GOVERNMENT OF GOA

DIRECTORATE OF SOCIAL WELFARE

PANAJI-GOYA

RULES REGULATING THE GRANT FOR FINANCIAL ASSISTANCE TO THE
PHYSICALLY HANDICAPPED PERSONS FOR THE PURPOSE OF UNDERTAKING
GAINFUL SELF EMPLOYMENT IN THE STATE OF GOA (REVISED SCHEME 1996)

1.Title:- These rules shall be called the Goa, Grant or Financial Assistance for
undertaking gainful employment by the Physically Handicapped Persons Revised Rules
1996. These rules shall be applicable throughout the State of Goa, and shall come into force
from the date they are approved by the Government.

2.Object:- The objective of these rules is threefold-firstly to help the disabled persons
to undertake gainful self-employment with a view to reduce their dependency on their family;
secondly, to roster in them a sense of self confidence and self-respect and thirdly, to achieve
total rehabilitation of such persons in their own surroundings.

3.Applicability:- These rules shall apply to the physically handicapped persons in the
age group of 18 to 65 years and whose annual income from all sources does not exceed
Rs.25,000/-

4.Scope:- For the purpose of these rules, the term physically handicapped shall
comprise of three categories viz, the blind the deaf and Orthopaedically Handicapped.

5.Definitions: (i) Director means the Director of Social Welfare, Government of Goa,
Panaji, Goa.

(iii) Blind are those who suffer from either of the following conditions.

(a) Total absence of sight.

(b) Visual acuity net exceeding 6/60 or 20/200 (snellen) in the better eye with correcting lenses.

(c) Limitation of the field of vision substanding an angle of 20 degree or worse.

(d) Deaf are those in whom the sense of hearing is non-functional for the ordinary purpose of life. Generally a loss of hearing at 70 decibled or above at 500, 1,000, or 2000 frequencies will make residual hearing non-functional.

(e) Orthopaedically Handicapped are those who have a physical defect or deformity which causes an interference, with the normal functioning of the bones, muscles and joint.

6.**Eligibility:** For the purpose of grant financial assistance to the physically handicapped persons under these rules, the applicant must fulfill the following conditions:-

**(i)** The applicant must be bonafide resident of the State of Goa, for the last fifteen years.

**(ii)** The applicant should not have availed of the financial assistance previously under these rules or under any other rules or from any other agency.

**(iii)** The applicant should have the basic training and expertise for undertaking the particular economic activity for which he is seeking financial assistance.

**(iv)** The applicant should have the basic training and expertise for undertaking the particular economic activity for which he is seeking financial assistance.
(v) The assistance under these rules can be obtained for one activity only as specified under Rules No.7 of these rules.

7. **Nature of Economic Activities:** For the purpose of grant financial assistance under these rules, the following activities are being considered.

(i) **Cycle / Scooter Repair Shop:** Under this activity, financial assistance to the extent of Rs.5000/- will be given to set up a cycle shop and Rs.10000/- will be given to establish a scooter repair shop. The applicant will purchase at least four cycles to be given an hire and have a set of tools for undertaking petty repair of cycles / Scooters.

(ii) **Tailoring:** Under this activity, financial assistance to the extent of Rs.5000/- will be given for the purchase of sewing machines and other accessorising incidental to this work. The financial assistance under this scheme can be increased upto Rs.10,000/- if the applicant is setting up a tailoring shop by employing minimum of two persons in this establishment.

(iii) **purchase of Type Writer:** Under this activity, financial assistance to the extent of Rs.10000/- can be given for the purchase of typewriter for taking up typing work.

(iv) **Cottage Industries:** Under this activity, financial assistance can be given for undertaking any small cottage industries like bamboo and cane work weaving, caning of chairs carpentry, black smithing, handicraft, candle making, chalk making manufacture and sale of decorative articles or any other income generating activity considered viable for undertaking. The extent of financial assistance will be decided by the Director which will not exceed Rs.15,000/- according to the type of activity.

(v) **Setting up of Kiosk (Gaddo) or General Store Etc:** Under this financial assistance to a maximum extent of Rs.15,000/- will be given for setting up a small kiosk (Gaddo) or a general store for the purpose of selling articles or public utility.
(vi) **Barber's Shop / Beauty Saloon:** A Maximum of Rs. 15,000/- shall be sanctioned by the Director for undertaking this activity.

