

Date 18/10/11

GOVERNMENT OF PUNJAB  
DEPARTMENT OF HEALTH & FAMILY WELFARE  
(HEALTH-5 BRANCH)

10561

Dated, Chandigarh The 15 September, 2011

NOTIFICATION

Dated, Chandigarh The 15 September, 2011

No. 21/43/2010-SHB35/2539 In pursuance of the provisions of sub-clause (p) of Section 2 of 'The persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995' and 'The persons with disabilities (Equal Opportunities, Protection of Rights and Full Participation) Punjab Rules, 2003' and 'The persons with disabilities (Equal Opportunities Protection of Rights and Full Participation) Punjab (... Ist.,... Amendment) Rules, 2011', the Govt of Punjab hereby specifies, for the purpose of issuance of certificate of disability as mentioned in sub-clause (1) of the said section 2, the hospitals and institutions mentioned in column 3 of the table given below, as "medical authorities" for the type of disability mentioned in column 2 thereof, and further directs that the medical officer of the hospital / institution as mentioned in Col 4 shall be authorized to sign the disability certificate on behalf of the medical authority.

Dated 18/10/11  
CE/HRD  
S/TX

SIGNED  
For circulation  
18/10/11  
G.S. Singh  
15/10/11  
18/10/11

Filed in 763 / 18/10/11  
S/TX

S/TX  
18/10/11

SN	Type of Disability	Hospital / Institution which is being specified as the "Medical Authority" for the purpose of the disability mentioned in Col 2	Medical Officer working in the Hospital / Institution mentioned in Col 3 who would be competent to issue certificate of disability
1	2	3	4
1	<b>Obvious Disability on Form-II</b> (i) Locomotor Disability by way only of amputation or complete permanent paralysis of limbs. (ii) Blindness	All District Hospitals, Sub-Divisional Hospitals, Community Health Centres and Primary Health Centres	Medical Superintendent / SMO or a Senior Doctor authorized by an order of MS / SMO of the hospital. SMO of CHC / SMO of PHC / MO incharge PHC
2	<b>Multiple Disability on Form-III</b>	All District Hospitals and Sub-Divisional Hospitals, Specialists and necessary measurement / evaluation facilities in relevant fields (eg. audiometric, optometric and other testing facilities).	A medical board as may be specified by a Medical Superintendent or Senior Medical Officer of the District Hospital / Sub-Divisional Hospital headed by a Senior Specialist and consisting of doctors with post graduate degree in the disciplines dealing with relevant disabilities.

3	Single Disability on Form-IV (Disabilities mentioned at SN 1 & 2 above)	All District Hospitals, Sub-Divisional Hospitals and Community Health Centres	A doctor having a PG degree in the disciplines dealing with relevant disabilities with a minimum of 3 years of service duly authorized by the Head of the Institution i.e. MS / SMO.
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**Note:**

- (i) For 3 types of disability certificates, hospitals as mentioned in Col 3 above have been notified as medical authority. In the event of non-availability of the concerned specialist in a particular health institution mentioned in Col 3, the SMO / MO incharge of that health institution would refer the applicant to the nearest higher health institutions where such specialists / facilities are available.
- (ii) Likewise, if a hospital mentioned in Col 3 above does not have the requisite assessment facilities for various disabilities, the head of such hospital may utilize the facilities available in the hospital of the Health Department in a nearby place in the district or refer the case to the Medical Colleges for testing facilities. The Medical Colleges where such cases can be referred are: -
  - Govt Medical College, Amritsar
  - Govt Medical College, Patiala
  - Govt Medical College, Faridkot
  - Christian Medical College, Ludhiana
  - Dayanand Medical College, Ludhiana
  - Shri Guru Ram Dass Medical College, Amritsar
  - Gian Sagar Medical College, Banur
  - Adesh Medical College, Bathinda
  - Punjab Institute of Medical Sciences, Jalandhar
  - Govt Medical College, Sector-32, Chandigarh
  - Post Graduate Institute of Medical Education & Research (PGIMER), Chandigarh

(iii) Explanation-

- Primary Health Centre means Block Primary Health Centre or Primary Health Centre run by Department of Health & Family Welfare.
- Community Health Centre means a Community Health Centre notified by the State Government as CHC and run by Punjab Health Systems Corporation.
- Sub-Divisional Hospital means a hospital notified by the State Government as SDH and run by Punjab Health Systems Corporation.
- District Hospital means Civil Hospital situated at district headquarter and run by Punjab Health Systems Corporation.

