The Scheme of State Awards for the Welfare of Persons with Disabilities

The Government of Goa is hereby pleased to frame a scheme of State Awards for the Welfare of Persons with Disabilities as follows namely: -

**OBJECTIVES:** -

The objective of the scheme is to provide equal opportunities to disabled persons and to encourage them to lead a decent and self reliant life.

**Categories of awards:** -

The following awards will be presented every year on 19th December on the occasion of celebration of Goa Liberation Day.

1. **Best Employer (Private/Autonomous): -**
(a) *No. of Awards*: One.

(b) *Composition of Awards*: Rs. 25,000/- cash and a Certificate of Appreciation.

(c) *Criteria*: An employer who has:

   (i) Sympathy towards employees/ Disabled employees.

   (ii) Deploys at least 3% disabled persons in his organisation.

   (iii) Provide Barrier Free Access.

   (iv) Provide Equal Service conditions than other normal employees.

   (v) Provides additional facilities of transport/housing.

(d) *Mode of application:*

   The applicant should apply in a prescribed format as given at Annexure – A.

2. **Best Non Government Organisation: -**

   (a) *Number of Awards*: One.

   (b) *Composition of Awards*: Rs. 25,000/- and a Certificate of Appreciation.

   (c) *Criteria:*

      (i) Length of service of the N.G.O for the Welfare of Persons with Disabilities.

      (ii) A N.G.O. who has started new practices achievements in the field of training/ education/ rehabilitation to assist Government Department, in motivating General Public, Rehabilitation of Disabled
Persons specially from rural areas, provision of Aids / Application to the Persons with Disabilities.

(d) Mode of application: - The applications from N.G.Os are invited in the prescribed format as given at Annexure – B.

3. **Best Block: -**

(a) No. of Awards: One.

(b) Composition of Awards: Rs. 25,000/- and Certificate of Appreciation.

(c) Criteria: Implementation of Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation Act, 1995 inter District.

(d) Mode of application: The Block Development Officer shall for the award in the prescribed format as given at Annexure – C.

4. **Best Disabled Employees:**

(a) No. of Awards: Three. One in each category viz visually Disabled, Hearing Disabled and Physically Disabled.

(b) Composition: Rs. 25,000/- and a Certificate of Appreciation.

(c) Criteria: (i) Performance of the employees for last three years.

(ii) Outstanding achievements.
(d) Mode of application: The Government employee who is disabled person, as per Persons with Disabilities Act, 1995 shall apply for the award in the prescribed format as given at Annexure – D.

5. Procedure for Selection:

There shall be a screening committee for short listing of awardees in different categories of State Awards. The composition of the screening committee is as under:

<table>
<thead>
<tr>
<th></th>
<th>Minister for Social Welfare</th>
<th>Chairperson</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Secretary (Social Welfare)</td>
<td>Member</td>
</tr>
<tr>
<td>3.</td>
<td>Chairperson</td>
<td>DDRC</td>
</tr>
<tr>
<td>4.</td>
<td>Director Social Welfare</td>
<td>Member Secretary</td>
</tr>
</tbody>
</table>

By order and in the name of Governor of Goa.

N.D. AGRAWAL, Director of Social Welfare & Ex – Officio Joint Secretary.
Annexure - A

To,

The Director,

Directorate of Social Welfare,

Panaji - Goa.

Dear Sir,

I hereby apply for the Award of BEST EMPLOYER and submit my particulars as under:

1. Name in full ........................................................................................................
   (Block letters)

2. Name of the Organisation ....................................................................................

3. Address of the Organisation ..................................................................................

4. Contact Nos. (a) Telephone ..............................................................................
   (b) Mobile ..........................................................................................
5. Nature of work undertaken by the organisation .................................................................

...........

6. Total No. of Employees Male Female

    Total

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


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

7. Total No. of disabled employees Male Female

    Total

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


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

8. Nature of disability of the employees with the

    Percentage of disability .................................................................


9. Nature of work in which disabled persons are employed ........................................

    ..... 


10. Whether their service conditions are same as those for others? .................................

    ..... 

11. Whether any modifications are made in the machinery and Barrier Free Access provided in built environment?

12. Any special efforts made to train and employ the disabled persons so far? ........

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

13. Future plans, if any ...........................................................................................................

Date:

Place:                           Signature

with Stamp
Annexure – B

Application for the Award of Best N.G.O.

To,
The Director,
Directorate of Social Welfare,
Panaji - Goa.

Sir,

I hereby apply for the award in the category of “The Award for the Best N.G.O.” and submit the particulars of the organisation as under:

1. Name of the Organisation: ..............................................................

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

2. Postal and Telegraphic address of the Organisation: ..................................

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

3. Year of establishment: ........................................................................

4. Whether recognized by State / Central Government: ............................

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

5. If yes, under which Act, Rules:
6. Nature of work undertaken by the Organisation:

7. No. of Disabled persons employed  Male  Female

   Total

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

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

8. Specify outstanding achievements of the

   Including places and no. of disabled

   Persons covered.  Male  Female

   Total

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

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

9. Specify outstanding achievements of the

   Organization during the 5 years in the

   Areas of welfare of disabled: .................................................................

   ........
10. Whether Barrier Free Access provided to the Persons with Disabilities: .................


11. Whether any Awards received by the organisation, if so specifies and gives brief account: .................................................................


Date:

Place: Chairperson / Secretary
Annexure – C

Application for the Award of Best Block

To,
The Director,
Directorate of Social Welfare,
Panaji - Goa.

Sir,

I hereby apply for “BEST Block” award and submit the details as under:

1. Name and address: .................................................................

2. Block: ...................................................................................

3. Particulars of access
   facilities provided: ........................................................................

4. Number of people benefited
   annually category wise: ....................................................................

5. Whether toilets have been modified,
   doors and premises are modified,
   suitable in view of the need of disabled
   and ramps are provided in the building?
   ........................................................................................................

6. Whether facilities for visually and hearing
handicapped are provided at work site and protective devices are used for their physical safeguard. Give details: .............................................................

7. Attempt made to motivate other persons/ Government Officers/Department to provide Barrier Free Access. Give details: .............................................................

8. No. of offices inspected to insure Barrier Free Access (List enclosed): .............................................................

9. No. of office made Barrier Free (list enclosed): .............................................................

10. No. of applications under persons with Disabilities were received and action taken (list enclosed): .............................................................

11. Details of awareness generating activities: .............................................................

12. Rehabilitation activities undertaken: .............................................................

13. Any other: .............................................................

Date:
Place: 

Signature of the BDO

Dear Sir,

I hereby apply for the Award of BEST DISABLED EMPLOYEE and submit my particulars as under:

1. Name in capital Letters: 

2. Address for Communication: 

   Telephone  Mobile:  E - mail: 

3. Age completed: 

4. Office Address: 

5. Nature and percentage of Disability: 

6. Brief particulars of academic or technical qualification: 

7. Nature of work engaged in: 
8. Scale of pay / Salary drawn

by the candidate: .................................................................

9. Outstanding achievement; ...................................................

10. Years of working experience: ..............................................

11. Recommendation from the employers: ............................... 

  *N.B. Application should be supported by a Disability Certificate and all the documents must be attested by the Gazetted Officer.*

Date:                                                                                           

Place:                                                Signature

______________________________________________________________

GOVERNMENT PRINTING PRESS,

PANAJI -GOA.