



GOVERNMENT OF KERALA

Abstract

SOCIAL WELFARE--STATE AWARDS FOR OUTSTANDING EMPLOYER:
OF THE PHYSICALLY HANDICAPPED AND THE MOST EFFICIENT
PHYSICALLY HANDICAPPED EMPLOYEES RULES OF THE
SCHEME--ORDERS ISSUED

LOCAL ADMINISTRATION & SOCIAL WELFARE (M)
DEPARTMENT

G. O. (MS) No. 35/82/LA & SWD.

Dated, Trivandrum, 16th February 1982.

Read:-- Letter No. HWA3-39756/81 dated 26-11-1981, 9-12-1981 and
4-2-1982 from the Director of Social Welfare.

ORDER

Government are pleased to approve the rules appended to this order for making selection of candidates for the State awards for outstanding employers of the physically handicapped and the most efficient physically handicapped employees.

By order of the Governor,
N. GOPINATHAN NAIR,
Joint Secretary to Government.

To

The Director of Social Welfare, Trivandrum.

The Labour Commissioner, Trivandrum.

The Director of Employment, Trivandrum.

The Chairman, State Social Welfare Advisory Board, Trivandrum.

Shri E.S.M. Haneefa Haji, Palghat.

The Accountant General, Kerala.

The Finance Department (Vide their U.O.No. 405/Dev. 2/82/Fin. dated
21-1-1982.

Copy to: C.A. to Special Secretary, L.A. & S.W. Department.

C.A.

Secretary

Trivandrum

Rules for regulating the scheme for giving State awards to the outstanding employers of the physically disabled and for the most efficient physically disabled employees

1. These rules shall be called "Rules for regulating the scheme for giving state awards to the outstanding employers of the physically disabled and for the most efficient physically disabled employees".
2. The purpose of these awards shall be to provide incentives for the promotion of gainful employment of the disabled.
3. There shall be three awards for the employers of the physically disabled, one award each for the following three sectors viz.
 - (a) The Central and State Government Departments, Statutory Bodies, Corporations and Local Bodies;
 - (b) Public Sector Undertakings of the Central and State Governments;
 - (c) Private Sector Undertakings.
4. There shall be two awards each for the blind, the deaf and the orthopaedically disabled employees in each of the above three sectors.
5. The award for the employer will consist of a bronze shield worth not exceeding Rs. 1000 and a citation.
6. The award of the employee will consist of a cash award of Rs. 1000 and a certificate.
7. The employers and employees who wish to apply for the awards should furnish their particulars in pro forma 'A' and 'B' respectively prescribed for the purpose.
8. The applications in the prescribed pro forma should be submitted to the Director of Social Welfare through the District Social Welfare Officers concerned by 31st December of each year or within such time as may be fixed.
9. The District Social Welfare Officers will forward the applications to the Director of Social Welfare with their specific recommendations on the basis of their enquiries and findings within 15 days of the final date fixed for the receipt of applications.
10. The Committee consisting of the following members shall make selection of the candidates for the state awards:—
 - (1) The Special Secretary to Government, Local Administration and Social Welfare Department (Chairman).

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| (2) The Labour Commissioner | (Member) |
| (3) The Director of Employment | (Member) |
| (4) The Deputy Director of Employment
(Physically handicapped and Act En-
forcement) | (Member) |
| (5) Special Officer (Handicapped,
Directorate of Social Welfare) | (Member) |
| (6) The Chairman, State Social Welfare
Advisory Board | (Member) |
| (7) The Director of Social Welfare | (Member) (Convener) |
| (8) Shri E.S.M. Haneefa Haji, Palghat | (Member) Non-official |

11. The Committee shall have powers to conduct a further enquiry in respect of any application for the State awards, should it deem fit to do so.

