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PART-IIA

GOVERNMENT OF MEGHALAYA

SOCIAL WELFARE DEPARTMENT

NOTIFICATION

The 29th December, 2017.

No.SW(S) 9/2017/186.-In exercise of the powers conferred under sub-section (1) of Section 101 of The Rights of Persons With Disabilities Act, 2016 (49 of 2016) the Governor of Meghalaya is pleased to make the following rules, after the same have been previously published in the Gazette of Meghalaya dated 31st August, 2017 and views and comments received considered.

Additional Chief Secretary,
Social Welfare Department,
Government of Meghalaya.

THE MEGHALAYA RIGHTS OF PERSONS WITH DISABILITIES RULES, 2017.**PART - I
PRELIMINARY**

1. Short title and commencement. (1) These rules may be called the Meghalaya Rights of Persons with Disabilities Rules, 2017.

(2) They shall come into force on the date of their publication in the Gazette of Meghalaya.

2. Definitions. (1) In these rules, unless the context otherwise requires—

(a) “Act” means the Rights of Persons with Disabilities Act, 2016 (Central Act 49 of 2016);

(b) “Commissioner” means the Commissioner for Persons with Disabilities of the State Government and “Commissionerate” shall be construed accordingly;

(c) “certificate of registration” means the certificate referred to in rule 7;

(d) “Committee for Research” means the committee referred to in sub-rule (2) of rule 3;

(e) “competent authority” means the authority appointed as such by the State Government under section 49 of the Act;

(f) “Form” mean a Form appended to these rules;

(g) “notified” means notified in the Official Gazette of Meghalaya by the State Government and “notification” shall be construed accordingly;

(h) “rules” mean the Meghalaya Rights of Persons with Disabilities Rules, 2017; and

(i) “State Government” means the Government of the State of Meghalaya.

(2) Words used and not defined but defined in the Act shall have the meanings respectively assigned to them in the Act.

PART II
COMMITTEE FOR RESEARCH ON PERSONS
WITH DISABILITIES

- 3. Requirement of permission for research.** (1) No person shall make any research on any person with disability without a permission granted by the Committee for Research.
- (2) The Committee for Research shall consist of the following persons as members, namely-
- (a) The Director of Health Services (MI), Meghalaya Chairman;
 - (b) the Director of Social Welfare Meghalaya or his nominee Member Secretary;
 - (c) the Director of Higher and Technical Education, Meghalaya or his nominee Member;
 - (d) the Project Director & State Coordinator, Member;
State Resource Centre on Disability Affairs,
Civil Hospital, Shillong.
 - (e) a representative of the North East Indira Gandhi..... Member;
Regional Institute of Health and Medical Sciences
to be nominated by the Director, NEIGRIHMS,
 - (f) five persons with disability representing vision, speech and hearing impairment, locomotor disability, multiple disability and intellectual disability to be nominated by the State Government;
 - (g) five representatives from organisations registered as per the Act to be nominated by the State Government;
 - (h) Chairperson or a representative from the Meghalaya State Women Commission, Shillong;
and
 - (i) Chairperson or a representative from the Meghalaya State Child Rights Protection
Commission, Shillong.
- (3) The Chairman may, if necessity arises, invite an expert to a committee meeting.
- (4) In the discharge of its functions, the Committee may decide its own working procedure.
- (5) The term of the Committee members including that of the Chairman and the Secretary shall be three years from the date on which they enter upon office and shall be eligible for re-nomination.
- (6) Notwithstanding the expiration of the term the Committee may continue to function until it is reconstituted.
- (7) Application for the permission to do research as required in sub-rule (1) shall be made in Form 'I' and sent to the Member Secretary of the Committee.

Criteria for granting permission. (1) For granting permission for any research on any person with disability the Committee shall take into consideration —

- (a) the relevance of the proposed research and the consent obtained from the person concerned;
- (b) the manner and method the consent was obtained under clause (i) of sub section (2) of section 6 of the Act;
- (c) the ethical practices relatable to the proposed research; and
- (d) any other aspects bearing on the person or persons concerned.

