

**RULES REGULATING THE GRANT OF FINANCIAL ASSISTANCE TO A
PERSON WITH SEVERE DISABILITY**

The Scheme is approved vide Govt. of Goa,
Notification No. 5/2/91-SWD,
Dated: 24/6/1997

1. **Short title applicability and commencements:** -

(1) These rules may be called the Goa (Grant of Financial Assistance to persons with Severe Disabilities) Rules, 1997.

(2) They shall apply to the whole of the State of the State of the Goa.

(3) They shall come into force with immediate effect.

2. **OBJECT:** -

The objective of the Scheme is to promote economic self reliance among the persons with severe disabilities by granting suitable financial assistance to them.

3. **DEFINITIONS:** -

In these rules, unless the context otherwise requires.-

(a) 'Government' means the Government of the State of Goa.

(b) 'Director' means the Director of Social Welfare, Directorate of Social Welfare,
of the Government.

(c) 'Severe disability' means at least one of the following types of disabilities: -

(1) 100% Locomotor disabilities including disabilities due to leprosy. (However the person should be leprosy cured), (2) 100% Visual disability and (3) Mental Retardation declared so by an authorized medical specialist either from the Medical Board at Asilo Hospital, Mapusa or Hospicio Hospital, Margao, or Goa Medical College, Bambolim, or Institute of Psychiatry and Human Behaviour, Altinho, Panaji.

(d) 'Family' means the person with severe disabilities, his/her parents or guardians, husband/wife (if applicant is married) applicant's unmarried brother (s), and /or sister(s) (if any) and unmarried children (if any).

4. Conditions of eligibility: -

To be eligible to apply for the Financial assistance under the Scheme, the applicant must satisfy the following conditions, namely: -

- (1) The application should be a bonafide resident of the State of Goa by birth or by marriage or by continuous domicile of at least 15 years.
- (2) He should be suffering from any of the severe disabilities as defined in rule 3 above.
- (3) He should have completed 10 years of age.
- (4) The total family income of the applicant from all source should not exceed Rs. 25, 000/- per annum.

5. (1) The person with severe disability shall be granted financial assistance of Rs. 20,000/- (Rupees twenty thousand only) which shall be deposited jointly in the names of the Director (by designation) and the concerned beneficiary (Parents/guardians of the beneficiary in case of minor applicants with mental retardation) as a fixed deposit for a period of ten years and interest which accrued on this fixed deposit shall be credited to the Bank account of the beneficiary in the same Bank, every three months. After completion of the period of 10 years, the amount of

fixed deposit of Rs. 20,000/- shall be transferred to the Bank account of the concerned beneficiary which may be utilized by the beneficiary as per his/her wish. However, the Director shall have an authority to stop/cancel benefits of the financial assistance under the scheme in the event of occurrence/detection of conditions/situations as specified in rule 9. In this case the fixed deposit shall be withdrawn by the Director and deposited in the Government Treasury. Such an arrangement/ agreement shall be entered into by the Director and the concerned Nationalized bank in which the beneficiary desires to deposit the amount before the deposit of financial assistance in the concerned Bank. Arrangement shall also be made by issuing standing instructions to the concerned Bank to transfer an interest which accrues on the fixed deposits, once every three months, to the Bank account of the beneficiary.

(2) The grant of financial assistance shall be sanctioned by the Director and shall be drawn and disbursed to the party concerned as mentioned in sub-rule (1) above, by the Block Development Officer of the respective Block.

6. MODE OF APPLYING: -

An application for grant of financial assistance to a person with severe disability under these rules shall be made in the form as specified in Appendix – I. The application should be submitted to the Directorate of Social Welfare through the respective Block Development Officer. The application shall be accompanied by the following document: -

(1) Medical Certificate in the form of Appendix – IV or V, VI or VII (as applicable)

issued either by the Medical Board at Asilo Hospital Mapusa, or Hospicio Hospital, Margao, or by the Head of the concerned Department of the Goa Medical College and Hospital, Bambolim or by the Director of Institute of Psychiatry and Human behaviour, Altinho, Panaji.

(2) A Certificate from the concerned Block Development Officer in Appendix II to

the effect that the applicant is not in receipt of any type of financial assistance like the Dayanand Smruti Niradhar Madat Yojana or financial assistance released by the Panchayats or Rural Development Agency or any such other financial assistance.

(3) Family Income Certificate.

(4) Birth Certificate.

(5) Declaration in Appendix – II.

7. OTHER TERMS AND CONDITIONS:-

- (i) The grant of financial assistance under these rules cannot be claimed as a matter of right.

- (ii) A person whose family income from all the sources does not exceed Rs. 25,000/- per annum is only eligible to apply for the grant of financial assistance under these Rules.

- (iii) Income Certificate shall be issued by the Panchayat Secretary in respect of applicants in Rural areas and the Chief of municipality in respect of applicants from urban areas.

- (iv) Bonafides of the applicant shall be enquired into by the concerned Block Development Officer and the enquiry report in Appendix – III alongwith the application shall be forwarded to the Directorate of Social Welfare for consideration.

