of the State and District where DDRC is to be set
up/functioning :
3. (a) Whether District Management Team formed : Yes/No
(b) If yes, please attach orders constituting DMT : Attached
4. (a) Whether suitable Implementing Agency Identified: Yes/No
(b) Details of the Implementing agency :
 - (a) Name of the Agency
 - (b) Address
 - (c) Telephone/Fax No.
 - (d) E-mail ID
 - (e) PAN/TIN/TAN No. (any one) of IA
5. Whether the agency is registered : Yes/No
 - (a) If yes, the Name of the Act under which registered:
 - (b) Registration No. and date of registration
 - (c) Whether the agency has a valid PWD Certificate:
(Attested Copy be enclosed)
6. Memorandum of Association & Bye Laws of the Agency (*Please attach copy*):
7. Details of accommodation for the DDRC:
 - (a) Proposed location of the DDRC building:
 - (b) Whether building is owned by State Government or rented:
 - (c) Built up Area:
 - (d) No. of rooms:
 - (e) Will the accommodation be used exclusively for this programme:
 - (f) Whether the building is barrier free:

- (g) Whether easily approachable for the persons with disabilities:
- (h) Whether adequate water and electricity facilities are available:
8. (a) Whether steps for manpower deployment initiated:
(b) If so, details:
9. Whether Saving Bank Account in the name of DDRC/
Implementing Agency to be operated jointly opened: Yes/No
10. Bank authorization letter in prescribed format (attached below)
giving details
(i) of bank branch,
(ii) IFSC code,
(iii) MICR Code
(iv) Other details of Payee's particular like address, e-mail
address, etc.
11. To submit Indemnity Bond (as per format **at Annexure V**):

Authorised signatory of the
Implementing Agency of the DDRC

Recommendation of the DM
(_____)
DM of the District/
Social Welfare Department of the State

Authorization Letter for sending Grants-in-aid/Funds directly into the Bank Accounts of the Organization

I/We (name of the entity/Society/Organization) would like to receive the grants-in-aid disbursed by the Union

Ministry of Social Justice & Empowerment directly into the bank account of the society/institution/ organization etc.

through electronic mode of transfer. The particular are as under:

Payee Particulars							Bank details						
Name of the Payee in bank account	Address	District	PIN Code	State	Mobile No. (as stated in NGO-Darpan portal)	Email Address (as stated in NGO-Darpan portal)	Name of the Bank	Bank Branch (Full address and Telephone No.)	Bank account No.	Account Type	Mode of Electronic Transfer available	IFSC Code	MICR Code

Account has been verified by me (Manager) (Bank Branch maintaining the account) (Seal)	Name of the organisation:..... Registration No. and date:...../Authority and place of Registration:..... Registration No. and date under RPwD Act:..... Unique ID of NGO-Darpan:..... TIN/TAN/PAN No. (PAN number mandatory):..... I certify that information provided above is consistent with the information provided by the organisation on the NGO-Darpan portal as well Authorized signatory of the organisation:.....(name).....(signature)
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Annexure III(b)

Application form for grant-in-aid proposal for the 2nd year
onwards grant for District Disability Rehabilitation Centre
already set up/functioning

1. Unique ID Number allotted on the Darpan Portal of the Niti Aayog
(If not already registered then register at <http://ngodarpan.gov.in>)
2. Name of the State and District where DDRC is functioning
3. (a) District Management Team formed : Yes/No
(b) Last meeting of the DMT held on :
4. Details of the Implementing agency :
(a) Name of the Agency
(b) Address
(c) Telephone/Fax No.
(d) E-mail ID
(e) PAN/TIN/TAN No. (any one) of IA

5. Details of last grant received by the DDRC

Sr. No.	Grant in aid for financial year	Sanction letter and date	Amount	Utilisation Certificate (proforma at Annexure VI (a) / audited accounts by CA submitted