(2) The Committee may call for further information from the applicant if found necessary.

4. Role and functions of the Committee. The Committee may grant permission for research subject to such conditions, as may be deemed necessary and may also set the period of validity of the permission or revoke or suspend the permission if it is found that the research has been conducted in a manner not consistent with or not conforming to the provisions of the Act or the rules:

Provided that any revocation or suspension shall be after reasonable opportunity of being heard has been given to the researcher.

Part III

LIMITED GUARDIANSHIP

6. Provision for limited guardianship. (1) Where a case for providing limited guardianship under sub-section (1) of section 14 of the Act arises, the Commissioner, as the designated authority notified by the State Government, may provide a person with disability a limited guardian for the purpose as envisaged in the section aforesaid.

(2) The limited guardianship provided under this rule shall be for a particular case and for a period of five years and where a case is not yet resolved the limited guardianship may continue till a new limited guardian is provided.

(3) The limited guardian shall, preferably be the parents, adult children of the person with disability, brothers or sisters, other blood relatives or care givers or prominent persons in the society.

(4) Any decision shall be made jointly and on mutual understanding and trust between the guardian and the person with disability.

(5) The limited guardian shall from time to time report to the Commissioner regarding the position of the case and shall follow the instructions as he may give.

PART IV**REGISTRATION OF INSTITUTIONS AND CERTIFICATE OF REGISTRATION**

- 7. Certificate of registration.** (1) Every person who establishes or maintains an institution for reception, care, protection, education, training, rehabilitation and any other activities for persons with disabilities shall be required to obtain a certificate of registration to be issued by the Director of Social Welfare being the competent authority appointed by the State Government under section 49 of the Act.
- (2) Application for the certificate shall be made to the competent authority in Form 'II', accompanied by documents required therein.
- (3) On receipt of the application the competent authority shall verify the information furnished and may make enquiries from the District Social Welfare Officer of the district concerned or ask for additional information from the applicant and, if satisfied, shall issue the certificate and, if otherwise, refuse to grant it after giving the applicant a reasonable opportunity of being heard.
- (4) Every application shall be disposed of within ninety days from the date of receipt.
- 8. Appeal against refusal to grant the certificate.** Where an application for the certificate is refused, the aggrieved person may, within thirty days from the date of the refusal order, prefer an appeal to the Commissioner & Secretary, Social Welfare Department, who is the appellate authority notified by the State Government under sub-section (1) of section 53 of the Act.
- 9. Form and period of validity of a certificate.** The certificate of registration shall be in Form 'III' and shall be valid for a period of three years from the date of issue and shall not be transferable.
- 10. Consideration of the facilities and standard of an institution for registration.** When examining a case for registration of any institution regards shall also be had to the following, such as —
- (a) the living conditions for the inmates and the disability friendly nature of the institution;
 - (b) the availability of playing area and pastime activities;
 - (c) the administrative and financial management system of the institution;
 - (d) the nature and environment of the area; and
 - (e) the potentiality of the institution for trade and activities suitable for persons with disabilities.
- 11. Renewal of a certificate.** (1) A certificate may, on an application which should be made within sixty days before it expires, be renewed for a further period of three years and subject to conditions as the competent authority may decide.
- (2) For a certificate to be renewed the competent authority may inspect or cause an inspection to be made to assess the requirement and the overall performance of the institution during the previous registration period or periods.

PART -V**SPECIFIED DISABILITY AND CERTIFICATION**

12. Application for specified disability certificate. (1) Any person with specified disability shall be granted a certificate of disability and he may apply for the same to the certifying authorities designated as such by the State Government under sub-section(1) of section 57 of the Act, to issue the same, that is, to —

- (a) the District Medical and Health Officer of the district where the applicant person with disability resides; or
- (b) the Medical Officers of hospitals in the respective districts or sub-divisions, community health centres, primary health centres or areas as the State Government may designate from time to time.