Satish Chandra  
Principal Secretary to Govt of Punjab  
Department of Health & Family Welfare  
Dated, Chandigarh 15-9-2011

Endst. No. 21/43/2010-5HB3/2540

A copy with a spare copy is forwarded to the Controller, Printing and Stationary, Punjab, Chandigarh with a request that this notification may please be published in the ordinary gazette and supply 500 copies of this notification to the Government for official use.

along with  
Enclave I to 5.


  
Additional Secretary Health (S)  
Dated, Chandigarh 15-9-2011

Endst. No. 21/43/2010-5HB3/2541

A copy is forwarded to the following for information and necessary

action:-

- 1) All Heads of Departments, Registrar Punjab & Haryana High Court, Chandigarh, Commissioners of Divisions, District & Sessions Judges, Deputy Commissioner's in the State, All Civil Surgeons in the State and Principals Government Medical/Dental, Colleges, Amritsar, Faridkot and Patiala.
- 2) Secretary Home, Chandigarh Administration, U.T., Chandigarh;
- 3) Accountant General (A&F), Punjab, Chandigarh;
- 4) Accountant General (Audit), Punjab, Chandigarh;
- 5) Resident Commissioner, Punjab, Copernicus Marg, Punjab Bhawan, New Delhi;
- 6) Director, Health & Family Welfare, Punjab, Chandigarh;
- 7) Director, P.G.I. Chandigarh;
- 8) Director, Government Medical College & Hospital, Sector-32, Chandigarh;
- 9) Director, Social Security Women and Child Development, Punjab, Chandigarh;
- 10) Director, Public Relation, Punjab, Chandigarh;

  
Additional Secretary Health (S)  
2

A copy is forwarded to All the Administrative Secretaries and Financial Commissioners to Government of Punjab for information and necessary action.

Additional Secretary Health (S)

To

All the Administrative Secretaries and Financial Commissioners.  
to Government of Punjab.

L.D. No. 21/43/2010-5HB35/ 2542

Dated, Chandigarh 15-9-2011

A copy is forwarded to the Principal Secretary to Govt. of Punjab, Department of Social Security, Women and Child Development w.r.t. their Notification No. 8/20/2010-8SS/452, dated 7-6-2011 for information and necessary action.

Additional Secretary Health (S)

To

The Principal Secretary to Govt. of Punjab,  
Department of Social Security Women and Child Development,  
Punjab, Chandigarh.

L.D. No. 21/43/2010-5HB35/ 2543

Dated, Chandigarh 15-9-2011

Form-1

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: \_\_\_ / \_\_\_ / \_\_\_  
DD / MM / YYYY
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. Education Status (Pl. tick as applicable)
- (I) Post Graduate / Graduate / Diploma
  - (II) Higher Secondary / High School / Middle
  - (III) Primary / Illiterate
8. Occupation \_\_\_\_\_
9. Identification marks (i) \_\_\_\_\_ (ii) \_\_\_\_\_
10. Nature of disability: Visual/ Hearing/Locomotor/Mental/others

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 of

Certificate No.

Date

Issued By

\_\_\_\_\_ / / \_\_\_\_\_

**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 or 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: \_\_\_\_\_

Proof of residence (Please enclose a copy of one of the following documents)

- (a) ration card,
- (b) voter identity card,
- (c) driving license
- (d) bank passbook
- (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, and 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

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(For office use only)

Date:  
Place:

Signature of Issuing Authority  
Stamp

**Form-II**  
**DISABILITY CERTIFICATE (OBVIOUS DISABILITY)**  
(In cases of amputation or complete permanent paralysis of limbs  
and in cases of blindness)  
(See rule 4)  
(NAME AND ADDRESS OF THE HEALTH INSTITUTION)

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 / YYYY)

Registration No. \_\_\_\_\_ permanent resident of House  
No. \_\_\_\_\_ Ward/Village/Street \_\_\_\_\_ Post  
Office \_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_

whose photograph is affixed above, and am satisfied that -

(A) he/she is a case of :

- locomotor disability
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is \_\_\_\_\_



✓ He/She has \_\_\_\_\_ % (In figure \_\_\_\_\_ percent (in words) permanent physical impairment/blindness in relation to his/her \_\_\_\_\_ (part of body) as per guidelines notified by Ministry of Social Justice and Empowerment No. 16-18/97-NI.I, New Delhi dated 1<sup>st</sup> June, 2001 and amended from time to time.