6. To submit Indemnity Bond (as per format at **Annexure V**):

6 Details of funds available, utilized, and grants in aid sought

Sub Head	Open ing bala nce for the finan cial year	Grant s receiv ed durin g the financ ial year	Total grants for the financ ial year	Expendit ure till the beginnin g of the half year	Expendit ure during half year	Total expendit ure during the financial year	Requirem ent of grants for the balance period
Equipments							
Honorarium							
Travel							
Contingenci es							

7. To enclose copy of the performance report in respect of the previous year (copy as at **Annexure VI (b)**).

8. Staff appointed under DDRC :

Sl. No	Name	Qualific ation	Nature of appointment Contractual/ Honorarium /Honorary	Date of appoint ment	Designat ion	Aadhaa r Card No. of the official	Amoun t of Honora rium

9. Details Funds generated/received from other sources if any.

Source of fund	Till the Quarter of the current financial year	During the Quarter	Total during the the financial year
Through Registration			
Donation			
Service Charges			
Others (Pl. specify)			

Authorised signatory of the
Implementing Agency of the DDRC

Recommendation of the DM

(_____)

DM of the District/

Social Welfare Department of the State

Annexure IV**Equipment for different categories of disabilities for a DDRC****1. Department of Physiotherapy**

S.N o.	Name of the Equipment	Quantity
1.	Shortwave Diathermy-Continuous - Both	1
2.	Motorized intermittent cervical & Lumber traction unit	1
3.	Weight machine	1
4.	Static Cycle-Upper & Lower both	1
5.	1. Paraffin Wax Unit - Baine Marie Concept (30Kg- Capacity) with 30kg Paraffin Wax	1
6.	Moist heat unit (Hydroculator)-With 8 Imported Packs	1
7.	Electrical Stimulator - LCD/Dual Channel	1
8.	Interferential Therapy Unit - LCD	1
9.	Laser Therapy - 200mw /2 Probes	1
10.	Shoulder Wheel - Magnetic /LCD	1
11.	Cold Pack Unit - 12 Variable Cold Gel Packs	1
12.	Contrast Bath	1
13.	Ultrasound Unit - 1 & 3 MHz/LCD	1
14.	Overhead Pulley	1
15.	Ankle Exerciser	1
16.	Pronator Supinator Unit	1

2. D/o Occupational Therapy Equipments

S.N o.	Name of the Equipment	Quantity
1.	Shoulder wheel	1
2.	Inclined sanding unit	1
3.	Horizontal Sanding Unit	1
4.	Vertical Sanding Unit	1
5.	Therapy ball / Physio ball (with pump) (45 cm diameter)	1
6.	Therapy ball / Physio ball (75 cm diameter)	1
7.	Wedge	1
8.	CP chair	1
9.	Corner chair	1
10.	Bolster (Diameter 40cm x 120cm long)	1
11.	Multi-activity workstation	1
12.	ADL board (Buttoning-Unbuttoning board)	1
13.	ADL board (latch, lock and key board)	1
14.	Rowing machine	1
15.	Quadriceps exercise table	1
16.	Gym kit box	1

17.	Mushroom peg board	1
18.	Weighted peg board	1
19.	Grip exerciser	1
20.	Supinator-pronator board	1
21.	Pyramids	1
22.	Pronator-supinator device (wall mounted)	1
23.	Weighted cuffs	2 pairs
24.	Rope and pulley	1
25.	Ankle exercise (unilateral)	1
26.	Medicine ball	1
27.	Postural training mirror (with frame)	1
28.	Foot rocker board	1
29.	Wrist roller	1