(vii) **Establishment of pay phone Booth:** A Maximum of Rs. 15,000/- to meet a part of the investment required to undertake this activity

(viii) **Undertaking skilled work/ Trades:** A maximum of Rs. 15,000/- shall be sanctioned to undertake skilled work like plumbing turning and fitting, welding and fabrication, watch-repairing, Radio / TV, repairing, electronic goods repairing etc.

Besides the above mentioned trades / business / activities a disabled person is free to undertake any other economically viable activity. Necessary certificate of having necessary expertise in the activity has to be produced. The quantum of assistance shall be decided by the Director according to activity which shall not exceed Rs.15,000/-.

Financial assistance for all above mentioned activities shall be in the form of subsidy of 25 % and loan 75 % which will be interest free and payable in 10 regular yearly installment.

8. **Mode of applying:** The application for grant of financial assistance under these rules shall be made in the prescribed form (Appendix-I). The application should be addressed to the Director of Social Welfare, through the concerned Block Development Officer. Each application shall be accompanied by the following documents:

(i) **Medical Certificate:** A Certificate in the prescribed form (Appendix II< III, & IV) whichever is applicable that the candidate is blind / deaf / Orthopaedically handicapped, as defined within the meaning of Rule 4 and Rule 5 of these rules, from or Registered Eye
Specialist, Orthopedic Surgeon respectively under Medical Board at other Competent authority as may be prescribed by the Government from time to time.

(ii) *Income Certificate:* The income certificate shall be issued by the Mamlatdar of the concerned taluka.

9. *Sanctioning Authority:* (i) Application received for grant of financial assistance will be scrutinized by the Directorate of Social Welfare, Panaji-Goa.

(ii) The Director shall be the sanctioning authority or financial assistance under these rules and his decision shall be final.

10. *Utilisation:* (i) The beneficiary having received the assistance under these rules shall spent the amount for the purpose for which it has been sanctioned within a period of one month from the date of disbursement of the amount. The limit specified above may be extended for one more month at the discretion of the Director of Social Welfare on written by the beneficiary.

(ii) The financial assistance shall be released by the Block Development Officer against personal security and two other sureties solvent to the extent of the financial assistance sanctioned to the party.

(iii) The amount of financial assistance sanctioned shall be recovered in full, if the party discontinues the activity for which the amount was sanctioned.

(iv) The amount of financial assistance sanctioned is liable to be recovered in full, if the same has been obtained by furnishing incorrect information or by misrepresentation of facts.
(v) If the beneficiary fails to pay the installment of loan amount sanctioned to him regularly, the same shall be recovered as arrears or land revenue at the discretion of the Director of Social Welfare.

(vi) The beneficiary shall produce an utilization certificate in the prescribed form (Appendix-V) to the Director of Social Welfare through the Block Development Officer within a period of three months from the date of disbursement of the amount.

**11. Other Conditions:** (i) The Director shall be the final authority concerning interpretation these rules.

(ii) Government may relax any of the provisions of these rules for good and sufficient reasons.
To
The Director of Social Welfare,
Panaji. Goa.

**Sub:- Enhancement of rates of Financial Assistance to Handicapped persons.**

Sir,

I am directed to refer your letter No.50/272/96/97/HC-4314 dated 1.10.1996, on the subject mentioned above and to convey Administrative and financial approval to the rules under modified scheme for the enhancement of rates of a financial assistance to Handicapped Person as under:-

<table>
<thead>
<tr>
<th>Sr.No</th>
<th>Name of the Activity</th>
<th>Existing rate of Assistance</th>
<th>Revised Rate</th>
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<td>1.</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
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<td>1.</td>
<td>Cycle Repair Shop</td>
<td>Rs.5,000/-</td>
<td>Rs.10,000/-</td>
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<td>2.</td>
<td>Scooter Repair Shop</td>
<td>----</td>
<td>Rs.15,000/-</td>
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<td></td>
<td>Description</td>
<td>Cost 1</td>
<td>Cost 2</td>
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<td>3.</td>
<td>Tailoring</td>
<td>Rs.2,500/-</td>
<td>Rs.5,000/0 to be increased up to Rs.10,000/- if the applicant employs minimum 2 persons in the tailoring shop.</td>
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<td>4.</td>
<td>Purchase fo Typewriter</td>
<td>Rs.6,000/-</td>
<td>Rs.10,000/-</td>
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<td>5.</td>
<td>Cottage Industries</td>
<td>Rs.5,000/-</td>
<td>Rs.10,000/-</td>
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<td>6.</td>
<td>Setting up of kiosk (Gaddo)</td>
<td>Rs.8,000/-</td>
<td>Rs.15,000/-</td>
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<td>7.</td>
<td>Barber’s shop/beauty saloon</td>
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<td>Rs.15,000/-</td>
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<td>8.</td>
<td>Establishment of Pay Phone Booth</td>
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<td>Rs.15,000/-</td>
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<td>9.</td>
<td>Undertaking skilled work/trade (Plumbing, turning and fitting, welding and fabrication, watch-repairing, Radio/TV repairing, electronic goods repairing etc..)</td>
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<td>Rs.15,000/-</td>
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Yours faithfully,

