



ABSTRACT

Public services - Welfare of Differently Abled Persons Department – Reservation for Differently Abled Persons – Reservation of appointment in all the posts in respect of 'C' and 'D' categories in employment under section 34 of the Rights of Persons with Disabilities Act, 2016 (Central Act 49 of 2016) – Orders - Issued.

Welfare of Differently Abled Persons (DAP-3.2) Department

G.O. (Ms) No. 51

Dated: 26.12.2017

**ஹேவிளம்பி, மார்கழி 11,
திருவள்ளூர் ஆண்டு 2048**

Read:

1. G.O.(Ms)No.602, Social Welfare Department, dated 14.08.1981.
2. G.O.(Ms)No.2093, Social Welfare Department, dated 30.10.1987.

Read also:-

3. The Rights of Persons with Disabilities Act, 2016 (Central Act 49 of 2016).
4. G.O.(Ms) No.21, Welfare of Differently Abled Persons (DAP 3.2) Department, dated 30.05.2017.
5. G.O.(Ms) No.41, Welfare of Differently Abled Persons (DAP 3.2) Department, dated 30.10.2017.
6. From the State Commissioner for the Differently Abled Letter No.5445/DAW 3.1/2017, dated 10.11.2017.

ORDER:

In the Government Order first read above, orders were issued reserving 3% of vacancies in Government and Government undertakings for Differently Abled Persons.

2. In the Government Order second read above, reservation of 3% vacancies has been provided for physically handicapped persons to the Executive post in respect of 'C' and 'D' categories.

3. In the Government Order fourth read above orders were issued for increasing the percentage of reservation of differently abled persons in employment from 3% to 4% in all State Public Services / Public Sector Undertakings / Boards / Corporations / Educational Institutions under all kinds of Managements (like Government, Local Bodies and Aided Management including Universities).

4. In the Government Order fifth read above an expert committee has been formed for identification of posts suitable for differently abled persons in employment in respect of group 'A', 'B', 'C' and 'D' categories as per section 34 of the Rights of Persons with Disabilities Act, 2016.

5. In the letter sixth read above the State Commissioner for the Differently Abled has submitted proposals based on the recommendation of the Expert Committee that 4% reservation of posts earmarked for the differently abled persons shall be applicable as earlier to all the posts in respect of 'C' and 'D' categories. He has also stated that the proviso to Section 34(1) of the Rights of Persons with Disabilities Act, 2016 gives power

to the Government to exempt any establishment from the 4% reservation. If any department / establishment is of the view that any particular post in 'C' and 'D' category is not suitable for differently abled persons, in such case, it may specifically apply to the Government in the administrative department in consultation with the State Commissioner for the Differently Abled and the Government shall issue appropriate orders. Further he has requested the Government to issue appropriate orders in this regard.

6. After careful examination of the proposal of State Commissioner for the Differently Abled, the following orders are issued:-

- (i) the reservation of 4% vacancies earmarked for the differently abled persons will be applicable to all the posts in respect of 'C' and 'D' categories in employment.
- (ii) the reservation of 4% vacancies for differently abled persons need not be made applicable in the case of recruitment by transfer/promotion as it would amount to giving double preference to these candidates.
- (iii) If any department / establishment is of the view that any particular post in 'C' and 'D' category is not suitable for differently abled persons, in such case, it may specifically request the Government for exemption. The administrative department in consultation with the State Commissioner for the Differently Abled and the Government shall issue appropriate orders.
- (iv) the individuals selected for 'C' and 'D' categories of posts should be asked to produce certificate of physical fitness and the disability certificate as stated in section 3(oo) of Tamil Nadu Government Servants (Conditions of Service) Act, 2017.

(By Order of the Governor)

Md.Nasimuddin,
Principal Secretary to Government (FAC).

To

The State Commissioner for the Differently Abled /
State Commissioner for the Persons with Disabilities, Chennai-5.
All Departments of Secretariat, Chennai-9.
The Secretary, Tamil Nadu Public Service Commission, Chennai-3.
The Chairman, Teachers Recruitment Board, Chennai-6.
The Chairman, Medical Services Recruitment Board, Chennai-6.
The Director of Employment and Training, Chennai-5.
All Heads of Departments/All Districts Collectors/All Public Sector Undertakings/Boards/
Universities/Corporations/All District Magistrates/All District Judges.
(Through the State Commissioner for the Differently Abled/State Commissioner for the
Persons with Disabilities)
The Registrar, High Court, Chennai-104.
The Accountant General, Chennai-18.
The Pay and Accounts Officer, (S), (N) & (E), Chennai-35/79/5.
The Pay and Accounts Officer, Chennai-9.

Copy to:-

Government of India, Ministry of Social Justice and Empowerment, New Delhi.
Personnel and Administrative Reforms (S) Department, Chennai-9.

The Editor, Tamil Arasu.

SC/SF.