3. D/o Prosthetics & Orthotics

S. No.	List of Equipments for O.H.	Quantity
1.	Drill Machine	1
2.	Bench Grinder with all accessories complete	1
3.	Electric oven	1
4.	Super carver kit	1
5.	Jig Saw (Bosh)	1
6.	Apparatus Sewing Machine (Electric Driver)	1
7.	Leather Sewing Machine (Electric Driver)	1
8.	Bench Vice 6" and 4"	4
9.	Anvil (50 Kg & 20 Kg)	2
10.	Misc. Hand tools for orthotic section	2
11.	Misc. Hand tools for Prosthetic section	2
12.	Misc. Hand tools for leather padding and shoe	2
13.	Work tables 6 x 3 x 32"	2
14.	Measurement table 7 x 2-1/2x32"	1
15.	Fabrication	1
	Total	

4. Equipments for Cerebral Palsy/Chronic Neurological Conditions

S.No	Name of the equipment	Quantity
1	Treatment of the equipment	1
2	Prone Wedge	2
3	Bolster	1
4	Standing Frame	1
5	Prone Crawler	1
6	Reciprocal Walker	1
7	Parallel bar (Small Size)	1
8	Elbow Crutches (Large)	4

9	Elbow Crutches (Small)	4
10	Bean Bag	1
11	ADL Training Board Dummy Electric	1
12	ADL Training Board Diff. Doors	1
13	Dressing Frames (Set)	3
14	Door Latch Frame Set	1
15	ADL Training: Board - Mech. Activities	1
16	Cloth Clips	1
17	Dummies for Dressing Skills, Combing activities	1 Set
18	Garment with different size buttons	3
19	Toys to train shoe lacing	2
20	Rocker bottom knife	2
21	Swivel spoon, adapted handles with utensils (Detachable)	2
22	Pen holder	2
23	Reachers	2
24	Plate Guard	2
25	Adaptive & Assistive Devices kit	2
26	Peg Boards	1
27	Pop Beads	1
28	Clay Dough	1 box
29	Little Bigger Blocks	1
30	Coin Box (Hundi)	2
31	Soft Ball	5
32	Hand Exerciser	1
33	Coordination Electronic Board	1
34	Magnetic Peg Board	1
35	Little Bigger Blocks (For Improving Mass Grasp For Stroke Patient)	1
36	Continuous Passive Movement (U/E) (CPM)	1
37	Checker Board-Arm & Shoulder	1
38	Finger Extension Remedial Board	1
39	Sand And Water Table	1
40	Balls (Basket & Volley Ball)	4
41	Theraband	1 set
42	Wooden board with 50 holes and 20 rust free galvanized rods	01
43	Durable foam-board No. cards and symbols cards	01
44	Specially designed beads in 6 colours (in large size and small size)	1 set
45	Educational water proof color chart of surroundings. Etc	-
46	1 Flash card holder (New Design) 91	01
47	Education Pictures card and work card kits (7 water proof pictures cards & foam board matching world card in each kit) like for transport, playtime, round me	1 set.
48	Clock face stamps on teakwood base small, medium, large oval	1 set.
49	Stamps on vegetables on specially designed colored base	1 set
50	Stamps of fruits on special base	1 set.
51	Stamps on wild animals on special	1 set.
52	Stamps on domestic animals on special base	1 set.
53	Stamps on transport on special base	1 set.

54	Wooden number strip (1-100) and display folder	10
55	Education wooden numbercards for numbers (1-100), symbols etc	10
56	Day birdie (A puzzle to learn the days of the week)	01
57	Grown plant (to learn parts of the plant and how they grow)	01
58	Handprints (to learn Nos. 1-5)	01
59	Footprints (to learn Nos. 11-20)	01
60	Odd and even duck (to introduce odd and even nos. 1-10)	01
61	Lacing kit (3 shapes with eyelets and laces for motor control)	01
62	Footsteps (20 shapes with eyelets and laces for motor control)	01
63	Festivals a story sequence puzzle (Christmas) Festivals A story sequence puzzle (Diwali), Festival A Story sequence/Puzzle	01 01
64	Seasons (round the year) Kit 1.1 colored chart of summer, 1 holders, 15 work cards, kit 2.1 colored chart of winter	
65	What we wear - 25 Picture cards of clothes, 25 word cards of clothes, 25 word cards of helping words.	1 set.
66	Daily living adaptation kit (Samples of 22 items of daily living adapted to suit the requirements of the mentally challenged)	1.