(G.J.Prabhudessai)
Under Secretary (Social Welfare)
APPENDIX-I

GOVERNMENT OF GOA

DIRECTORATE OF SOCIAL WELFARE

PANAJI-GOA

(Application form for grant of Financial Assistance for the purpose of undertaking gainful self employment to the Physically Handicapped Persons)

**PART - I**

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<tr>
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<tbody>
<tr>
<td>1.</td>
<td>Nature of Physical Handicapped (Orthopaedically Handicapped, Deaf, Blind)</td>
<td>:</td>
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<td>2.</td>
<td>Name in full (in block letters)</td>
<td>: (Surname) (Name)</td>
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<td>3.</td>
<td>Date of Birth</td>
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<td>4.</td>
<td>Father’s / Husband’s Name</td>
<td>:</td>
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<td>5.</td>
<td>Occupation and monthly income of the Father / Husband</td>
<td>:</td>
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<td>6.</td>
<td>Full Postal Address</td>
<td>:</td>
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<td>7.</td>
<td>Whether SC / ST / OBC</td>
<td>:</td>
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<td>8.</td>
<td>Total annual income of the applicant from all sources</td>
<td>:</td>
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<td>9.</td>
<td>Details of economic activity for which financial assistance is sought.</td>
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<td>S.No</td>
<td>Item required.</td>
<td>Specification</td>
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10. Financial Assistance Obtained, if any

   (i) Name of Scheme, under which assistance was sought : 
   (ii) Name of agency who had granting the said assistance : 
   (iii) The total amount of a assistance granted : 

11. Any other information considered necessary by the applicant : 

12. **List of the documents / certificates attached**

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

13. I hereby declare,

(i) that I shall not accept the assistance either in cash of kind from any other sources, if financial assistance is awarded to me, under the scheme.

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

Signature of the Candidate.

Place:-

Date:-
PART II

(Credit worthiness to be certified either of the following)

(a) M.L.A’s or M.P.
(b) Sarpanch of the V.P. concerned.
(c) Non Official Member of the Block Advisory Committee.

I hereby certify that, _______________________________ of __________ _______________________________ in _________________ has applied for Financial Assistance of ____________ from Directorate of Social Welfare, Shri / Smt. _______________________________ of _________________ the applicant is solvent of Rs. ____________ only.

The below referred two parties who are standing as personal sureties to the applicant are having sound financial position and good standing in the society. They are solvent of Rs. ________________________ each.

Signature of the Candidate.

Declaration by Sureties.

We the undersigned 1) _______________________________ of ______________________________, 2) _______________________________ of ________________________________ agree to stand as sureties Shri / Smt. ________________ _______________________________ of _______________________________ who has applied for financial assistance of Rs. ____________ (Rupees in words
shall hold ourselves liable for the payment of amount jointly and severally along with him.

Witness 1. ___________________ ,  Sureties 1. ___________________,

2. ___________________ ,  2. ___________________,

_____________________,  _________________

_____________________,  _________________
PART - III

(To be certified by the concerned secretaries of the Panchayat once the same is attested by the respective Sarpanch and countersigned by the respective B.D.O. or may be issued by the Mamlatdar.)

I hereby certify to the best of my knowledge and belief, that the total Annual Income from all sources of the applicant is Rs._______________ (Rupees in words __________________________________________________________________________) only for the year _________ and that he is the resident of _____________________________________________ for the past __________ years.

__________________________
Signature of Secretary

Attested by

__________________________
PART - IV

(To certified by the Extension Officer Industries and Mukhya Sevika countersigned by the B.D.O.)
I hereby certify to the best of my knowledge and belief the information given by the applicant with regard to Part-I,II and III, is verified by me and is true to the best of my knowledge. I have inspected the Industries Unit of the applicant and I am satisfied with the details and requirement of the applicant. The case of Shri / Smt. __________ ________________________________ of ________________________________
is recommended.

Signature of Extension Officer
(Industries) / Mukhya Sevika (D.S.W)

Countersigned by

B.D.O. with Seal