

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

Advertisement inviting Annexure I
applications/nominations for
the National Award for the
Empowerment of Persons with
Disabilities, 2018

Application/Nomination forms Annexure II
for the National Awards for
Empowerment of Persons with
Disabilities under the
prescribed categories of the
National Awards, 2018

**INVITATION FOR APPLICATIONS FOR THE
NATIONAL AWARD
FOR
THE EMPOWERMENT OF PERSONS WITH
DISABILITIES, 2018**

Whereas the Persons with Disabilities Act, 1995, specified the following seven Disabilities:-

- I. Blindness;
- II. Low Vision;
- III. Leprosy-cured;
- IV. Hearing Impairment;
- V. Locomotor disability;
- VI. Mental retardation;
- VII. Mental Illness

Accordingly, the above classes of disabilities were being considered for the National Awards under the National Award for the Empowerment of Persons with Disabilities Rules, 2013.

2. Whereas the Central Government has now enacted the Rights of Persons with Disabilities Act, 2016 which came into force w.e.f. 19th April 2017 thereby replacing the Persons with Disabilities Act, 1995. The Rights of Persons with Disabilities Act, 2016 enlists following categories of specified Disabilities:-

- i) Locomotor Disability : (Locomotor Disability,
Muscular
Muscular Disability,
Dwarfism, Acid Attack
Victims, Leprosy Cured,
Cerebral Palsy)
- ii) Visual Impairment : (Blindness, Low Vision)
- iii) Hearing Impairment : (Deaf, Hard of Hearing)
- iv) Speech and Language : (Speech and Language
Disability Disability)

- v) Developmental Disorder : (Autism Spectrum Disorder, Specific Learning Disability)
- vi) Intellectual Disability : (Earlier Known as Mental Retardation)
- vii) Mental Behavior : (Mental Illness)

- viii) Disability Caused due to : (Haemophilia, Thalassemia, blood disorder Sickle Cell Disease)
- ix) Chronic Neurological Conditions : (Multiple Sclerosis, Parkinson's disease)
- x) Multiple Disabilities : (Multiple Disabilities involving any two or more of the above broad categories)

3. Accordingly, the Central Government intends to cover all the above 21 specified Disabilities within the ambit of the scheme of National Award for Empowerment of Persons with Disabilities. **However the revision in the National Award Rules, to include all the above 21 disabilities is under process and revised National Award Rules are likely to be notified shortly.** Now, pending the final notification of the revised Rules, the Central Government intends to invite applications/Nominations from all the categories of specified Disabilities as mentioned in para 1 & 2 above. However, the applications in respect of new categories of Disabilities specified under the Rights of Persons with Disabilities Act, 2016 will only be considered subject to the revised National Award for the Empowerment of Persons with Disabilities Rules being notified before the last date prescribed in the advertisement for submission of applications for the National Award for Empowerment of Persons with Disabilities 2018.

4. In pursuance of the above, applications/nominations for the National Award for Empowerment of Persons with Disabilities are invited from eligible candidates or establishments or institutions fulfilling the prescribed criteria for the following category of National Awards:

- (i) Best Employee/Self-employed with Disabilities;
- (ii) Best Employer and Placement Officer or Agency;
- (iii) Best Individual and Institution working for the cause of Persons with Disabilities;
- (iv) Role Model;

- (v) Best Applied Research/Innovation or Product Development aimed at improving the life of Persons with Disabilities;
- (vi) Outstanding Work in the Creation of Barrier-free Environment for the Persons with Disabilities;
- (vii) Best District in providing rehabilitation service;
- (viii) Best State Channelizing Agency of the National Handicapped Finance and Development Corporation;
- (ix) Outstanding Creative Adult Persons with Disabilities;
- (x) Best Creative Child with Disabilities;
- (xi) Best Braille Press;
- (xii) Best Accessible Website;
- (xiii) Best State in promoting empowerment of Persons with Disabilities and Implementation of Accessible India Campaign; and
- (xiv) Best Sportsperson with Disabilities.

The applications should be in Hindi or in English only. Full details of the Scheme of National Awards including criteria may be seen on the website of the Ministry (www.disabilityaffairs.gov.in).

