The Scheme for Scholarship for Differently Abled Persons

The Government of Goa is hereby pleased to frame a scheme of Scholarship for Differently Abled Persons as follows, namely:

1. **Object:** The objectives of the scheme of Scholarship for the Differently Abled Persons is to assist them to ensure such education, academic, technical or professional training which would enable them to earn a living and to become useful members of the society.

2. **Scope:** The scheme will be applicable to all categories of the Differently Abled Persons viz. the Visually Disabled, Speech and Hearing Impaired and the Orthopaedically Disabled, Mentally Retarded Persons.

3. **Definition of Differently Abled Persons:** Differently Abled Persons mean persons suffering from not less than forty percent of any disability as certified by Medical Board.
**4. Medical Board:-** Means the Medical Board constituted by the Government, vide Government Notification No. 13/140/87-PHD dated 20-7-1988 and such other Medical Boards constituted by the Government from time to time.

**Eligibility Requirements:-**

1. A Differently Abled Person who is a resident of Goa by birth or by a continuous domicile of 15 years in Goa may apply for Scholarship under this Scheme.

(ii) Scholarship will be provided to all categories of Differently Abled Persons.

(iii) **(a) Educational Requirements:-** A Differently Abled student will be eligible for the award for Scholarship for study from Ninth Standard onwards. The candidate should have secured at least 45% marks at the previous annual examination.

**(b) Music Course:-** A Differently Abled Person should be undertaking a vocational training course in any vocational training center / workshop / ITI or any other center run by the Central / State Government / Local body or any voluntary organization or institution recognized by Central / State Government.

(iv) **Income:-** No Scholarship will be admissible if the combined income of the patents / guardians of the candidate is more than Rs.1,20,000/- (Rupees one lakh twenty thousand only). (A Certificate to this effect will have to be submitted in Appendix - VII). The Income Certificate issued by Competent Authority shall be valid for three years for the purpose of this scheme.

**(V) Other Requirements:-**

(a) Course:- A Differently Abled Person must be studying a full time course or correspondence course in an educational institution affiliated to a Board / University. Music Course in an institution affiliated to a University or an organization approved by the State or Central Government or as trainee in a recognized institution or commercial / industrial establishment approved by the Central / State Government in this regards.

(b) A Differently Abled Person who under any scheme of the Central/State Government has received craft training free of cost, or undergone a course of general education free of cost will be eligible for consideration for scholarship for higher technical training or higher education. The student who wants to go in for academic
courses after doing craft training and vice-versa shall not however, be considered for scholarship.

(c) A Differently Abled Person who is in receipt of assistance for free boarding and lodging facilities from any Voluntary or State source will be eligible for the scholarship as applicable to the day scholar, provided he or she had paid tuition fees.

6. Rates of Scholarship:- The rates of Scholarship for different courses of study are as follows:

<table>
<thead>
<tr>
<th>(i)</th>
<th>(a) Std IX to XII</th>
<th>Rs.300/-p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)</td>
<td>B.A./B.Com./B.Sc.</td>
<td>Rs.400/-p.m.</td>
</tr>
<tr>
<td>(c)</td>
<td>M.A./M.Com/M.Sc. and other Professional courses</td>
<td>Rs.500/-p.m.</td>
</tr>
</tbody>
</table>

(ii) In the case of Visually Disabled candidates reader’s allowance shall be paid if it is certified by the head of the institution / establishment that candidate has employed a reader during the period the allowance is claimed as follows:

<table>
<thead>
<tr>
<th>(i)</th>
<th>(a) Std IX to XII</th>
<th>Rs.75/-p.m.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(b)</td>
<td>B.A./B.Com./B.Sc.</td>
<td>Rs.115/-p.m.</td>
</tr>
<tr>
<td>(c)</td>
<td>M.A./M.Com/M.Sc. and other Professional courses</td>
<td>Rs.150/-p.m.</td>
</tr>
</tbody>
</table>

7. Tenure of Scholarship :- (i) The scholarship will be tenable for a particular stage of study and is renewable from year to year within the stage of education and it will depend on promotion to the next class.
(ii) In the case of the Differently Abled student stays in hostel, he / she shall be paid additional allowance as follows subject to the Certificate issued by Head of the Institution / hostel warden certifying her stay in Hostel during the period of the allowance is claim.

<table>
<thead>
<tr>
<th>Course</th>
<th>Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Std IX to XII</td>
<td>Rs. 200/-p.m.</td>
</tr>
<tr>
<td>B.A./B.Com./B.Sc.</td>
<td>Rs. 270/-p.m.</td>
</tr>
<tr>
<td>M.A./M.Com./M.Sc. and other Professional courses</td>
<td>Rs. 360/-p.m.</td>
</tr>
</tbody>
</table>

8. **Mode of applying:** Application should be made to the Director of Social Welfare in the prescribed form (Appendix I) through the head of the institution where the candidate is admitted as a student.

9. **Documents required:**
(i) Disability Certificate issued by Medical Board.
(ii) Income Certificate.
(iii) Statement of Marks obtained during the previous annual examination duly attested by Gazetted Officer.
(iv) Recommendation by the Head of Institution in which the candidate is studying.
(v) Resident Certificate.