5. D/o Autism Spectrum Disorder/Intellectual Disabilities

S. No	Equipment's	Quantity
1	Wooden Board with 59 holes and 20 rust free galvanized rods	01
2	Durable foam-board No. Cards and Symbols Cards	01
3	Specially designed beads in 6 colour (In large size and small size)	1 set
4	Educational water proof color chart of surroundings. Etc	-
5	1 Flash card holder (new design)	01
6	Educational picture card and work card kits (7 water proof picture card & foam board matching world card in each kit) like for transport, playtime, round me	1 set
7	Clock face stamps on teakwood base-small, medium, large, oval	1 set
8	Stamps on vegetable on specially designed colored base	1 set
9	Stamps on fruits on special base	1 set
10	Stamps on wild animals on special base	1 set
11	Stamps on domestic animals on special base	1 set
12	Stamps on transport on special base	1 set
13	Wooden number strips (1-100) and display folder	10
14	Educational wooden numbercards for numbers (1-100), symbols etc.	10
15	Day birdie (A puzzle to learn the days of the week)	01
16	Grown plant (to learn parts of the plant and how they grow)	01

17	Handprints (to learn Nos. 1-5)	01
18	Footprints (to learn Nos. 11-20)	01
19	Odd and even duck (to introduce odd and nos. 1-10)	01
20	Lacing Kit (3 shapes with eyelets and laces for motor control)	01
21	Footsteps (20 with shapes with eyelets and laces for motor control)	01
22	Festivals a story sequence puzzle (Christmas)	01
23	Seasons (round the year) kit 1.1 colored chart of summer, 1 holder, 15 word card, kit 2.1 colored chart of winter, 1 holder, 15 word card, kit 3.1 colored card of rainy season, 1 holder, 15 word card, seasons kit with all 3 season plus holder and 45 word card	1 set
24	What we wear	1 set
25	Daily living adaptation kit (Samples of 22 items of daily living adapted to suit the requirements of the mentally challenged)	1
26	Toys (used for visual, auditory and tactile)	10
27	Therapy ball	1
28	Bolsters	1
29	Balance Board	1
30	Corner seat	1
31	Modified chairs (Positive and negative)	1
32	Flip charts, Vehicles, Numbers, Vegetables, Animals	-
33	Word book vegetables, fruits, Numbers, Animals	-
34	Manual for preparation of stimulation material rural for infants and toddlers	-
35	Dancing Lights	5 set
36	Radium Stickers	5
37	UV Lights	5 set
38	Wall Mounted Colour Light	5
39	Flexible serial Tube Lights	2 set
40	Stickers	5
41	Ball Pool (With Small Plastic Balls)	1
42	Tunnel	1
43	Vibrator (Body Massager)	5
44	Rope Ladder	1
45	Balance Beam	1
46	Trampoline	1
47	Graded Tables with graded stools	1
48	Geometric Shapes Crawling Forms	1
49	Teaching Learning Material (TLM)-KIT-1	1
50	Teaching Learning Material (TLM)-KIT-2	1
51	Teaching Learning Material (TLM)-KIT-3	1
52	Teaching Learning Material (TLM)-KIT-4	1
53	Computer Assisted Instruction (CAI) Package-7 CD's-Each CD Rs. 50/-	1 set
54	Grade level Assessment Device (GLAD)	1
55	Vocation Assessment Device (GLAD)	1
56	Functional Assessment checklist for Programing (FACP)	1
57	Behavioural Assessment Scale For Indian Children with	1

	Mental Retardation (BASIC-MR)	
	(i) English	
	(ii) Hindi	
58	Malin's Intelligence Scale For Indian Children (MISIC)	1
59	Developmental Screening Test (BKT)	1
60	Vineland Social Maturity Scale (VSMS)	1
61	Binet-kamat Test (BKT)	1
62	Indian Scale For Assessment of Autism (ISSA)	Available on National Trust Website
63	Childhood Autism Rating Scale (CARS)	1