5. The applications of those employed in the Central/State Government/Union Territory Administrations/Public Sector Undertakings should be sent in the prescribed proforma (either in Hindi or in English only) through the Ministry/Department/State Government/ Union Territory Administration/Public Sector Undertaking concerned duly approved by the competent authority in such Govt./Administration/Undertaking.

6. In case of others (including self-employed, those in the private sector organizations/ unorganized sector and sportspersons), applications should be routed through and recommended by one of the following:-

- > Department of the concerned State Government/Union Territory Administration dealing with disability matters.
- > Central Ministry/Department dealing with the relevant subject or area.
- > A National Institute (under the Ministry of Social Justice and Empowerment or Health and Family Welfare) dealing with rehabilitation of Persons with Disabilities.
- > Principal Secretary/Secretary, Welfare of the concerned State.
- > Collector of the concerned District.
- > A past recipient of National Award for the Empowerment of Persons with Disabilities.

7. Incomplete applications or applications received after the prescribed date or without recommendation of any one of the prescribed authorities will be ineligible for consideration of award and no further reference in the matter will be made.

8. Applications in the prescribed proforma should be accompanied by the following:-

- > Two passport sized photographs (in the case of individuals).
- > Bio-data along with summary of achievements and documents in support thereof; and
- > Draft citation (not exceeding one page)

9. Application duly recommended and complete in all respect should be sent to Shri Sitaram Yadav, Deputy Secretary, Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice and Empowerment, Room No. 520, B-II, 5th Floor, Pt. Deendayal Antyodaya Bhavan, C.G.O Complex New Delhi- 110 003, so as to reach him **latest by 20th August, 2018. Applications received after the last date will not be entertained.**

Annexure II

**Application forms for the National Awards for Empowerment of
Persons with Disabilities under the prescribed categories of the
National Awards, 2018**

APPLICATION FORM FOR CATEGORY I

**PARTICULARS OF RECOMMENDED EMPLOYEE/SELF-EMPLOYED
WITH DISABILITIES FOR NATIONAL AWARD**

| | | |
|-----|---|--|
| 1. | Name: (a) in English (in BLOCK Capital letters) | |
| | (b) in Hindi | |
| 2. | Address: (a) Residential | |
| | (b) Office | |
| 3. | Telephone numbers: (a) Residential | |
| | (b) Office | |
| 4. | FAX Number: (a) Residential | |
| | (b) Office | |
| 5. | E-mail address, if any | |
| 6. | Sex | |
| 7. | Date of Birth/Age | |
| 8. | Nature/Category of disability | |
| 9. | Percentage of disability(Certificate of competent authority to be attached) | |
| 10. | Qualification: (a)Academic | |
| | (b) Technical | |
| | Qualifications acquired after onset of disability should be clearly indicated. (Certificate and testimonial should be attached) | |
| 11. | Trainings received, if any: | |
| | (a) Name of the Institution/ Organization | |
| | (b) Name of the Course | |
| | (c) Duration of the course | |
| 12. | Details of experience gained informally | |
| 13. | Whether employee or self- employed | |
| 14. | If employee : | |
| | (a) Name of the Employer | |

| | | |
|-----|--|---------------------|
| | (b) Designation or Post held | |
| | (c) Scale of pay and salary drawn | |
| | (d) Nature of work engaged on | |
| | (e) How does his/her productivity compare to that of his non- disabled counterparts in percentage of 10% more or less. | |
| | (f) Relations with fellow-employees | |
| | (g) Independence in work (encircle the grading option) | Very Good Good Poor |
| | (h) Mobility and self-care remarks including a brief life sketch of about 200 words of the candidate highlighting his struggle against the disadvantage created by his disability (encircle the grading option) | Very Good Good Poor |
| | (i) Punctuality and regularity in attendance(encircle the grading option) | Very Good Good Poor |
| | (j) Whether any incentive/reward/ certificate given to the employee by the employer for his work during last three years. If yes, details thereof | |
| | (k) General assessment of the employee for last three years(encircle the grading option) | Very Good Good Poor |
| 15. | If self-employed : | |
| | (a) Trade/Profession with which associated | |
| | (b) Monthly Income(Attach copy of last Income Tax Return filed/Income Certificate) | |
| | (c) How far you have upgraded your skill in that trade/profession with a view to absorb yourself fully as a self-employed entrepreneur? | |
| | (d) Socio-economic problems/ constraints being faced in the existing trade/profession to become a sustainable self-employed entrepreneur | |