2. The applicant has submitted the following document as proof of residence: -

Nature of Document	Date of Issue	Details of Medical authority issuing certificate
		Name:  Address:

Signature-

Seal-

Signature/ impression of the person whose favour disability certificate is issued	Thumb impression of the person whose favour disability certificate is issued
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Form-III

**DISABILITY CERTIFICATE**  
**(In case multiple disabilities)**  
**(NAME AND ADDRESS OF THE HEALTH INSTITUTION)**  
**(See rule 4)**

Recent PP size  
attested photograph  
(showing face only) of  
the person with  
disability

Certificate No. \_\_\_\_\_

Date : \_\_\_\_\_

This is to certify that we have carefully examined  
Shri/Smt./Kum. \_\_\_\_\_ son/ wife/  
daughter of Shri \_\_\_\_\_

Date of Birth \_\_/\_\_/\_\_\_\_ Age \_\_\_\_\_ years, male/female \_\_\_\_\_  
(DD / MM / YYYY)

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 notified by Ministry of  
Social Justice and Empowerment No. 16-18/97-NI.I, New Delhi dated 1<sup>st</sup> June,  
2001 and amended from time to time for the disabilities ticked below, and shown  
again . the relevant disability in the table below:

	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	<del>Mental</del> retardation	X		
6	Mental-illness	X		

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines notified by Ministry of Social Justice and Empowerment No. 16-18/97-NI-I, New Delhi dated 1<sup>st</sup> June, 2001, 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 / YYYY)

- @ - e.g. Left/Right/both arms/legs

- # - e.g. Single eye/both eyes

- £ - e.g. Left/Right/both ears

The applicant has submitted the following document as proof of residence :-

-12-

Nature of Document	Date of issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority.

Name and seal of Member	Name and seal of Member	Name and seal of the Chairperson

Signature/ Thumb impression of the person whose favour disability certificate is issued
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Form-IV

— 13—

**DISABILITY CERTIFICATE (SINGLE DISABILITY)**  
**(In case other than those mentioned in Forms II and III)**  
**(NAME AND ADDRESS OF THE HEALTH INSTITUTION)**  
**(See rule 4)**

Recent PP size attested  
photograph (showing face  
only) of the person with  
disability

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

This is to certify that we have carefully examined  
Shri/Smt./Kum. \_\_\_\_\_ son/  
wife/daughter of Shri \_\_\_\_\_  
Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ years, male/female \_\_\_\_\_  
(DD / MM / YYYY)

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 notified by Ministry of Social  
Justice and Empowerment No. 16-18/97-NI.I, new Delhi dated 1<sup>st</sup> June, 2001 and  
amended from time to time and is shown against the relevant disability in the table  
below:-

	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	<del>Mental Retardation</del>	X		
6	Mental-illness	X		

(Please strike out the disabilities which are not applicable.)

2. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

3. Reassessment of disability is-

(i) not necessary,  
Or

(ii) is recommended / after \_\_\_\_\_ years \_\_\_\_\_ months, and therefore this certificate shall be valid till \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(DD / MM / YYYY)

- @ - 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 Medical authority issuing certificate
		Name:  Address:

Signature-

Seal-

-15-

Form-V

**Intimation of Rejection of Application for Disability Certificate  
(In cases other than those mentioned in Forms II and III)  
(See rule 4)**

No. \_\_\_\_\_

Dated: \_\_\_\_\_

To

(Name and address of applicant  
for Disability Certificate)

**Subject:**      **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, dated, you were 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,

Signature-

Name-

Address-

Seal-

No. 21/43/2010-5HB5/2544  
GOVERNMENT OF PUNJAB  
DEPARTMENT OF HEALTH & FAMILY WELFARE  
(HEALTH - 5 BRANCH)

All Heads of Departments,  
Registrar Punjab & Haryana High Court, Chandigarh,  
Commissioners of Divisions,  
District & Sessions Judges,  
Deputy Commissioner's in the State,  
All Civil Surgeons in the State and  
Principals Government Medical/Dental, Colleges, Amritsar,  
Ferozkot and Patiala.