Note 1. Specified disability is a disability specified in the Schedule to the Act.

Note 2. The Certificate is valid throughout the country and the holder thereof is entitled to apply for facilities, concessions and benefits as may be admissible under Government Schemes.

(2) The application for a disability certificate shall be in Form 'IV'.

(3) The certificates for the specified disabilities shall be —

- (a) in Form 'V' in the cases of amputation or complete permanent paralysis of limbs or dwarfism and in the case of blindness;
- (b) in Form 'VI' in the case of multiple disabilities; and
- (c) in Form 'VII' in the cases other than those covered in Forms 'V' & 'VI'.

(4) While assessing the extent of specified disability in a person, the certifying authority shall, as far as possible follow the guidelines notified by the Central Government.

13. Ineligibility for a certificate. If the applicant is found ineligible for a certificate of disability, the medical officer shall intimate to him the reasons thereof in Form VIII.

14. Appeal regarding non-issue of a certificate. (1) A person aggrieved by non-issue of the certificate of disability may make an appeal to the State Medical Board being the designated appellate authority within thirty days from the date of receipt of the intimation referred to in rule 13.

(2) The appeal shall state the reasons and grounds of the grievance and the relief sought for.

(3) For deciding an appeal the appellate authority may examine the aggrieved person and assess the extent of the disability complained of and may call for additional test reports for coming to a conclusive decision.

(4) Any decision taken under subrule (3) shall be final.

PART VI
STATE ADVISORY BOARD

- 15. Constitution of the Board.** The State Advisory Board when constituted by the State Government with members as envisaged in section 66 of the Act shall function in accordance with the provisions of the Act and the rules.
- 16. Conduct of business.** A meeting of the Board shall be presided over by the State Minister of Social Welfare as the Chairperson, *ex-officio*, or, in his absence, by the Minister of State or Deputy Minister as Vice Chairperson, *ex-officio*, in that order and in case all the aforesaid persons are absent the members present shall choose one from amongst them to preside.
- 17. Normal transaction of business.** Subject to the provisions of these rules the Board may devise and adopt its own procedure for normal transaction of business in its meetings.
- 18. Quorum.** One third of the total membership of the Board referred to in rule 15 shall form a quorum at any of its meetings.
- 19. The Member Secretary and his functions.** (1) The State Government may designate the Commissioner & Secretary to be the Member Secretary of the State Advisory Board.
- (2) The functions of the Member Secretary shall be to—
- (a) issue, over his signature, all notices and deal with correspondences pertaining to the Board;
 - (b) keep or cause to be kept the records and accounts of the Board;
 - (c) record and maintain the proceedings of Board meetings and take follow up action; and
 - (d) perform such other functions and duties as are normally incumbent on such officer.
- 20. Frequency of the meetings.** (1) The Board shall meet at least once in six months or as often as may be necessary.
- (2) When any matter of importance or urgency arises the Board may hold special meetings and the Member Secretary shall, after consulting the Chairperson, issue notices accordingly.
- 21. Place for holding meeting.** (1) Meetings of the Board may be held at Shillong or at any place in the State and the notices shall specify the venue, time and place of the meeting to be held.
- (2) The notice shall be sent fifteen days prior to a meeting to be held and seven days in case of a special meeting and shall briefly indicate the items of the agenda.
- (3) All notices shall be sent out by such means as the Member Secretary may deem fit to make.
- 22. Co-option of experts.** If any case arises where an opinion or special advice is required the Board may invite to a meeting a person possessing adequate knowledge in the field to be present or refer the case to a consultant and seek his opinion or advice.