10. **Award of Scholarship:**
(a) Every selected candidate shall be informed of the course for which scholarship has been awarded through the head of the Institution / Establishment / Voluntary Organization.
(b) The decision of the Director of Social Welfare in regard to the selection or rejection of the application shall be final.
11. Payment:- (a) The payment of scholarship will start from the month in which admission is taken and will be payable up to the month of examination / conclusion of training.

(b) One academic year shall be taken as 11 months.

The payment of scholarship shall be remitted by means of a Demand Draft to the Head of the institution / establishment who shall disburse it to the scholar at suitable intervals as may be specified and obtain scholar’s acquittance and the progress report, further scholarship will be drawn and remitted. In no circumstances should the payment to the scholar exceed a month’s scholarship at a time except where it relates to the past period.

12. Cancellation / Withholding of scholarship:- (i) A scholarship shall be cancelled or withheld for a particular period which could be extended if a candidate fails to pass in an annual examination or if the progress continues to be unsatisfactory or if the conduct is found to be unsatisfactory which in the opinion of the Department of Social Welfare, the same will amount for cancellation of scholarship.

(ii) Furnishing incorrect information or suppressing material facts will automatically entail cancellation of scholarship besides other action being taken.

(iii) Every student shall abide by such rules as may be prescribed by the head of the establishment. Failure to do so will render him/ her liable to discharge at the discretion of the head of the establishment. His/Her decision in this regard shall be final. No scholarship payment shall be made from the date to discharge from the establishment.

13. Extension of Scholarship:- The Director of Social Welfare may at his discretion, extend scholarship for such period as it considers fit to cover and extension of the period of study / training of the candidate caused by failure in an examination provided that the candidate’s failure is due to circumstances beyond control. Such
extension shall normally be made on the advice of the head of the institution / establishment where the scholar / trainee is studying / working.

14. Other Conditions:- (a) The Government may at its discretion, relax the education and other qualification and any other conditions of this schemes for good and sufficient reasons.

(b) The Government reserves the right to amend the rules without notice.

(c) These shall supersede the earlier schemes framed by the Government for Grant of Scholarships to the Differently Abled Persons.

By order and in the name of the Governor of Goa.

N.D. Agrawal, Director of Social Welfare & Ex officio Joint Secretary (Social Welfare).

Panaji, 15th June, 2006.
APPENDIX-I

GOVERNMENT OF GOA

DIRECTORATE OF SOCIAL WELFARE

Application form for the Scholarship for Differently Abled Person.

Application must reach the Directorate of Social Welfare not later than

1. Nature of Disability

2. Name in full: (in block Letters)
   Shri/Smt/Kum

3. Postal address:

4. a. Are you a citizen of India: 
   b. District and State to which you belong:
   c. Whether Scheduled Caste/Tribe:

5. Date of Birth: (in Christian era)
6 Name and address of the parents / guardian and relationship of the guardian and relationship of the guardian with the applicant:

Name of the Parents / guardian: .........................................................

Profession: ......................................................................................

Address: .........................................................................................

Relationship of guardian: .................................................................

7 Total monthly income of both the parents / guardian: 

...........................................................................................................

8 Please state if you are earning an income YES/NO

If yes, Please indicate ........................................................................

(i) The source...................................................................................

(ii) The monthly amount.....................................................................

9 (a) Particulars of all examinations passed (commencing with the middle or equivalent examination)..................................................

...........................................................................................................

-------------------------

<table>
<thead>
<tr>
<th>Name of the examination</th>
<th>Year</th>
<th>Subjects</th>
<th>Name of the taken</th>
<th>Name of Institution</th>
<th>Name of Board / University</th>
</tr>
</thead>
</table>

---------------------------------------------------------------
(b) Percentage of marks obtained in the last examination passed: .................................................................

(In case of examination in music, indicate division obtained) ..........

.................................................................

10 Have you ever received scholarship under the scheme? YES/NO

If yes indicate ...........................................................................................................

(i) The course / stage of study ..............................................................................

(ii) Period for which scholarship was paid ...........................................................

(iii) Sanction / Reference No ..............................................................................

11 Please state whether you have undergone any training course at any training
center for adult blind / deaf approved by the Central / State
Government ...........................................................................................................

12 (i) Course of study for which scholarship is now desired?

...........................................................................................................................

(ii) Date of commencement of the course ............................................................
(iii) Approximate date of termination of the course
(iv) Date of joining the present standard in

13 For Visually Disabled

Have you engaged a reader?

If yes, please indicate?

(i) Amount paid for month.
(ii) Date of engagement.

14 Documents attached

(i) 
(ii) 
(iii) 
(iv) 
(v) 

I hereby declare

(i) That I shall not accept emoluments, scholarships, stipend, or any other financial assistance or grant in any other form whatsoever, except exemption from tuition fees, from any other source during the tenure of the scholarship if awarded to me under the above scheme.