Dated, Chandigarh: 15-9-2011

**Subject:- Revised Guidelines for issuance of Disability Certificates**

Government of India, Ministry of Social Justice and Empowerment vide their DD No. 16-02/2007-DD-III dated 15/2/2010 informed the State Governments that they had constituted a committee in May 2007 for simplification and streamlining of the procedure for issue of disability certificate and that the recommendations of the Committee had been accepted. State Governments were asked to:-

- (i) Amend the rules issued under Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (Central Act No. 1 of 1996).
- (ii) Decentralize the authorities for issue of certificates. Earlier the certificates were being issued by the medical board comprising of at least 3 members. Under the simplified procedure, a medical certificate could be issued by a single doctor in case of permanent paralysis of limbs and blindness, by a single specialist doctor in case of a single disability and by a committee of specialists in case of multiple disability. Multiple member board would be required only for multiple disabilities and not for single disability or obvious disability like paralysis and others.
- (iii) The incharge of hospital issuing certificate could seek the help of specialist and testing facilities of nearby hospitals of higher category.

The Department of Social Security and Women and Child Development, Government of Punjab vide notification dated 7/6/2011 notified



Persons with Disabilities (Equal Opportunities Protection of Rights and Full Participation) Punjab (1<sup>st</sup> Amendment) Rules, 2011". Basically, some amendments have been carried out in definitions under Rule 2 and Chapter 2 and if any forms have been prescribed. A copy of the amendment rules is enclosed herewith. The forms attached with the above rules have accordingly been considered taking into consideration the Government of India guidelines and the new amended rules. The Department of Health & Family Welfare hereby directs that disability certificate in the State of Punjab should be issued as per guidelines in the following paragraphs.

3 **Disabilities-** The disabilities for which certificate can be issued have been prescribed in section 2(1) of the Disability Act 1995. Disabilities are: -

1. Blindness
2. Low Vision
3. Leprosy
4. Hearing Impairment
5. Locomotive Disability
6. Mental Retardation
7. Mental Illness

There is some confusion among the doctors and in some cases certificates for disability other than those prescribed above have been issued. No disability certificate would be issued for any disability other than 7 disabilities mentioned above.

4 **Application-** An application for obtaining disability certificate will be submitted in Form-I under rule 3(1) of amended Rules, 2011. A copy is enclosed with notification.

5 **Submission of Application-** The State Government through a separate notification No. 21/43/2010-5115/2539 dated 15-9-2011 have notified the hospitals and the medical authorities who are competent to issue the disability certificates. Briefly: -

- (1) **Obvious Disability-** For obvious disability like amputation, complete permanent paralysis and blindness, the disability certificate would be issued by all the health institutions i.e. Primary Health Centres, Community Health Centres, Sub-Divisional Hospitals and District Hospitals by a single doctor. If a Medical Officer finds difficulty in assessing the percentage of disability as

per guidelines issued by Ministry of Social Justice & Empowerment, Government of India dated 1/6/2001, he can consult a Government senior specialist.

- (2) **Multiple Disability-** The certificate for multiple disabilities would be issued by all the Sub-Divisional Hospitals and District Hospitals through a multiple member board comprising of specialists of all the relevant disabilities.
- (3) **Single Disability-** For single disability the certificate would be issued by Community Health Centres, Sub-Divisional Hospitals and District Hospitals by the specialist having at least 3 years of experience in that speciality.

The application for disabilities would be accepted in all these health institutions as per notification cited above.

6. **Issue of Disability Certificates-** On receipt of an application the disability certificates would be issued either in Form-II (Obvious Disability), Form-III (Multiple Disability) or on Form-IV (Single Disability) within a period of one week from the date of receipt of application by the medical authority.

The medical authority in case of multiple disability and single disability shall give a permanent disability certificate in cases where there are no chances of variation over a period of time or indicate the period of validity in the certificate in cases where there is any chance of variation over a period of time in Form-II or Form-IV. A copy of disability certificate issued by the medical authority shall simultaneously be sent by medical authority to the office of Civil Surgeon.

7. **Rejection of Application-** If applicant is found ineligible for issue of disability certificate, the medical authority shall explain the reasons for rejection of the application and shall also convey the same to the applicant in writing in Form-V (see Rule 4).

8. **Review of decisions regarding disability certificates-** Any applicant for a disability certificate who is aggrieved by the nature of a certificate issued to him, or by refusal to issue such a certificate in his favour, as the case may be, may make an application to the Civil Surgeon of the concerned district in this regard. The application for review shall be accompanied by a copy of disability certificate or the letter of rejection being appealed against.