PART VII
DISTRICT LEVEL COMMITTEES

23. Constitution of District Level Committees. (1) In every district in the State there shall be a district level committee to be known as “The (name of the district) District Level Committee for Persons with Disabilities” consisting of the following members to be notified by the State Government, namely—

- (a) the Deputy Commissioner of the district as Chairman;
- (b) the District Medical and Health Officer of the district;
- (c) the District Social Welfare Officer as Member Secretary;
- (d) the District School Education Officer;
- (e) a psychiatrist in the district government hospital;
- (f) the Medical Officers of two private hospitals to be nominated by the Deputy Commissioner;
- (g) a representative from the District Disability Rehabilitation Centre;
- (h) two representatives each from any two other registered organisations dealing with persons with disabilities and their empowerment; and
- (i) two persons with disability;

(2). The members referred to in clauses (h) and (i) shall be nominated every two years by rotation and shall be on the recommendation of the Deputy Commissioner concerned.

24. Functions of the Committee. The functions of a District Level Committee shall be to —

- (a) advise the district authorities on matters relating to persons with disabilities, their rehabilitation and empowerment;
- (b) monitor implementation of the provisions of the Act and the rules in the district;
- (c) assist the authorities in the implementation of schemes and programmes concerning the people with disabilities;
- (d) look into complaints relating to non-implementation of the Act by the district authorities and recommend suitable remedial measures for redressal of the complaints;
- (e) look into appeals as referred to in sub-section (4) of section 23 of the Act and recommend appropriate measures to be taken; and
- (f) perform any other function as may be assigned by the State Government.

PART –VIII**STATE COMMISSIONER FOR PERSONS WITH DISABILITIES**

- 25. State Commissioner.** The State Commissioner when so appointed by the State Government as contemplated in sub-section (1) of section 79 of the Act shall function in accordance with the provisions of the Act and the rules for the time being in force.
- 26. Advisory Committee to assist the State Commissioner.** (1) The State Government shall appoint an Advisory Committee comprising of five experts to represent each of the five groups of specified disabilities mentioned in the Schedule to the Act, of whom two shall be women, to assist the State Commissioner.
- (2) The State Commissioner may invite subject or domain expert as per need to assist him in meetings or hearings and in preparation of reports.
- (3) The tenure of the members of the Advisory Committee shall be for a period of three years and the members shall be eligible for re-nomination.

PART – IX**SCHOOLS AND SCHOOL CHILDREN WITH DISABILITIES**

- 27. Nodal Education Officer.** In every office of the District School Education Officer in the State there shall be a Nodal Officer preferably possessing special qualification in the field of disability to deal with Children with Special Needs under him, assigned to deal with matters relating to children with disabilities in the schools and where there is no such separately assigned officer, the District School Education Officer shall function as the Nodal Officer for the purpose of these rules.
- 28. Functions of the Nodal Officer.** The Nodal Officer shall —
- (a) conduct survey of school children and identify those with disabilities and ascertain their special needs;
- (b) review the facilities in the schools for such children and identify areas that may need attention or improvement;
- (c) advise on means that will afford such children opportunities equally with others in the programmes and activities of the schools; and
- (d) attend to issues generally relevant to the school children with disabilities.
- 29. Report by the Head of a School.** Every Head of a school shall send to the Nodal Officer a report for each academic year indicating the number of such children at the beginning and at the end of the year, their performance and other information pertaining to them with relevant statistical data as may be applicable.
- 30. Yearly report.** The District School Education Officer shall send every year a report to the Commissioner on matters relating to children with disabilities in the schools along with his assessment, comments and recommendation.