| | | |
|-----|--|--|
| | (e) (i) Whether taken loan from any bank/financial institution of State/Central Government(give full details) | |
| | (ii) If yes, indicate the balance amount of loan to be repaid | |
| | (f) Have you ever been declared to be a defaulter to any nationalised bank/financial institution/cooperative bank | |
| 16. | If any National or State level Award received during last five years, then please mention: (a) Name of the Award (b) Conferring Agency (c) Year of conferment | |

(Signature of the Applicant with date)

NOTE

1. In case of self-employed persons with disabilities, the particulars may be duly certified by a Gazetted Officer of the Central/State Govt./Member of Parliament/Member of State Legislature/Municipal Councilor of Municipal Corp. etc.
2. Three copies of the photographs clearly showing disability of recommended employees/self-employed with disabilities, with bio-data been closed.
3. Application should be supported by a Medical certificate indicating the degree of total disability.

Signature of the recommending authority with date

**APPLICATION FORM FOR CATEGORY II(i) UNDER THE
NATIONAL AWARD GUIDELINES**

BEST EMPLOYERS

PARTICULARS OF EMPLOYERS FOR NATIONAL AWARDS

| | | | | |
|-----|---|------|--------|-------|
| 1. | Name in English (in BLOCK Capital letters) and Hindi | | | |
| 2. | Postal and telegraphic address of the organization with telephone & fax number. | | | |
| 3. | Web-site address, if any | | | |
| 4. | E-mail address, if any | | | |
| 5. | Whether Government/Public Sector Undertaking/Private. | | | |
| 6. | Nature of work undertaken by the Organization. | | | |
| 7. | Total number of employees in the organization | Male | Female | Total |
| 8. | Number of employees with disability in the organization category-wise and sex-wise. | Male | Female | Total |
| 9. | Nature of disability of the employees (if the organization has employees with various disabilities, please indicate the number of employees with each disability) | | | |
| 10. | Percentage of employees with disability as Compared with the total number of Employees | | | |
| 11. | Nature of work in which Persons with disability are employed. | | | |
| 12. | Whether their service conditions are the same as those for others? | | | |
| 13. | Whether any modifications are made in the machinery and access is provided In the built environment. | | | |
| 14. | Special effort made to train and employ persons with disability so far and plans for future. | | | |
| 15. | How does the productivity of Employees with disability compare with that of non-disabled employees? | | | |
| 16. | Remarks | | | |

Signature of the applicant with date

Signature of the recommending authority with date

APPLICATION FORM FOR CATEGORY II(ii)
UNDER THE NATIONAL AWARD GUIDELINES
BEST PLACEMENT OFFICER/AGENCY

PARTICULARS OF THE AGENCY/OFFICER RESPONSIBLE FOR PLACEMENT

I. PERSONAL DATA

| | | |
|----|--|--|
| 1. | Name in English(in BLOCK Capital letters) and Hindi | |
| 2. | Date of Birth | |
| 3. | Educational qualification | |
| 4. | Postal address | |
| 5. | Telegraphic address/FAX No. | |
| 6. | Telephone Number (:Office) (:Residence) | |
| 7. | Web-site/E-mail address, if any | |
| 8. | Name of the employer with complete address (Give all the employers with Whom employed during the last five years, last name to be given first) | |
| 9. | Total service in the capacity. | |

II. PERFORMANCE DATA: Placements and follow-up Give the information for the last five years.

| S. No. | Year | No. of Persons with Disabilities (Disability-wise) | | | | No./%age of placement to Registration | No. of cases followed up | % of dropouts from employment with brief reasons |
|--------|------|--|--------|--------|--------|---------------------------------------|--------------------------|--|
| | | Registered | | Placed | | | | |
| | | Male | Female | Male | Female | | | |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) |
| (i) | | | | | | | | |
| (ii) | | | | | | | | |

III. Brief particulars of the Placement Officer:

Signature of the applicant with date

Signature of the recommending authority with date

Broadly, "Placing" means an employer's acceptance of a persons into a remunerative job as a result of the following Employment Exchanges operations as a result of the-

- i. Booking on an order prior to submission;
- ii. Pre-submission of the persons to be referred to the employer;
- iii. Submission of the selected persons and verification that the persons have been engaged.(Definition as given in the National Employment Service Manual).