(To be furnished on a Rs.20/- Non-Judicial Stamp Paper)

BOND

KNOW ALL MEN BY THESE PRESENTS THAT we the (name of the Organization as in Registration Certificates) as association registered under the Societies Registration Act, 1860 having been registered by the office of (Name and full address of Registering Authority), vide Registration Number dated office at in the State of (herein after called the obligor/obligors) are held and firmly bound to the President of India (hereinafter called the Government) in the sum of Rs. (in words Rs only) with interest therein @ 10% per annum well and truly to be paid to the President on demand and without demur, for which payment we bind ourselves and our successors and assigns by these presents.

2. SIGNED this day of in the year two thousand and

3. WHEREAS the obligors has sent a request proposal to Government through the Union Ministry of Social Justice & Empowerment for grants of Rs. (write the amount of grants-in-aid applied for/estimated budget) vide his letter number dated (write the no. and date of the forwarding letter of the NGO), the obligors has agreed to execute this bond in advance, in favour of Union Ministry of Social Justice & Empowerment for entire amount of Rs. as requested in the proposal sent to the Government. The obligor is willing to accept the proposed amount or any other amount approved/sanctioned by the Government. The obligor is willingly executing this bond of proposed amount with the stipulation that obligor will be bound upto this amount or by the actual amount approved/sanctioned by the Government, whichever is less. The obligor is also willing to accept all terms and conditions mentioned in the "Letter of Sanction" to be issued by the Government.

4. Now the condition of the above written obligation is such that if the obligors duly fulfil and comply with all the conditions mentioned in the letter of sanction, then above written bond or obligation shall be void and of no effect. But otherwise it shall remain in full force and virtue. If a part of the grant is left unspent after the expiry of the period within which it is required to be spent, the obligors agree to refund the unspent balance along with interest at the rate of 10% (ten percent) per annum unless it is agreed by the sanctioning authority to be carried over to the next financial year. The amount of grant shall be refunded along with interest earn thereon.

5. The Society/Trust agrees and undertakes to surrender/pay to Government the monetary value of all such pecuniary or other benefits which it may receive or derive/have received or derived through/upon unauthorized use (such as letting out premises for adequate or less than adequate consideration or use of the premises for any purpose other than that for which the grant was intended) of the property/building or other

assets created/acquired/constructed largely from out of Government grant. The decision of the Secretary to the Government of India in the Ministry of Social Justice & Empowerment or the administrative Head of the Department concerned shall be final and binding on the Society/Trust, in respect of all matter relating to the monetary value mentioned above to be surrendered/paid to the Government.

6. The member of the executive committee of the grantee will

- a. abide by the conditions of the grants-in-aid by the target dates, specified in the letter of sanction; and
- b. not divert the grants or entrust execution of the scheme or work concerned to other institution (s) or organization (s); and
- c. abide by any other conditions specified in the agreement governing the grants-in-aid

In the events of grantee failing to comply with the conditions or committing breach of the conditions of the bonds, the signatories to the bonds shall be jointly and severally liable to refund to the President of India, the whole or a paramount of the grant with interest @ 10% per annum thereon.

7. AND THESE PRESENTS ALSO WITNESS THAT

- i. The decision of the Secretary to the Government of India in the Ministry of Social Justice & Empowerment on the question whether there has been breach or violation of any of the terms and conditions mentioned in the sanction letter shall be final and binding on the obligors; and
- ii. The Government shall bear the stamp duty payable on these bonds. The cost can be adjusted from the grants

In witness whereof these presents have been executed as under on behalf of the obligors and day herein above written in pursuance of the Resolution No *..... dated *..... passed by the Governing Body of the obligors, a copy whereof is annexed hereto as Annexure B.

