

**DEPARTMENT OF SOCIAL WELFARE
GOVT.OF NCT OF DELHI
GLNS COMPLEX, DELHI GATE, NEW DELHI**

The State Award for the Empowerment of Persons with Disabilities, 2019

- 1. Description and categories of the awards.** - The awards shall be given on the occasion of International Day for the Persons with Disabilities in December of every year in the following four categories:-

Sl. No.	Category of Award to Persons with Disabilities	No. of Awards	Component of awards
I.	Best Employee/ Self Employed/Entrepreneur with Disabilities	Two[One for Male and One for Female]	Cash of Rupees Eleven Thousand, certificate, shawl and a memento to every awardee
II.	Best Sports Person with Disability	Two[One for Male and One for Female]	Cash of Rupees Eleven Thousand, certificate, shawl and a memento to every awardee
III.	Best Creative Person with Disabilities (fields of dance, drama, music, painting and writing)	Two[One for Male and One for Female]	Cash of Rupees Eleven Thousand, certificate, shawl and a memento to every awardee
IV.	Best Individual working in the field of social work	Two[One for Male and One for Female]	Cash of Rupees Eleven Thousand, certificate, shawl and a memento to every awardee

- 2. Procedure for inviting applications for the awards and selection of Awardees -** Applications shall be invited from eligible candidates who are residents of NCT of Delhi for the past five years, on the above mentioned categories in prescribed application form given at Annexure-A to Annexure-D through advertisement in the leading newspapers.

3. Procedure for forwarding of nominations. -

- i. The concerned District Social Welfare Officer of the Department of Social Welfare, GNCTD would receive the complete applications along with necessary documents under each category. DSWO shall forward the application along with the recommendation / remarks to Dy. Director (Disabilities), Department of Social Welfare, GNCTD by the stipulated date.
- ii. The individual may apply on his/her own capacity or may be nominated by an eminent person working in the field of welfare of persons with disabilities.
- iii. Applications received after due date shall not be considered for Award.
- iv. The Ex -State Awardee are not entitled to apply for the awards under any category. Such applications of the Ex-State Awardee would not be entertained.

4. **Screening cum Selection Committee for short-listing of nominations received. - (1)**
There shall be screening committees for short listing of awardees in different categories of state awards.
5. The **Screening cum Selection Committee** shall decide the nomination of the awardees for various categories on the basis of recommendation received from District Social Welfare Officers.
6. The awardees nominated under different categories of the state award shall be informed about date and venue of the state award function through telephone or on email ID. The awards should be received personally by the selected individuals or representative of the institution.
7. The decision of the Screening cum Selection Committee shall be final.

8. Criteria for selection. –

Category I: Best Employee/ Self Employed/Entrepreneurship with Disabilities

- a. The employees with disabilities shall be assessed on the basis of the following criteria:-

Sl.No.	Criteria	Weight
(i)	Punctuality and regularity in attendance	10%
(ii)	Cooperation with superiors and fellow-employees	10%
(iii)	Extent of mobility, self-care and independence etc.	10%
(iv)	No excessive demands for adjustment in physical Environment, equipment, machinery and process etc	10%
(v)	No extra demand for special remuneration in the context of disability.	05%
(vi)	Type of Disability	10%
(vii)	Extent of Disability	10%
(viii)	Output/Production in comparison to his/her non-disabled colleagues	10%
(ix)	Education/Qualification acquired after Becoming disabled	10%
(x)	Growth in career after becoming disabled	10%
(xi)	Socio economic background and challenges overcome in achieving present employment status.	05%

- b. Self Employed/Entrepreneurship with Disabilities shall be assessed on the basis of the following criteria:-

Sl.No.	Criteria	Weight
(i)	The business is either showing break even or making considerable profits	15%
(ii)	The persons with disabilities play important role in the management of business	10%
(iii)	The person with disabilities pays his employees and pays installments to financial institutions regularly towards payments of loans	10%
(iv)	Annual turnover for the last five years	15%
(v)	Innovation introduced in the enterprise	10%
(vi)	Extent of independence in holding the enterprise	10%
(vii)	The number of disabled persons employed in the enterprise	10%
(viii)	Extent & Type of disability despite which enterprise was established and run successfully	10%
(ix)	Socio-economic circumstances despite which the enterprise was established and run successfully	10%

The applications shall be invited in the prescribed format attached at **Annexure-A**.

Category II : Best Sports Person with Disability

Two State Awards one each for male and female shall be given to the outstanding sportsperson persons with disabilities for outstanding achievement in the field of sports. The criteria for selection shall be as under:-

Sl.No.	Criteria	Weight
(i)	Number of international level sports events participated	20%
(ii)	Number of international medals won during last 3 years	30%
(iii)	Number of National level sports events participated	15%
(iv)	Number of National medals won during last 3 years	20%
(v)	Any other achievement in activities related to the sports for persons with disabilities	15%

The applications shall be invited in the prescribed format attached at **Annexure-B**.