(v) At least 30% of the beneficiaries under these Rules shall be women from each Taluka. If sufficient number of women applicants are not available, to that extent application from men shall be entertained

Documents required to be attached:

(Please tick () whichever is attached against the following)

1. Birth Certificate issued by the office of the Registrar of Births & Deaths failing which a school leaving certificate indicating date of birth failing which any other document in support of birth date from any competent authority.

2. Medical Certificate from Asilo Hospital, Mapusa or Hospicio Hospital, Margao or G.M.C., Bambolim or Institute of Psychiatry and Human Behaviour, Altinho, Panaji.

3. Residence Certificate issued by the Mamlatdar of the concerned Taluka (In case the applicant is from an urban area) and issued by the Sarpanch of concerned Village Panchayat and countersigned by the Block Development Officer of the respective Taluka/Block (In case the applicant is from a rural area).

4. Family income Certificate issued by the Mamlatdar of the concerned Taluka.

5. Family income of the person shall consist of income from all sources of the person inclusive of income from all sources of his/her parents/guardians his /her husband or wife (if married) and unmarried brothers and sisters (if any) and his her unmarried children (if any).

6. Declaration in Appendix – II.

7. Certificate of the concerned B.D.O. in Appendix – III.

8. GRANT OF FINANCIAL ASSISTANCE: -

- 1) Applications received shall be scrutinized minutely by the Directorate of Social Welfare.

- 2) The Director of Social Welfare shall be the sanctioning authority under these rules and his decision as regards to selection or rejection of the application for the grant of financial assistance shall be final.

9. CANCELLATION/WITHDRAWAL OF FINANCIAL ASSISTANCE: -

- (i) The financial assistance shall be cancelled / withdrawn if at any stage the information furnished by the applicant is found to be incorrect or that the financial assistance has been obtained by suppressing any material facts.

- (ii) The financial assistance shall be cancelled if the applicant is in receipt of financial assistance through any other sources/agencies.

- (iii) The financial assistance shall be stopped in case of death of the beneficiary before the completion of 10years from the date of sanctioning of financial assistance. In this case, the fixed deposit shall be withdrawn by the Director from the Bank and shall be deposited in the Government Treasury.

- (iv) The financial assistance shall be stopped if the beneficiary change his/her residential address without prior and express permission of the

Director through the concerned Block Development Officer or ceases to be a resident of the State of Goa.

10. INTERPRETATION AND RELAXATION: -

- (i) The Director shall be the final authority concerning the interpretation of these Rules,

- (ii) The Government may amend or relax any of the provisions of these Rules for good and sufficient reason/(s).

APPENDIX-I

(See rule 6)

APPLICATION FORM

To

The Block Development Officer

_____ ,

_____ ,

I shri / Kum / Smt. _____

furnish my particulars as mentioned below:-

1.	Name of applicant	:	
2.	Residential address of applicant	:	
3.	Birth date of the applicant	:	
4.	Age in complete years	:	
5.	Whether unmarried / married	:	
6.	Name of father	:	
7.	Occupation of father of the applicant: (only in case of minor dependent	:	

	person);		
8.	Occupation of mother of the applicant: (only in case of minor dependent person);	:	
9.	(i) Name of husband in case of married women: (ii) Occupation of husband:	: :	
10.	Total family income per annum	:	

11.Particulars of other family members of the applicant:

S.No.	Name	Age	Relationship with the applicant	Occupation	Income
1.					
2.					
3.					
4.					
5.					

6.					
7.					
8.					
9.					
10.					

12. I shri / Kum / Smt. _____

do hereby solemnly affirm that the information furnished above is true and correct to the best of my / our knowledge and belief.

Place:

Date:

Signature of the applicant

Signature of parents.

(In case the applicant is minor and or in case of mentally retarded applicant)

Mother: _____ ,

Father: _____ ,

APPENDIX-II

See rule _____ ,

DECLARATION

shri / Kum / Smt. _____

hereby declare that am a person with Severe Disabilities. Further, it is declared that I stay _____ (name of place or residence) at the residential address as stated in the application. I declare that I am not in receipt of any type of financial assistance under any of the Scheme of the State or Central Government.

I also declare that I/We have nto concealed any material facts and willfully suppressed information which is contradictory to what is stated in the application.

Signature of the applicant

Signature of the parents in case the applicant is minor and or in case of mentally retarded applicant

Signature and Office Seal of the Concerned B.D.O.

Place;

Date:

Father:

Mother:

Or

Guardians (i) _____

(ii) _____

Place:

Date:

APPENDIX-III

(See clause (iv) of Rule-7)

Certificate of the Block Development Officer.

I certify that on enquiry the particulars given above are found to be correct.
Further, it is certified that Shri / Kum / Smt. _____
seeking the grant of financial assistance under the Scheme of "Grant of Financial
Assistance to person with Severe Disabilities". Is a disabled person and is residing at
_____ at the
residential address stated in the application.

Signature with Official Seal of

Block Development Officer

Place:

Date:

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 inquiry through _____
_____ of this Village Panchayat and on the basis of the
report number _____ dated _____.

V.P.Secretary

Place:

Attested

Date:

Sarpanch

Village Panchayat

Countersigned

Block Development Officer.

PART-IV

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 inquiry through _____
_____ of this Village Panchayat and on the basis of the
report number _____ dated _____.

Place:

Date:

Chief Officer