**APPLICATION FORM FOR CATEGORY III(I) UNDER THE
NATIONAL AWARD GUIDELINES**

BEST INDIVIDUAL

WORKING FOR THE CAUSE OF PERSONS WITH DISABILITIES

| | | |
|-----|---|--|
| 1. | Name in English(in BLOCK Capital letters) and Hindi | |
| 2. | Address with telephone numbers/FAX number | |
| 3. | E-mail address, if any | |
| 4. | Date of Birth/Age | |
| 5. | Sex | |
| 6. | Institution with which the individual is associated including the local and field performances and the number of persons with disabilities covered. | |
| 7. | How is the performance of the individual adjudged as outstanding | |
| 8. | Remarks including a brief life sketch of the individual. | |
| 9. | No. of years working for the persons with disabilities. | |
| 10. | Details of her/his contribution during last ten years supported by documentary evidence. | |
| 11. | Whether received any awards in the past, if so specify and furnish a brief account. | |
| 12. | Name of the Area/District/State in which outstanding work has been done for the welfare of persons with disabilities. | |
| 13. | Details of outstanding professional achievements, if any | |

Signature of the applicant with date

Signature of the recommending authority with date

**APPLICATION FORM FOR CATEGORY III(ii) UNDER THE
NATIONAL AWARD GUIDELINES**

BEST INSTITUTION

WORKING FOR THE CAUSE OF PERSONS WITH DISABILITIES

| | | |
|-----|---|-------------------------|
| 1. | Name of the Institution in English (In BLOCK Capital letters) and Hindi | |
| 2. | Postal and Telegraphic address of Institution with telephone and fax number. | |
| 3. | Web-site/E-mail address, if any | |
| 4. | Year of establishment | |
| 5. | Whether recognized or aided by State/Central Govt./ Local bodies | |
| 6. | Nature of work undertaken by the Institution | |
| 7. | Total number of employees in the Institution (also indicate the number of employees with disabilities, disability- wise). | Male Female Total |
| 8. | Details of work done by the Institution including places and the number of disabled persons covered by the Institution. | |
| 9. | Specify the outstanding achievements/ Contribution of the Institution in the Past ten years in the area of welfare of persons with disabilities and rehabilitation/ education including technical education and vocational training to persons with disabilities. | |
| 10. | Whether Institution have received any Award in the past. If so, specify and give brief account. | |
| 11. | No. of persons with disabilities are on Governing Body. Give their names and addresses. | |
| 12. | The number of disabled population served and area of work including District/State. | |
| 13. | Give details showing various activities done by the Institution with numerical output. | |

Note: Memorandum/Articles of Association annual reports for the last two years and like documents may be sent.

Signature of President/Secretary of the Institution with date

Signature of the recommending authority with date

**APPLICATION FORM FOR CATEGOR IV UNDER THE
NATIONAL AWARD GUIDELINES**

ROLE MODEL AWARDS

| | | |
|----|--|--|
| 1. | Name in English (in BLOCK Capital letters) and in Hindi | |
| 2. | Address along with telephone & fax number, if any. | |
| 3. | E-mail address, if any | |
| 4. | Nature and degree of Disability (Attach Disability Certificate) | |
| 5. | Indicate percentage of disability and since when | |
| 6. | Date of birth | |
| 7. | Educational qualifications | |
| 8. | Brief details/particulars of the achievements made which may be considered original and exemplar for persons with disabilities | |
| 9. | Whether any National or International award received and if so, the details thereof | |