Category III: Best Creative Person with Disabilities (fields of dance, drama, music, painting and writing)

Two Awards (one male and female) shall be given to the outstanding creative persons with disabilities in the fields of dance, drama, music, painting and writing made by the persons with disabilities as decided by the Screening cum Selection Committee.

The applications shall be invited in the prescribed format attached at **Annexure-C.**

Category IV: Best Individual working in the field of Social Work

Two Awards (one male and female) shall be given to the persons with disabilities for the outstanding work in the field of Social Work. The criteria for selection shall be as under:-

Sl.No.	Criteria	Weight
i.	Has started comprehensive service for people with various disabilities.	10%
ii.	Has provided new services.	15 %
iii.	Achievements in the area of education/training / rehabilitation of PwDs etc. should be outstanding.	20%
iv.	The individual has at least 10 years' experience in the field	15%
v.	The contribution of the individual in extension of outreach services in and around his / her working place.	10%
vi.	Motivation, involvement and participation of community for rehabilitation of the disabled persons	10%
vii.	While selecting the individuals due weightage would be given to voluntary action through participation in local public area and efforts for rendering rehabilitation services to the persons with disabilities	10%
viii.	The geographical area in which the individual is providing services and challenges faced	10%

The applications shall be invited in the prescribed format attached at **Annexure-D.**

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

Paste pass
port size
photograph of
the applicant

1.	Name: (a) in English (in BLOCK Capital letters)	
	(b) in Hindi	
2.	Address: (a) Residential (Attach address proof)	
	(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.	Whether employee or self-employed	
13.	If employee :	
	(a) Name of the Employer	
	(b) Designation or Post held	
	(c) Scale of pay and salary drawn	

	(d) Nature of work engaged in	
	(e) Independence in work (encircle the grading option)	Very Good Good Poor
	To be filled by the employer of PwD	
	(a) 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
	(b)Punctuality and regularity in attendance (encircle the grading option)	Very Good Good Poor
	(c) Whether any incentive /reward/ certificate given to the employee by the employer for his work during last three years. If yes, details thereof	
	(d) General assessment of the employee for last three years(encircle the grading option)	Very Good Good Poor
14.	If self-employed/Entrepreneur :	
	(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 tobecome 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 nationalized bank/ financial institution / cooperative bank	
	If any National or State level Award received during last five years, then please mention:	

Signature of Applicant:
Name (In BLOCK Capital letters)
Address:

Signature of the recommending/nominating authority with date

NOTE:

1. In case of self-employed/ Entrepreneur 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. Two copies of the photograph of recommended employee /self-employed with disabilities, a l o n g w i t h bio-data be enclosed.
3. Application should be supported by a Disability certificate indicating the degree of total disability.

ANNEXURE-B**PARTICULARS OF BEST SPORTS PERSON WITH DISABILITIES FOR THE STATE AWARD**

Paste pass
port size
photograph of
the applicant

1.	Name in English (in BLOCK Capital letters) and in Hindi	
2.	Address along with telephone & fax number, if any. (Attach address proof)	
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:

Signature, name & designation of the recommending/nominating authority with date

NOTE:

1. Two copies of the photograph of applicant with disabilities, a l o n g with bio-data be enclosed.
2. Application should be supported by a Disability certificate indicating the degree of total disability.

PARTICULARS OF CREATIVE PERSON WITH DISABILITIES FOR STATE AWARD

Paste pass
port size
photograph of
the applicant

1.	Name of the person in Hindi & English (In BLOCK Capital letters)	
2.	Residential address along with telephone no. and fax number, if any. (Attach address proof)	
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/achievements in creative fields for which award is to be considered(attach proof- photograph, newspaper reports etc.)	
10.	Names of any national / state level awards won in creative fields in last three years.	

Signature of Applicant:
Name (In BLOCK Capital letters)

Address:

Signature, name & designation of the recommending/nominating authority with date

NOTE:

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

ANNEXURE-D**PARTICULARS OF THE PERSONS WITH DISABILITY WORKING IN THE FIELD OF SOCIAL WORK**

Paste pass
port size
photograph of
the applicant

1.	Name in English(in BLOCK Capital letters) and Hindi	
2.	Address with telephone numbers/FAX number(if any) (Attach address proof)	
3.	E-mail address, if any	
4.	Date of Birth/Age	
5.	Sex	
6.	Institution if any with which the individual is associated, including the local and field performances and the number of persons with disabilities benefited/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 in the field of social work.	
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 social work has been done .	
13.	Details of outstanding professional achievements, if any	

Signature of Applicant:
Name (In BLOCK Capital letters)
Address:

Signature of the recommending/nominating authority with date

NOTE:

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