// Forwarded By Order //

I. L.
Section Officer
26/12/17

படிவம்-1

மாற்றுத்திறனாளிகளுக்கான ஊனத்தின் சான்றிதழ் பெற விண்ணப்பம்

1. பெயர் :
2. தந்தை பெயர் : தாய் பெயர்
3. பிறந்த தேதி : / /
4. விண்ணப்பிக்கும்போது வயது
5. பாலினம் : (ஆண் / பெண்)
6. முகவரி :

<p>(அ) நிரந்தர முகவரி :</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>(ஆ) தற்போதைய முகவரி (தொடர்பு கொள்ளவேண்டிய முகவரி)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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(இ) தற்போதைய முகவரியில் எத்தனை வருடங்களாக வசிக்கிறீர்கள்?

7. கல்வித்தகுதி பெற்றுள்ள விவரம் (✓ செய்யவும்)

- (அ) முதுகலை பட்டம்
- (ஆ) இளங்கலை பட்டம்
- (இ) பட்டயப்படிப்பு
- (ஈ) பள்ளி மேல்நிலை (+2 வகுப்பு வரை)
- (உ) பள்ளி உயர்நிலை (10வது வகுப்பு வரை)
- (ஊ) பள்ளி நடுநிலை (8வது வகுப்பு வரை)
- (எ) பள்ளி ஆரம்பநிலை (5வது வகுப்பு வரை)
- (ஏ) எழுத படிக்கத்தெரியாதவர்

8. தொழில் (பதவி)

9. அங்க அடையாளங்கள்: (1)

(2)

10. ஊனத்தின் வகை : உடல் ஊனம் / காது கேளாமை / கண்பார்வையற்றவர் / மனநிலை பாதிக்கப்பட்டவர் / மற்றவகை ஊனம்

11. ஊனம் எப்பொழுது ஏற்பட்டது : பிறந்தது முதல் ஊனம் / (அல்லது) ஊனம் ஏற்பட்ட வருடம்

12. (அ) ஏற்கனவே இந்த சான்றிதழ் பெற விண்ணப்பித்துள்ளீர்களா? (ஆம் / இல்லை)

(ஆ) ஆம். எனில் அதைப் பற்றிய விவரம்

(i) எந்த அலுவலகத்தில், எந்த மாவட்டத்தில் விண்ணப்பித்தீர்கள்?

(ii) அந்த விண்ணப்பத்தின் நிலை?

13. இதற்கு முன்னர் இந்த சான்றிதழ் பெற்றிருந்தால் அதன் நகல் இத்துடன் இணைக்கப்படவேண்டும்

உறுதியேற்பு

மேலே குறிப்பிட்ட அனைத்தும் உண்மையென்றும், எதையும் மறைக்கவில்லை என்றும், தவறாக கூறவில்லை என்றும் உறுதி கூறுகிறேன். மேலும் இந்த விண்ணப்பத்தில் குறிப்பிட்டவற்றில் தவறு கண்டுபிடிக்கப்பட்டால் இந்த சான்றிதழ் மூலம் பெறப்படும் அனைத்து வகையான உதவிகளும் நிறுத்தப்படும் என்பதையும் சட்டப்படி நடவடிக்கை எடுக்கப்படும் என்பதையும் அதற்கு நானே பொறுப்பு என்பதையும் அறிவேன்.

(விண்ணப்பதாரரின் கையொப்பம் அல்லது இடதுகை பெருவிரல் ரேகை மை அல்லது மனநிலை பாதிக்கப்பட்டோர், புறவலகு சிந்தனையற்றோர், மூளை முடக்குவாதத்தால் பாதிக்கப்பட்டோர், மற்றும் பல்வகை ஊனங்களால் பாதிக்கப்பட்டோர் ஆகியோரின் பாதுகாவலர் கையொப்பம் அல்லது இடதுகை பெருவிரல் ரேகை மை)

தேதி :

இடம் :

இணைப்பு :

1. வீட்டு முகவரியின் சான்று (✓ செய்யவும்)

(i) குடும்ப அட்டை

(ii) வாக்காளர் அடையாள அட்டை

(iii) ஓட்டுநர் உரிமம்

(iv) வங்கி கணக்கு புத்தகம்

(v) வருமானவரி அட்டை

(vi) கடவுச்சீட்டு (பாஸ்போர்ட்)

(vii) வீட்டு முகவரி உள்ள தொலைபேசி கட்டண ரசீது, மின்கட்டண அட்டை தண்ணீர் வரி ரசீது மற்றும் இதர ரசீதுகள்.

(viii) பஞ்சாயத்து, நகராட்சி, ஊராட்சி, கண்டோன்மண்ட் போர்டு, அரசு அதிகாரி மற்றும் அரசு பள்ளி தலைமை ஆசிரியர் ஆகியோரால் வழங்கப்பட்ட வசிப்பிட சான்று.