12. The employers shall be selected on the basis of the following criteria:

- (a) That at least 2% of their employees are disabled subject to a maximum of 3 persons in a given establishment appointed in that particular year. In the case of large establishments employing 15 handicapped persons or more, the condition of 2% need not be rigidly adhered to;
- (b) That wherever necessary, minor adjustments in the machinery have been made;
- (c) That the disabled employees are offered the same conditions of service, including the rates of pay as given to other employees;
- (d) That the employers have shown sympathetic understanding of the problems of the disabled and;
- (e) Wherever necessary and feasible such additional facilities like accommodation, etc., are provided.

13. The employees shall be selected on the basis of the following criteria:

- (a) Rate of production or efficiency in the performance of his duties;
- (b) Regularity in attendance;
- (c) Co-operation with superiors and fellow employees;
- (d) No excessive demand for adjustment in the physical plant and machinery;
- (e) Sense of independence;
- (f) No excessive demand for extra remuneration to compensate for disability;
- (g) Discipline and general behaviour;
- (h) Employees once selected for the award shall not be eligible for the award for second time.

14. The awards will be given on the occasion of the observance of the World Day of the Disabled, in Trivandrum; as far as possible.
15. The awards will be received personally by the selected employers and employees.
16. The receipts of the awards who are working in Central State Government departments and in public sector undertakings will be paid T.A. & D.A. at the rates to which they are eligible for. In the case of other employees (recipients) the actual train fare (II class) or bus fare will be paid. No T.A. & D.A. shall be paid to recipients of awards from the category of employers.
17. Representatives of prominent industrialists and business magnates may be invited to attend the function with a view to giving stimulus to the campaign for the placement of disabled persons in suitable employment.
18. Government shall have powers to amend, or to add or to repeal all or any of the provisions of these rules.

PRO FORMA 'A'

Application for State Awards for the outstanding Employers of the Physically disabled

[Note:—Use additional sheets wherever necessary if the space provided is not sufficient]

1. Name, Postal and Telegraphic address of the organisation.
2. Whether Government|Public Sector Undertaking|Private.
3. Nature of work undertaken by the Organisation.
4. Total number of employees in the Organisation.
 - (a) Number of Blind employees.
 - (b) Number of deaf employees.
 - (c) Number of Orthopaedically disabled employees.
5. Percentage of disabled employees as compared with the total number of employees.
6. Nature of work on which disabled persons are employed furnish details with reference to the information furnished under 4 (a) (b) and (c) above.

7. Whether the service conditions of the physically handicapped employees are the same as those of the non-disabled employees.

Yes|No

If the answer is 'No' indicate the nature and extent of the difference and the reasons thereof.

8. Whether any modifications are made in the machinery.

Yes|No

If the answer is 'Yes' give details of the modifications so made.

9. Give details of special efforts made so far to provide training and employment to the disabled

10. Give details of the future plans of the organisation for providing more employment to the disabled.

11. How does the productivity efficiency of Physically disabled employees compare with that of non-disabled employees.

12. What additional measures would you propose for widening the employment prospect of the physically disabled in your sector.

Place:

Date:

Signature:

Name and Designation:

Office seal:

Recommendations of the District Social Welfare Officer

This is to certify that the information furnished in this application is found correct|incorrect on the basis of my spot inspection of the establishment. I recommend|do not recommend this application for consideration of the State Awards for the year.....on the following grounds.

(Use additional sheets if necessary)

Signature:

Designation:

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PRO FORMA 'B'

Application for State Awards for the most efficient physically disabled employees

(Note:—To be completed by the employer).