Signature of the applicant with date

Signature of the recommending authority with date

**APPLICATION FORM FOR CATEGORY V (i & ii) UNDER
THE NATIONAL AWARD GUIDELINES**

**BEST APPLIED RESEARCH/ INNOVATION/PRODUCT
DEVELOPMENT AIMED AT IMPROVING THE LIFE OF
PERSONS WITH DISABILITIES.**

| | | |
|-----|---|--|
| 1. | Name in English and in Hindi (in BLOCK Capital letters) | |
| 2. | Address of the applicant with telephone and fax number. | |
| 3. | Web-site/E-mail address, if any | |
| 4. | Date of birth | |
| 5. | Educational qualifications | |
| 6. | Professional/Official Designation & Address of Organization with telephone & fax numbers. | |
| 7. | Title of Invention/Innovation | |
| 8. | i) When and where the development work was carried out. ii) Was the proposal undertaken as a research project in a Research Laboratory/Institute or any other Organization. | |
| 9. | Detailed technical description (Use separate sheets) | |
| 10. | Present stage of development (Strike out items which do not apply) | Idea/ Model/ Working Model/ Proto Type/ Commercial |
| 11. | Claim of Originality a) How it is different from known Indigenous and imported Pin-Point in detail, the originality/ novelty claimed (Use separate sheet). b) Has it been patented? If so give patent no. and dates of application/ acceptance and sealing? | |
| 12. | Advantage claimed over alternative products (Strike out whichever is not applicable). a) Reduced capital cost/operating cost/Weight/volume. (b)Improved performance/safety/ output serviceability/range of applications/utility directly or as | |

| | | |
|-----|--|--|
| | attachment. c) Aiding import substitution and self-reliance. d) Any other special merits. | |
| 13. | Tests/Demonstrations carried out: a) Give details of the tests carried out and results obtained (Use separate sheets) b) Has the working model/prototype been demonstrated/ supplied for use? If yes, give names(s) and address of the persons/ testing agencies and details of their Observations/test results/ opinions obtained. | |
| 14. | Details about commercialization, has it been exploited commercially? a) If yes, date(s) of commercialization, names and addresses of the parties manufacturing and annual sales. b) Name and address of the users, if any. | |
| 15. | Has your invention/innovation been Published in technical or scientific Magazine? If so, enclose reprints/ Cuttings. | |
| 16. | Has the invention/innovation been submitted for consideration or consideration for any International/ National Awards? If so, give particulars. | |
| 17. | State how the invention will benefit people with disabilities in their education/employment/training/rehabilitation or any other aspect of living. | |
| 18. | Comment on its affordability by a common person with disabilities or by an institution/organization. | |
| 19. | Whether received any award in the past. Specify and give a brief account. | |

Signature of the applicant with date

Remarks of the State Govt. Employers (Strike off whichever is not applicable).

The work of the applicant recommended for consideration for Best Applied Research/Innovation/Product Development aimed at improving the life of persons with disabilities. The work is/is not an assignment of employment.

Signature of Head of the Institution/Organization with SEAL

Signature of the recommending authority with date

APPLICATION FORM FOR CATEGORY VI (i, ii & iii)
UNDER THE NATIONAL AWARD GUIDELINES

OUTSTANDING WORK IN THE CREATION OF BARRIER-FREE ENVIRONMENT FOR PERSONS WITH DISABILITIES FOR NATIONAL AWARDS

| | | |
|----|---|--|
| 1. | Name of the Agency in English (in Block Capital letters) and in Hindi | |
| 2. | Address of the agency along with telephone & fax number, if any. | |
| 3. | Web-site/E-mail address, if any | |
| 4. | Nature of the agency | |
| 5. | Particulars of access facilities provided | |
| 6. | Number of the people benefited annually category-wise. | |
| 7. | Comment on the replicability of the facilities given. | |
| 8. | Whether toilets have been modified, doors are modified keeping in view the needs of disabled and ramps are provided in the building. | |
| 9. | Whether facilities for visually and hearing handicapped are provided at work site and protective devices are used for their physical safeguard. Give full details | |