PART –X**STATE FUND AND ACCOUNTS**

- 31. Constitution of a fund.** There shall be constituted a fund to be called “ The Meghalaya State Fund for Persons with Disabilities” (hereinafter referred to as the State Fund), into which all sums received from the State Government or Central Government by way of budgetary allocation, grants-in-aid or transfers and other sums as may be received from non-government organisations and other sources shall be credited.
- 32. Expenditure from the Fund.** All expenditure required including payment of sitting fees and daily allowances and such other like expenses shall be met from the Fund.
- 33. Sitting and other fees.** A non-official member and any person specially invited to attend meetings of the Committee for Research, the State Advisory Board referred in Part VI of these rules, the District Level Committees referred in Part VII and the advisory committee to assist the State Commissioner as referred to in rule 26 shall be paid sitting fees and also daily allowances, where admissible, as the State Government may from time to time decide.
- 34. Financial rules, etc, of the State Government.** (1) In maintaining of the accounts the rules, orders, forms and procedure of the State Government including provisions for audit shall, mutatis mutandis, apply.
- (2) The statement of receipts and payment and of financial transactions pertaining to the State Fund shall be internally audited by a Chartered Accountant and also be subject to audit by the Comptroller and Auditor General.
- (3) The audit report shall be included in the Annual Report to be submitted to the State Government under rule 35.

PART – XI**MISCELLANEOUS**

- 35. Annual Report.** The Commissioner shall by the month of October each year send to the State Government an annual report regarding persons with disabilities in the State and the report shall include –
- (a) the names of officers and employees in the office of the State Commissioner and a chart showing the organizational setup;
- (b) the functions which the Commissioner has been empowered under the Act and the highlights of the performance in this regard;
- (c) the main recommendations made by the Commissioner;

- (d) the progress made in the implementation of the Act in the State;
- (e) the expenditures incurred;
- (f) the audit report; and
- (g) any other matter deemed appropriate by the Commissioner for inclusion or specified by the State Government from time to time.

36. Transition. Without prejudice to the compliance with provisions of the Act and other Rules, the powers and functions currently exercisable and performed by the Commissionerate and the Directorate of Social Welfare of the State Government relating to persons with disability, including the accounts and management of funds, shall continue subject to changes as may be brought about from time to time.

37. Repeal and Savings. (1) The Meghalaya Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Rules, 2005 are hereby repealed.

(2) Notwithstanding the repeal, anything done or action taken under the rules repealed shall be deemed to have been done or taken under the corresponding provisions of these rules.

Additional Chief Secretary to the Government of Meghalaya
Social Welfare Department.

Form I**[See rule 3 (7)]****Application for permission to make research on PWDs**

1. Name of the applicant (and age, if individual): _____

2. Address (full including name of the State) with contact number, e-mail address, etc.

3. Qualification and present activity: _____

4. If an institutional applicant, describe its background, aims and objectives: _____

5. Constitution or Memorandum of Association of the institution: _____

6. Purpose of the research: _____

7. Time for completion of the research: _____

8. Supporting documents, if any: _____

Signature of the Applicant.

Form-II
[See rule 7 (2)]

Application for a Certificate of Registration.

1. Name of the Applicant Organisation :
2. Address and Phone Number :
3. Applicant is :
 - a) An organization registered under the Meghalaya Societies Registration Act XII of 1983 :
 - b) A Public Trust registered under any Law for the time being in force: :
 - c) Indian Red Cross Society or its branches :
 - d) Company Registered under Section 25 of the Companies Act, 1956. :
 - e) Any other organization (details of registration with the name of the Act) which may be recognized by the Ministry for the purpose of this scheme (Details of registration with the name of the Act). :
4. Date of establishment of the Organisation :
5. Nature of the organization. (Please indicate precisely whether it is educational or training institution or a workshop for the blind, the deaf and dumb, the orthopaedically handicapped or mentally retarded persons etc.): :
6. Brief history of the organization and its objects and activities. :
7. Whether recognized by the State Government. :
8. Whether the organization is of an All India Character. If so, give the nature of its All India activities. :
9. Whether located in its own/ rented building :