The Civil Surgeon on receipt of application would hear the appellant and pass such orders on his appeal. The Civil Surgeon is at liberty to constitute a multiple medical board comprising of specialists of the concerned disabilities and also refer the appellant to medical colleges or other hospitals for testing facilities. Civil Surgeon would pass the detailed orders on the appeal after taking all relevant factors into consideration.

9. **Guidelines for Assessment of Disabilities-** Assessment of disability would be made as per the following guidelines: -

- Notification No. 16/18/97-NI-I dated June 1, 2001 issued by Ministry of Social Justice & Empowerment on assessment and evaluation of different types of disability for all hospitals, institutions and specialist doctors being authorized to issue disability certificates for the first time have been placed on the website of Department of Health & Family Welfare <http://pbhealth.gov.in/acts.html> and one hard copy of guidelines has already been sent to all Civil Surgeons of Punjab.
- Notification No. 16-18/97-NI-I dated 18/2/2002 for assessment of mental illness issued by Ministry of Social Justice & Empowerment, Govt of India. A copy of these 2 notifications are enclosed herewith and also placed on the website <http://pbhealth.gov.in/acts.html> of Department of Health & Family Welfare.
- The list of these 2 notifications along with clarifications has been compiled in a booklet form by the National Institute for Orthopaedically Handicapped Calcutta and The Chief Commissioner of Disabilities of GOI. This booklet may also be helpful to the medical authority while assessing the level of disability. A copy of booklet is also enclosed herewith and placed on website of Health Department <http://pbhealth.gov.in/acts.html>.

10. **General Guidelines-** The health authorities are directed to comply with the following general guidelines while issuing disability certificates.

- (1) **Display of Information on the procedure for issue of disability certificate in the hospital and institutions-** A notice board should be prominently displayed in each PHC, CHC, Sub-Divisional Hospital and District Hospital indicating the procedure for issue of

disability certificate.

- (2) **Organization of camps in collaboration with NGOs-** The Medical Officers should organize camps in collaboration with NGOs, Principals of Schools, etc. For this purpose, Medical Superintendent / Head of Hospital / District Medical Officer may collaborate with good NGOs and give due publicity.
- (3) **Assistance of Para-Medies / Rehabilitation Professionals for issue of disability certificate-** Specialists mentioned in the Rules should, utilize the services / assistance of Paramedics / Rehabilitation Professionals, if locally available, as given below so that assessment of disability is faster and smoother.

SN	Type of Disability	Assisting paramedic/ rehabilitation professional
1	(i) Locomotor Disability (including any form of Cerebral Palsy)	Occupational Therapist/ physiotherapist
	(ii) Leprosy-Cured	
2	(i) Blindness	Optometrist with required facility
	(ii) Low Vision	
3	Hearing Impairment	Audiologist/ Speech Pathologist having access to audiometric lab facility/ resources centre
4	Mental Retardation	Psychologist/ Special Educator
5	Mental Illness	Psychologist/ Clinical Psychologist
6	Multiple Disabilities	Concerned paramedical personal

- (4) **System for Maintenance of Database-** The medical authorities of the concerned hospital would maintain the information in the following format-

- (i) **Registers-** Containing the details of applicant, his/her address, date of issue of disability certificate, name and designation of medical authority issuing the certificate. The application in original along with copy of certificate issued should also be retained in the concerned health institution.
- (ii) **Computerized database-** The Health Department has developed online web based system for maintenance of computerized database. The health authorities of the concerned hospital would update this database as and when a new application is received.

- (iii) **Civil Surgeon Office-** Information of the disability certificate along with copy of application would be furnished every fortnight to the office of Civil Surgeon. He would ensure proper maintenance of the record and that these certificates have been updated on the web based system.
- (iv) **District Social Welfare Officer-** Medical authority would also send a copy of disability certificate to the District Social Welfare Officer.
- (v) **State Government-** Civil Surgeon and District Social Welfare Officer would furnish every month the details of applications received, disability certificates issued, certificates pending and since when pending and the information is sent to Director Health Services, Director Social Security and State Commissioner for Disability.
- 5) **System for Regular Check-** A copy of each medical certificate issued at the level of PHC, CHC or SDH must be sent to the Chief Medical Officer of the district, the same day. The Civil Surgeon should regularly monitor issue of disability certificate, by his subordinate medical authorities, and keep a watch on the trend of issue of disability certificates in each PHC, CHC, Sub-Divisional Hospital etc. The CMO should also get an adequate sample test check done (at least 5%) of all the certificates issued by his subordinate medical authorities to ensure that the certificates are being issued as per the guidelines.
- (6) **Photograph on Disability Certificate-** The disability certificate should include only passport size photograph of the person. There is no need to attach photograph displaying the body part which is affected by the disability.
- 7) **Barrier-free PHCs, CHCs, Sub-Divisional Hospitals and District Hospitals-** It is necessary that all the PHCs, CHC, Sub-Divisional Hospitals and District Hospitals are made barrier-free for persons with disabilities by providing ramps, hand rails and other facilities in the shortest possible time.
- (8) **Training of Doctors-** Doctors in PHCs, CHCs, Sub-Divisional