(ix) மனநிலை பாதிக்கப்பட்டோர், ஆதரவற்றோர் இல்லங்களில் இருப்போர் அந்த நிறுவனத்தின் தலைமை நிர்வாக அதிகாரியிடமிருந்து பெறப்பட்ட வசிப்பிட சான்று.

2. சமீபத்தில் எடுக்கப்பட்ட இரண்டு பாஸ்போர்ட் புகைப்படங்கள்.

(அலுவலக பயன்பாட்டிற்கு மட்டும்)

நாள் :

இடம் :

அதிகாரியின் கையொப்பம்

அலுவலக முத்திரை

Form - II
Disability Certificate
(In cases of amputation or complete permanent paralysis of limbs
and in cases of blindness)

NAME AND ADDRESS OF THE
MEDICAL AUTHORITY
ISSUING THE CERTIFICATE:



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 ____
(date) (month) (year)

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

(1) He/She has% (in figure).....percent
(in words) permanent physical Impairment/blindness in relation to his/her-----
(part of body) as per guidelines (to be specified).

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

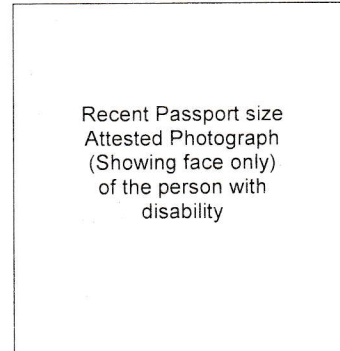
Nature of Document	Date of Issue	Details of authority issuing certificate

Signature/Thumb Impression of the
Person in whose Favour disability
Certificate is issued

(Signature and seal of authorized
Signatory of notified Medical Authority)

FORM- III
Disability Certificate
(In case of **MULTIPLE DISABILITIES**)

NAME AND ADDRESS OF THE
MEDICAL AUTHORITY
ISSUING THE CERTIFICATE:



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 _____

(date) (month) (year)

Registration No. _____ permanent resident of House No.

_____ Ward/Village/Street _____ Post Office

_____ District _____ State _____ whose

photograph is affixed above, and are satisfied that :

(A) He/she is a Case of **Multiple Disability**. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below:

Sl. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Loco-motor Disability	@		
2.	Low Vision	#		
3.	Blindness	Both Eyes		
4.	Hearing Impaired	£		
5.	Mental Retardation	X		
6.	Mental Illness	X		

(B) In the light of the above, his/her over all permanent physical impairments as per guidelines (to be specified), is as follows:-

In figures:- _____ Percent

In words:- _____ percent

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

3. Reassessment of disability is :

(i) not necessary,

Or

(ii) is recommended/ after _____ years _____ months, and therefore this certificate shall be valid till _____

(DD)

(MM)

(YY)

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

e.g. Single eye/both eyes

£ e.g. Left/Right/both ears

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

Nature of Document	Date of Issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority

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Name and Seal of Member

Name and seal of Member

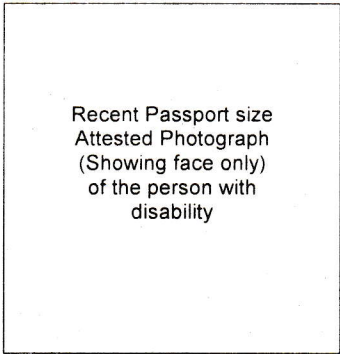
Name and seal of the
Chairperson

--

Signature/Thumb Impression of the
Person in whose Favour disability
Certificate is issued

Form - IV
Disability Certificate
(In cases other than those mentioned in Forms II and III)

NAME AND ADDRESS OF THE
MEDICAL AUTHORITY
ISSUING THE CERTIFICATE:



Certificate No. _____

Date: _____

This is to certify that I have carefully examined
Shri/Smt./Kum. _____

son/wife/daughter of Shri _____ Date of

Birth _____ Age _____ years, male/female _____
(DD / MM / YY)

Registration No. _____ permanent resident of House No. _____

Ward/Village/Street _____ Post-Office _____ District
_____ State _____ whose photograph is affixed

above, and am satisfied that he/she is a case of ----- **Disability**. His/her
extent of permanent physical impairment/disability has been evaluated as per guidelines
(to be specified) and is shown against the relevant disability in the table below:-

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor Disability	@		
2.	Low Vision	#		
3.	Blindness	Both eyes		
4.	Hearing Impaired	£		
5.	Mental Retardation	X		
6.	Mental Illness	X		

(Please strike out the disabilities which are not applicable)

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

3. Reassessment of disability is :

(i) not necessary,

Or

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

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

e.g. Single eye/both eyes

£ e.g. Left/Right/both ears

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

Nature of Document	Date of Issue	Details of authority issuing certificate

Signature/Thumb Impression of the Person in whose Favour disability Certificate is issued

(Authorized Signatory of notified Medical Authority (Name and seal)
(Counter signature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the Certificate is issued by a medical authority who is not a government servant (with seal)