10. Present number of disabled beneficiaries :
11. Likely dates of commencement and completion of Project :
12. Whether the Project is likely to be assisted by some other Official or non-Official source. :
13. Whether necessary land for the proposed building is available. If so, give details. (Please indicate the location of the plot and enclose permission certificate for construction from the competent authority etc. :
14. a) Whether trained staff and other suitable facilities for undertaking the project are available. If so, give details. :
- b) In case new staff is to be appointed, give details of the qualifications, academic, professional and experience prescribed for the purpose. :
- c) Number of the employees working in the Organisation. :
15. List of papers/ statements to be attached :
- a) Prospectus or a brief descriptive note giving aims and objects/ activities of the organization. :
- b) Constitution of the Organisation :
- c) Constitution of the Board of Management with particulars of each Member :
- d) Latest available annual report :
- e) Income and Expenditure accounts, and Receipt and Payment accounts duly audited by a Chartered Accountant or a Government auditor for the last two years for the Organisation as a whole (along with a copy of the certified balance sheet from the previous financial year for the Organisation as whole) :

- f) A Statement giving details (year, purpose, amounts, etc) of assistance received during the last five from the Central/ State Government, Central Social Welfare Board, Local Bodies or any other quasi-Government Institution including requests made thereof to any one of those or any other Organisation for the projects under Consideration or for any other project.
- g) A statement giving item-wise and year-wise details of estimate recurring and non-recurring expenditure on the project.
- h) A copy each of the plan of the proposed building (rough sketch giving broad indication of the building to be constructed and area to be covered) and estimated cost of construction: and
- i) A statement indicating the equipments, apparatus, furniture, library books, etc. (by number of details whichever is possible) already available: and separately at statement indicating the above items purchased year-wise with financial assistance from the Ministry of Welfare: and
- j) Details budget estimated of the Organization as a whole exhibiting the estimated receipts and expenditure during the year for which grant sought for:
16. List of additional papers, if any :
17. List of additional information, if any :

Form-III
[See rule 9]



**CERTIFICATE OF REGISTRATION OF INSTITUTIONS UNDER THE RIGHTS OF
PERSONS WITH DISABILITIES ACT, 2016**

No. _____

Date: _____

I hereby certify that _____
has on this day been registered under the Rights of Persons with Disabilities Act 2016.

Given under my hand at SHILLONG this _____ day of _____ 20

Valid for 3 years

Renewal on _____

Director of Social Welfare
Meghalaya, Shillong

Form IV
[See rule 12(2)]

Application for obtaining Certificate of Disability

- (1) Name: _____
(Surname) (First Name) (Middle Name)
- (2) Father's Name: _____ Mother's Name: _____
- (3) Date of Birth : _____/_____/_____
- (4) Age at the time of application: _____ years.
- (5) Sex: Male/ Female/ Transgender: _____
- (6) Address:
- | | |
|-----------------------------------------|----------------------------------------------------------------|
| (a) Permanent address

_____ | (b) Current Address (i.e. for communication)

_____ |
|-----------------------------------------|----------------------------------------------------------------|
- (c) Period since when residing at current address _____
- (7) Educational Status (please tick as applicable)
- (i) Post Graduate
 - (ii) Graduate
 - (iii) Diploma
 - (iv) Higher Secondary
 - (v) High School
 - (vi) Middle
 - (vii) Primary
 - (viii) Non-literate
- (8) Occupation: _____
- (9) Identification marks: (i) _____ (ii) _____
- (10) Nature of disability: _____
- (11) Period since when disabled: From Birth/ since year _____
- (12) (i) Did you ever apply for issue of a certificate of disability in the past _____ yes/no
- (i) If yes, details:

(a) Authority to whom and district in which applied: _____

(b) Result of application:

(13) Have you ever been issued a certificate of disability in the past? If yes, please enclose a true copy.

Declaration: I hereby declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further state that if any inaccuracy is detected in the application, I shall be liable to forfeiture of any benefits derived and other action as per law.

(Signature or left thumb impression of person with disability, or of his/her legal guardian in case of persons with intellectual disability, autism, cerebral palsy and multiple disabilities ,etc.)