(_____)

Signed for and on behalf of **.....

Signature of the grantee ***

(Name	of	the	Obligor	Association,	as	registered)
Full		Mailing		Address	
Telephone		Number/Mobile		No	
E-mail		address	(if	available)	
Fax Number					

(in the presence of) Witness name, address and signature

1. Registration	Number	of	Association
2. Date	of	Registration	_____

3. Registration Authority (RA): _____
4. Telephone no. / Email, etc. of RA

(i)

(ii)

(Sign)

Accepted for an on behalf of the President of India

Designation

Date

Name & Address

* No. & date of the Resolution of the Management/Executive Committee vide which Organization has authorised the designated person to sign its bond.

** Name of the NGO.

*** Name and Signature of the Office Bearer authorised by a Resolution of the NGO/Implementing Agency of DDRC to sign such Bond

Annexure VI (a)

GFR 19-A

[See Rule 212(1)]

Form of Utilization Certificate

Sr.No.	Letter No. & Date	Amount
	Total	

Certified that out of Rs. _____ of grant-in-aid sanctioned during the year _____ for the year _____ in favour of _____ under this Ministry/Department Letter No. _____ given in the margin and Rs. _____ on account of unspent balance of the previous year, a sum of Rs. _____ has been utilized for the purpose of _____ for which it was sanctioned and that the balance of Rs. _____ remaining unutilized at the end of the year has been surrendered to Government (vide No. _____ dated _____)/will be adjusted towards the grant-in-aid payable during the next year _____.

2. Certified that I have satisfied myself that the conditions on which the grant-in-aid was sanctioned have been duly fulfilled/are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

Kinds of checks exercised.

1. Registers and records maintained for recording receipt of grant
2. Bank Statements/Cash Book/Ledgers
3. All Vouchers/Bills maintained
4. Others to be specified.

Signature _____

Designation _____

Date _____

Chartered Accountant

Annual (PERFORMANCE REPORT : PHYSICAL

Name of the implementing Agency :-

Name of DDRC and Address :

Month of inception:

Total No. of Persons benefited: Upto the :

During the Current year quarter :

1. Therapeutic services delivered (excluding surgeries performed)

Category	Up to Last Financial year	During current financial year as on....	Grand Total
Orthopedically handicapped			
Mentally handicapped			
Visually Handicapped			
Hearing Handicapped			
Multiple disabilities			
Total			

2. ADIP related activities:

Provision/ Fitment of Assistive devices (in units of devices)	Up to Last Financial year	During current financial year	Grand Total
(a) Wheel Chairs			
(b) Tricycles			
(c) Aids to the hearing handicapped			
(d) Aids to Visually Handicapped			
(e) Any other aids and appliances.			
(f) Surgeries performed.			
(g) Fitment of limbs			
Total			
Any other follow up services (in units of services)			

3. Training related activities - No. of persons trained.

Category	Up to Last Financial year	Total (during current financial year)	Grand Total
Anganwadi worker			
ANM			
Teachers			
Nurses			
Any other			
Total			

4. Awareness generation (indicate the number of visits/programmes)

Category	Up to Last Financial year	During current financial yr)	Grand Total
Preparation and free distribution of written material in local language			
Radio talk			
T.V. coverage through local network			
Publication of articles in print media			
Visits to school and addressing teachers/ principal and students.			
Meeting with parents of disabled children			
Meeting with parent of non disabled children			
Self help Groups			
Others			

5. Employment/facilities concession:

Category	Up to Last Financial year	During current financial year)	Grand Total
Self employed			
Employed in Govt. /Pvt. Sector.			
Provided disability certificate/ concession			
Admission in regular school			

6. Broad activities:

Category	Up to Last Financial year	Total (during current financial year)	Grand Total
No. of village surveyed			
Assessment camps (through camp approach)			
Follow up camps (through camp approach)			
No. of meetings of the DMT			
Any other - please specify			