(ii) That I am in receipt of assistance to the tune of Rs............from ................................and in the event of scholarship. I undertake to refund it from the month the scholarship is payable to me, to the source from where I have
received it, and that during the tenure of scholarship, if awarded I shall not receive any other financial assistance, emoluments, scholarships, stipend or any grant in any form whatsoever, except the exemption from payment of tuition fees.

(iii) That the statements made in the application are true to the best of my knowledge and belief and that no material information having a bearing on selection has been concerned or withheld.

Signature of the candidate

Countersignature of Gazetted Officer / State Govt. / M.P/M.L.A/ Magistrate / Head of the Institution.

Countersignature of the guardian in case the candidate is minor

Place:
Date:
PART-II

1. (a) Is the candidate enjoying free board and / or lodging facility or any other concession in kind of any other source? ............................................................

(b) If so indicate the month’s amount equivalent to the concession..................

2. Is the candidate residing in a hostel attached to School/College/Establishment? If so, date from which residing………………………………………………………………..

3. (a) Details of the nearest branch of Reserve Bank of India / or State Bank of India or a subsidiary Bank affiliated to the State Bank of India where Government business is transacted……………………………………………………………………………………

(b) The designation of an officer in whose favour Demand Draft may be remitted:........................................................................................................

4. For Orthopaedically Disabled…………………………………………………………

(i) (a) Is the candidate using any prosthetic appliance (s) and aid needed? ..........................................................................

(b) If so, please indicate the nature of appliance (s) used........................................................................................................

(ii) (a) Is the candidate using special transport to and from the institution?..........................................................................................
(b) If some please indicate clearly the mode of transport and the approximate distance traveled daily……………………………..

5. For Visually Disabled: Has the candidate engaged a Reader? If so, the monthly amount paid to him / her and the date from which engaged……………………………………………………………………………………..

Certified that

(i) The information given by the applicant in Part-I has been checked and found correct.

(ii) This institution is affiliated to the University of ...........................................

.......................................................................................................................... and / or is recognized by the Government of ............................................................and the course of study / training is recognized by that University / Government.

Signature of the Head of the Institution.............................................

Name.................................................................................................

(In block letters)

Designation..........................................................................

Address.........................................................................................
PART- III

CERTIFICATE OF INCOME

(In Panchayat Area)
This is to certify that the annual income of Shri / Kum. / Smt. 
..........................................................................................................................
son/daughter/wife/husband of .......................................................... resident of 
..........................................................................................................................
..........................................................................................................................
..........................................................................................................................
...................................................................................... is Rs...\... (Rupees 
...................................................................................... Only) for the year ............... 

This certificate is issued at the request of Shri / Kum. / Smt. .......... 
............................................................................................................................. for being produced in (name 
of the office / department) ................................................................. for the purpose of 
..........................................................................................................................

The undersigned is personally satisfied about the correctness of the certificate 
which has been issued after making an enquiry through.................. 
........................................ of this Village Panchayat and on the basis of the report number 
........................................ dated..............................................

V.P.Secretary

Place:

Attested

Date:

Sarpanch

Village Panchayat
PART- III

CERTIFICATE OF INCOME

(In Municipal Area)

This is to certify that the annual income of Shri / Kum. / Smt. .......................................................... son/daughter/wife/husband of .......................................................... resident of ..........................................................

.......................................................... is Rs.........................(Rupees ...............................................Only) for the year .................

This certificate is issued at the request of Shri / Kum. / Smt.................. .......................................................... for being produced in (name
of the office / department) ............................................for the purpose of
........................................................................................................

The undersigned is personally satisfied about the correctness of the certificate
which has been issued after making an enquiry through....................
...........................................of this Municipal Council and on the basis of the report number
..........................................................dated........................................

Chief Officer

Place: 

Date: 
APPENDIX-VIII

GOVERNMENT OF GOA

Directorate of Social Welfare

Annual Progress Report of the Disabled Scholar for the year ending 200——

1. Name of the Scholar……………………………………………………………………..

2. Nature of disability…………………………………………………………………….

3. Course of study / training pursued:………………………………………………...

4. Date of joining the course in your Institution:……………………………………

5. Present standard of study……………………………………………………………

6. Date of joining present standard…………………………………………………..

7. Approximate date of conclusion of course in your institution………………...

8. (i) Date of commencement and termination of examination. State whether the examination was a public one or otherwise………………

   ………………………………………………………………………………………

   ………………………………………………………………………………………

(ii) Result of examination and comments………………………………………

   ………………………………………………………………………………………
9. (i) Whether scholar has sought re-admission after annual public examination, and if so, the date of rejoining the institution:

(ii) Whether scholar was continuously on the rolls on the institution:

(iii) If not, indicate the reason of absence and the period of absence:

10. Any warning / caution issued to the scholar for poor progress of studies / poor conduct or for other reasons. Give details.

11. Please state if the scholar is in receipt of financial assistance from any other source. If so, the name of the course, the amount per month / any other details may be indicated:

12. Whether the scholar is continuously residing in approved hostel:

13. Any other remarks:

Signature of the Head of the Institution