Date:

Place:

Enclosures:

1. Proof of residence (Please tick as applicable)

- (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, any gazetted officer, or the concerned Parwari or Head Master of a Government school.
- (i) in case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill and other disability, a certificate of residence from head of such institution.

2. Two recent passport size photographs.

.....
(For office use only)

Date:

Place:

Signature of issuing authority
Stamp

Form - V
[See rule 12 (3) (a)]
Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)

(Name and Address of the Medical Authority issuing the Certificate)

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

_____ 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
- dwarfism
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is _____

(A) he/she has _____ % (in figure) _____ percent (in words)

Permanent locomotor disability/dwarfism/blindness in relation to his/her (part of body)
as per guidelines (_____ number and date of issue of the 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 certificate of disability is issued.

Signature & Seal of Authorised Signatory
Of notified Medical Authority

Form - VI
[See rule 12 (3) (b)]
Certificate of Disability
(In cases of multiple disabilities)

(Name and Address of the Medical Authority issuing the Certificate)

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

_____ 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 (_____ number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below:-

Sl. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/ mental disability(in%)
1.	Locomotor disability	@		
2.	Muscular dystrophy			
3.	Leprosy cured			
4.	Dwarfism			
5.	Cerebral palsy			
6.	Acid attack victim			
7.	Low vision	#		
8.	Blindness	#		
9.	Deaf	£		

10.	Hard of Hearing	£		
11.	Speech and Language disability			
12.	Intellectual Disability			
13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			
15.	Mental Illness			
16.	Chronic Neurological Conditions			
17.	Multiple Sclerosis			
18.	Parkinson's disease			
19.	Haemophilia			
20.	Thalassemia			
21.	Sickle Cell disease			

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (_____ number and date of issue of the 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

£ 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.

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 certificate of disability is issued.

Form - VII
[See rule 12 (3) (c)]
Certificate of Disability

(In cases other than those mentioned in Form V and VI)

(Name and Address of the Medical Authority issuing the Certificate)

Recent Passport
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 (DD/MM/YY) _____ Age _____ years, male/female
_____ 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 (_____ number and date of issue of the guidelines to be specified) and is shown
against the relevant disability in the table below:-

Sl. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/ mental disability(in%)
1.	Locomotor disability	@		
2.	Muscular dystrophy			
3.	Leprosy cured			
4.	Cerebral palsy			
5.	Acid attack victim			
6.	Low vision	#		
7.	Deaf	€		

8.	Hard of Hearing	€		
9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental Illness			
14.	Chronic Neurological Conditions			
15.	Multiple Sclerosis			
16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

(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

€ e.g. Left/Right/both ears

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

Nature of Document	Date of Issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)

(Name and Seal)

Countersigned

{Countersignature and seal of the

Chief Medical Officer/Medical Superintendent/

Head of Government Hospital, in case the

Certificate is issued by a medical authority who is

not a Government servant (with seal)}

Signature /thumb impression of
the person in whose favour
certificate of disability is issued.

Note: In case this Certificate is issued by a medical authority who is not a Government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District.

Form - VIII
[See rule 13]
[Intimation of rejection of Application of Disability]

No. _____

Date: _____

To,

(Name and Address of applicant for Certificate of Disability)

Sub: Rejection of Application for Certificate of Disability

Sir/Madam,

Please refer to your application dated _____ for issue of a Certificate of Disability for the following disability:

2. Pursuant to the above application, you have been examined by the undersigned/ Medical Authority on _____, and I regret to inform that, for the reasons mentioned below, it is not possible to issue to a Certificate of Disability in your favour:
 - (i)
 - (ii)
 - (iii)

3. In case you are aggrieved by the rejection of your application, you may represent to the State Medical Board of Meghalaya being the appellate authority under rule 14 for the purpose.

Yours faithfully,

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