Signature of the applicant with date

Signature of the recommending authority with date

**APPLICATION FORM FOR CATEGORY VII UNDER THE
NATIONAL AWARD GUIDELINES**

**BEST DISTRICT OF A STATE ENGAGED IN WELFARE
AND REHABILITATION OF THE PERSONS WITH DISABILITIES**

| | | |
|-----|--|--|
| 1. | Name of the district | |
| 2. | Name of the state | |
| 3. | Since when District Rehabilitation Centre is in operation | |
| 4. | Details of activities undertaken in the area of disability rehabilitation | |
| 5. | Involvement of District administration NGOs/Local level bodies and public Representatives in functioning of District Center. | |
| 6. | Special efforts made in the provision of services including for prevention of disability | |
| 7. | Details of convergence of various development schemes for benefit of Persons with Disabilities. | |
| 8. | Coverage under ADIP Scheme | |
| 9. | Details of awareness generating activities | |
| 10. | Any other | |

Signature withdate

Signature of the recommending authority withdate

**APPLICATION FORM FOR CATEGORY VIII UNDER THE
NATIONAL AWARD GUIDELINES**

**BEST STATE CHANNELISING AGENCY OF THE NATIONAL HANDICAPPED
FINANCE AND DEVELOPMENT CORPORATION**

| | | |
|-----|---|--|
| 1. | Name of the State | |
| 2. | Name of State Channelising Agency in English(in BLOCK Capital letters) and Hindi | |
| 3. | Year of nomination as SCA of NHFDC | |
| 4. | Date of execution of GLA | |
| 5. | Date of Government Guarantee | |
| 6. | Quantum of Government Guarantee | |
| 7. | Number of Projects received in NHFDC from SCA in the previous financial year | |
| 8. | Number of projects sanctioned by NHFDC during previous financial year | |
| 9. | Amount released by NHFDC to SCA during previous financial year. | |
| 10. | Amount disbursed to beneficiaries by SCA during previous financial year. | |
| 11. | Number of Persons with Disability to whom loan disbursed by the SCA during previous financial year. | |
| 12. | Recovery due from the SCA till the end of previous financial year. | |
| 13. | Recovery received from SCA till the end of previous financial year. | |
| 14. | Recovery percentage at the end of previous financial year. | |
| 15. | Funds refunded by SCA during the previous financial year | |
| 16. | Utilisation certificates received from SCA during the previous financial year. | |
| 17. | Utilization percentage during previous financial year for the amount due for utilization. | |

Signature:

Name:

Designation:

Office Address with seal:

Comments of the Recommending Authority:

**APPLICATION FORM FOR CATEGORY IX UNDER THE
NATIONAL AWARD GUIDELINES**

**PARTICULARS OF OUTSTANDING CREATIVE ADULT PERSON WITH
DISABILITIES FOR NATIONAL AWARDS**

| | | |
|----|--|--|
| 1. | Name of the person in Hindi & English (In BLOCK Capital letters) | |
| 2. | Residential address along with telephone no. and fax number, if any. | |
| 3. | E-mail address, if any | |
| 4. | Web-site address, if any | |
| 5. | Date of Birth/Age | |
| 6. | Nature and degree of disability (attach Disability Certificate) | |
| 7. | Occupation | |
| 8. | Monthly income | |
| 9. | Particulars of the creative work for which award is to be considered | |

Signature of the applicant with date

Signature, name & designation of the recommending authority with date

NOTE:

1. Two copies of the photographs clearly showing disability of recommended person with disabilities, to be enclosed with bio-data.
2. Application should be supported by a Medical certificate indicating the degree of total disability.

**APPLICATION FORM FOR CATEGORY X UNDER THE
NATIONAL AWARD GUIDELINES**

**PARTICULARS OF OUTSTANDING CREATIVE CHILD WITH
DISABILITIES FOR NATIONAL AWARDS**

| | | |
|---|---|--|
| 1 | Name of the child in English (in BLOCK Capital letters) , and | |
| | In Hindi | |
| 2 | Date of Birth (Attach Certificate) | |
| 3 | Residential address alongwith telephone & fax number if any | |
| 4 | E-mail address, if any | |
| 5 | Web-site address, if any | |
| 6 | Nature and degree of disability | |
| 7 | Class in which studying | |
| 8 | Particulars of the creative work for which award is to be considered | |

Signature of Applicant Name (In BLOCK Capital
letters)

Address Relationship with Candidate

Signature, name & designation of the
Recommending authority with date

NOTE:

1. Two copies of the photographs clearly showing disability of recommended child with disabilities, to be enclosed with bio-data.
2. Application should be supported by a Medical certificate indicating the degree of total disability.