Use additional sheets wherever necessary if the space provided is not sufficient]

1. Name of the employee
2. Name and postal address of the Organisation with District.
3. Whether the organisation is a Central Government Department|State Government Department|Statutory Body|Corporation|Local Body|Public Sector Undertaking|Private Sector Undertaking
4. Age of the employee.
5. Sex.
6. Nature of disability—Blind|Deaf|Ortho. (Necessary medical certificate to be furnished in the form prescribed as Appendix I, II and III to this form).
7. Age of onset of disability.
8. Brief particulars of academic and technical qualifications. (Qualifications acquired after onset of disability should be clearly indicated).
9. Nature of work engaged on.
10. How does his productivity compare with that of his non-handicapped counterparts.
11. Whether Co-operative with fellow employees and superiors. Yes|No
12. Whether independent in work Yes|No
13. Whether regular in attendance Yes|No
14. Whether the employee has made any excessive demand for adjustment in the physical plant and machinery. Yes|No
15. Whether the candidate has made any excessive demand for extra remuneration to compensate for his disability. Yes|No

- 16. Any other remarks on the discipline and general behaviour of the employee.
- 17. Enclose a brief life sketch of the candidate highlighting his/her struggle against the disadvantage created by his/her handicap.

Signature of the employer
Name and Designation:

(Office seal)

Signature of the Employee.

Place:

Date:

Recommendations of the District Social Welfare Officer

This is to certify that the information furnished in this application is found correct|incorrect on the basis of my spot inspection of the establishment. I recommend|do not recommend this application for consideration of the State Awards for the year..... on the following grounds.

(Use additional sheets if necessary)

Signature:

Designation:

APPENDIX—I

Medical Certificate in respect of an Orthopaedically Handicapped candidate

(This Certificate is to be issued only by an Orthopaedic Specialist or Specialist in Physical Medicine). The Certificate need not be issued if the extent of disability of the candidate falls below 40% according to M.C. Bride scale. For the purpose of award the Orthopaedically Handicapped are those who have physical defect or deformity which causes an interference with the normal functioning of bones, muscles and joints, having a disability of 40% or above on the M.C. Bride scale.

Certified that, I, Dr.....Registration No..... have this day of.....198.....examined the applicant whose particulars are given below and that he/she falls within the definition stated above.

- 1. Name of candidate
- 2. Identification mark
- 3. Sex

4. Approximate age.
5. (a) Nature of disability (Tick relevant from following list).
 Post Polio Paralysis, Hemiplegia, Quadraplegia, Malunited Fracture, Nerve Paralysis, Upper extremity, Lower Extremity, Limp, Painful Shortening deformity, Congenital Acquired, above knee, below knee, above elbow, shoulders, forequarter, Unilateral, Bilateral.
- (b) Extent of disability Estimate in percentage (M.C. Bride scale) on Anatomical, functional, Patients assessment, Examiners assessments, Economical basis mention as percentage. Between 40-50, 50-75, above 75.
6. Any other particulars to clarify the nature and extent of disability that the Doctor may like to point out.

Signature or Orthopaedic|Physical
 Medicine Specialist:
 Designation:
 Qualifications:
 (General and Special):
 Office Stamp:

Signature of Candidate.

Place:

Date:

Address:

APPENDIX—II.

Medical Certificate to the Blind

(This certificate is to be issued only by a registered Eye Specialist. Certificate need be issued only if the disabling condition of the candidate falls within the purview of the (1947) Act.)

Certified that I, Dr.....Reg. No.....have
 thisday.....198.....examined Shri/Smt.
 (H.W. the name of the Blind person).....
and found that he/she is blind suffering from the
 following:

(Tick the relevant portion)

- (a) Total absence of sight
- (b) Visual acuity not exceeding 6/60
 or 20/200 (Snellen) in the better
 eye with correcting lenses.
- (c) Limitation of the field of vision
 subtending an angle of 20 degrees
 or worse.

Signature of Eye Specialist:
 Designation:
 Qualification:
 (General and Special)
 Office Stamp:

Signature of applicant.

Place :

Date:

APPENDIX—III

Medical Certificate for the Deaf

(This Certificate is to be issued only by a registered ENT
 Specialist. Certificate need be issued only if the disabling condition
 of the candidate falls within the purview of the definition in
 Column No. 7)

Certified that I, Dr.....Registration
 No.....have this day of.....198.....examined
 the candidate whose particulars are given below:

1. Name of candidate
2. Father's name
3. Sex
4. Approximate Age
5. Identification marks

3/612/MC.