Hospitals and District Hospitals must be oriented regarding the new system of issue of Disability certificates and method of evaluation / assessment of disabilities. A comprehensive training programme should be organized at the earliest to cover all the doctors.

- (9) Awareness generation- State Governments should take suitable measures to give wide publicity to the new procedure through mass media including newspapers, radio and TV.
- (10) Camps / Group approach for issue of Disability Certificates- Camp / Group approach for issuing the disability certificates should be encouraged. Camps for issue of disability certificates may be dovetailed with other camps in the district. Special efforts should be made to hold camps in or near colonies, if any, of leprosy cured persons, to reach out to them and give them disability certificate, as appropriate.
- (11) Maintenance of Directory / Registry of doctors working in notified Medical authorities who are competent to issue Disability Certificates- It is essential that instructions are issued to all the Medical authorities that the disability certificates will be issued only by the doctors authorized for the purpose. It must be ensured that under no circumstances, these certificates are issued by any unauthorized person (e.g. a paramedical staff who may be working as incharge of PHC / CHC on a particular day or period). It is necessary that a comprehensive directory or registry is maintained at the State & District levels of each doctor who is authorized to issue disability certificates, along with his authenticated specimen signatures.

A copy of each certificate issued below the district level, which will be received in the office of CMO, should be scrutinized and discrepancy noticed, if any, should be brought to the notice of CMO without delay, for taking immediate corrective action.

- (12) Verification of the disability certificates before the persons with disabilities are given employment based on reservation in Government jobs- Since the system for issue of disability certificate

is being simplified and decentralized, there may be possibility of its misuse. Considering that employment in Government through reservation is a high value benefit, to prevent misuse of the liberalized system, the State Government / UT Administration may issue necessary instructions to all recruitment agencies to ensure that the Medical boards which conduct medical examination before the appointment of person in government also verify case of disabled candidates, a report on the disability certificate should also be sent along with medical report.

Additional Secretary Health (S)  
Dated, Chandigarh 15-9-2011  
Encl. No. 2143/2010-511B5/ 2545  
A copy is forwarded to the following for information and necessary

- action:-
- 1) Secretary Home, Chandigarh Administration, U.T., Chandigarh;
  - 2) Accountant General (A&F), Punjab, Chandigarh;
  - 3) Accountant General (Audit), Punjab, Chandigarh;
  - 4) Resident Commissioner, Punjab, Copernicus Marg, Punjab Bhawan, New Delhi;
  - 5) Director, Health & Family Welfare, Punjab, Chandigarh;
  - 5) Director, P.G.I., Chandigarh;
  - 7) Director, Government Medical College & Hospital, Sector-32, Chandigarh;
  - 8) Director, Social Security Women and Child Development, Punjab, Chandigarh;
  - 9) Director, Public Relation, Punjab, Chandigarh;

Additional Secretary Health (S)  
A copy is forwarded to All the Administrative Secretaries and Financial Commissioners to Government of Punjab for information and necessary action.

Additional Secretary Health (S)  
To All the Administrative Secretaries and Financial Commissioners, to Government of Punjab.

I.D. No. 2143/2010-511B5/ 2546 Dated, Chandigarh 15-9-2011  
A copy is forwarded to the Principal Secretary to Govt. of Punjab, Department of Social Security, Women and Child Development w.r.t. their Notification No. 8/20/2010-885/452, dated 7-6-2011 for information and necessary action.

Additional Secretary Health (S)  
To The Principal Secretary to Govt. of Punjab, Department of Social Security Women and Child Development, Punjab, Chandigarh.

I.D. No. 2143/2010-511B5/ 2547 Dated, Chandigarh 15-9-2011