**APPLICATION FORM FOR CATEGORY XI UNDER THE
NATIONAL AWARD GUIDELINES**

BEST BRAILLE PRINTING PRESS

1. Name of the Organization :
2. Name of Braille Press Manager :
3. Address :
4. Telephone number :
5. Fax number :
6. E-mail :
7. Web-site address :
8. Establishment of the Braille Press: Month :
Year :
9. Braille Printing Capacity
(a) No.of Printers :
(b) Details of each Printer :

| S.No. | Type of printer | Speed (Characters per second) | Functional/ Non functional |
|-------|-----------------|-------------------------------|----------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

10. Year-wise production by the Press (not including work out-sourced)

| S.No. | Item | 2015-16 | 2016-17 | 2017-18 |
|-------|--|---------|---------|---------|
| 1. | No. of titles by language (a) Hindi (b) English (c) Other languages (i) ii) Total | | | |
| 2. | No. of volumes (copies) | | | |
| 3. | No. of pages | | | |
| 4. | No. of School Books | | | |
| 5. | No. of tactile sketches, graphs, geometrical figures etc. | | | |
| 6. | No. of volumes sold (a) Subsidized (b) Non-subsidized Total | | | |

11. Financial status

| Financial year | Expenditure | Sale proceeds | Profit/loss |
|----------------|-------------|---------------|-------------|
| 2015-16 | | | |
| 2016-17 | | | |
| 2017-18 | | | |

Signature with office

seal Name

Designation

Date

Place

N.B.

- (a) Please include list of titles along with language and number of volumes sold.
- (b) Please enclose copies of Balance sheet and profit/loss account of the organization duly audited.

Signature, Name & Designation of the
Recommending authority with date

**APPLICATION FORM FOR CATEGORY XII UNDER THE
NATIONAL AWARD GUIDELINES**

**PARTICULARS OF THE RECOMMENDED BEST ACCESSIBLE WEBSITE
FOR THE PERSONS WITH DISABILITIES**

| | | |
|-----|---|--|
| 1. | Name of the Organization / Agency in English (in Block Capital letters) and in Hindi | |
| 2. | Address of the Organization / agency along with telephone & fax number, if any. | |
| 3. | Web-site/E-mail address, if any | |
| 4. | Nature of the agency | |
| 5. | Brief of features of accessible facilities provided | |
| 6. | Number of the people benefited annually category-wise. | |
| 7. | Comments on replicability of the Accessibility features of website. | |
| 8. | Does it meet level AA of WCAG 2.0 guidelines | |
| 9. | Can a person with visual disability use a screen reader software on this website | |
| 10. | Can a person who has difficulty in using a mouse, use voice recognition software which enables working on computer with verbal commands | |
| 11. | Does it has facilities to change the size and spacing of the text | |
| 12. | Does it has facilities to change the colour scheme of the text | |
| 13. | Can the website be accessed through mobile phone | |
| 14. | Is website updated regularly | |

Signature of the authorized person of applicant organization

Signature, name & designation of the recommending authority with date

**APPLICATION FORM FOR CATEGORY XIII (a) UNDER THE
NATIONAL AWARD GUIDELINES**

**PARTICULARS OF THE BEST STATE IN PROMOTING EMPOWERMENT OF
PERSONS WITH DISABILITIES**

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| 1. | Name of the State | |
| 2. | Overall planning and strategy of the state in providing comprehensive rehabilitation services to the persons with disabilities and setting up good Institutional infrastructure including State Commissioner for Persons with Disabilities. | |
| 3. | Percentage of persons with disabilities who have been issued disability certificates | |
| 4. | Percentage coverage of identified persons with severe multiple disabilities under IGNDPS | |
| 5. | Achievement of State (in percentage against their notional allocation) under the following Central Sector Schemes:- (i) DDRS – 5% (ii) ADIP – 5% (iii) SIPDA-5% | |
| 6. | Percentage of Government elementary and secondary schools having:- (a) Ramps with railings (b) Special teachers (c) Disabled friendly toilets | |
| 7. | PwD who have been placed in Government jobs against the stipulated 3% quota for them | |
| 8. | Special efforts made to provide barrier free environment in public spaces and Implementation of AIC | |
| 9. | Expenditure on State Sector schemes for PwDs as % of the total State Plan Outlay | |
| 10. | Percentage of PwDs provided vocational training during last five years | |
| 11. | Loan availed by SCA from NHFDC as % of its notional allocation. | |

Signature of the authorized person with date

Signature of the recommending authority with date

**APPLICATION FORM FOR CATEGORY XIII (b) UNDER THE
NATIONAL AWARD GUIDELINES**

**PARTICULARS OF THE BEST STATE FOR IMPLEMENTATION OF ACCESSIBLE INDIA
CAMPAIGN**

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| 1. | Name of the State | |
| 2. | <p>i) Total number of Public buildings* in the State</p> <p>ii) Total Number of Public buildings* identified for creation of barrier free environment.</p> <p>iii) Total number of public buildings out of (ii) above made accessible from Accessible India Campaign funds.</p> <p>iv) Total number of cost estimates sent to the Department of Empowerment of Persons with Disabilities</p> <p>v) Total number of buildings for which funds are released (financial year- wise details to be given 2015-16 onwards.</p> <p>vi) Total number of buildings retrofitted with following details:</p> <ul style="list-style-type: none"> a) Accessible Parking with marking as per accessibility standards b) Accessible route connecting parking to alighting point c) Tactile tiles/pavers from parking to main accessible entrance and upto rooms d) Accessible reception counter e) Accessible entrance/doors/corridors f) Ramps – wherever there are level differences or lift is absent g) Accessible lift h) Signage (audio-visual) conspicuously placed i) Accessible toilet at each floor j) Accessible staircase (color contrasting strip and continuous handrails. <p>(vii) Total number of buildings made accessible from state funds.</p> <p>(viii) Other important initiatives taken up Improve accessibility of public buildings.</p> <p>* Offices, Cinema Halls, Theatre, Parks, Hospitals, Museums, Police Stations, Tourists places,</p> | |

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| | Monuments, Educational Institutes, Banks, Post offices, ATMs, Commercial Complexes, Market places, Streets, Libraries, Courts etc. | |
| 3. | <ul style="list-style-type: none"> (i) Total number of Terminals/Depots/buses (fleet)/bus Stops under Department. (ii) Total number of Terminal/Depots/Buses (fleet)/bus Stops fully made accessible. (iii) Total number of Terminal/Depots/Buses (fleet)/bus Stops not accessible | |
| 4. | <ul style="list-style-type: none"> (i) Total number of state government websites. (ii) Total numbers of websites identified and made accessible from Accessible India Campaign fund. (iii) Total numbers of websites made accessible from state funds (iv) Other important initiatives taken up to improve accessibility of information example – annual reports in Braille, accessible content creation of documents. | |

Signature of the authorized person with date

Signature of the recommending authority with date

**APPLICATION FORM FOR CATEGORY XIV UNDER THE
NATIONAL AWARD GUIDELINES**

PARTICULARS OF BEST SPORTSPERSON WITH DISABILITY

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| 1. | Name in English (in BLOCK Capital letters) and in Hindi | |
| 2. | Address along with telephone & fax number, if any. | |
| 3. | E-mail address, if any | |
| 4. | Nature and degree of Disability (Attach Disability Certificate) | |
| 5. | Indicate percentage of disability and since when | |
| 6. | Date of birth | |
| 7. | Educational qualifications | |
| 8. | Number of international level sports events participated | |
| 9. | Number of international medals won during last 3 years | |
| 10. | Number of National level sports events participated | |
| 11. | Number of National medals won during last 3 years | |
| 12. | Any other achievement in activities related to the sports for persons with disabilities | |

Signature of Applicant
Name (In BLOCK Capital letters)
Address
Relationship with Candidate

Signature, name & designation of the recommending authority with date

NOTE: Application should be supported by a Medical certificate indicating the degree of total disability.