A HANDBOOK
FOR PARENTS OF
CHILDREN WITH DISABILITIES

GOVERNMENT OF INDIA
PLANNING COMMISSION
(Education Division)
FOREWORD

The Planning Commission has taken a welcome initiative in bringing out a Handbook for the parents of children with disabilities. This handbook, which is, perhaps, the first publication of its kind, is a handy reference book for all those seeking information on identification and prevention of disabilities. The handbook provides very useful information about organizations and institutions engaged in dealing with disabilities. This alone makes the effort worthwhile, as it can act as an invaluable guide for the concerned parents.

I am sure the handbook would be welcomed by parents as well as by all those working in the field of disability and rehabilitation and would, moreover, create greater awareness in the community about the existing facilities/concessions designed to increase the flow of benefits to children with disabilities.

I place on record my appreciation particularly to Dr. K. Venlatusubramanian, Member, Planning Commission, Mrs. Kiran Aggarwal, Principal Adviser (Education), and Ms Renu Sobti, Senior Research Officer, for giving form, shape and content to the concept in a manner which reflects a sensitive appreciation of human sentiments and societal needs.

(K.C.Pant)
PREFACE

The Persons with Disabilities Act, 1995, has placed responsibility on the government to ensure that every child with a disability has access to free education in an appropriate environment till he attains the age of 18 years. Recently the programme of Sarva Shiksha Abhiyan (SSA) has been approved with the aim that all the children in the age group of 6-14 are able to complete 8 years of schooling by 2010. Its aim can be achieved only when all the children with special needs also get into the mainstream of schooling.

Realising the fact that the management of children with disabilities is complex and needs various approaches, the Government of India has been implementing various schemes to bring children with disabilities into the mainstream of the education system, involve them in social activities and provide them an opportunity for complete participation. Although there are many weaknesses in implementation of the programmes as highlighted in the recent Workshop on ‘Inclusive Education for disabled Children: Prospects and Challenges’, organised by the Planning Commission, New Delhi in collaboration with the National Institute of Public Cooperation and Child Development, ‘ignorance/ lack of availability of information’ among the community is observed to be one of the major reasons for inability of most of the parents unable to avail benefits of available services.

We hope that the present handbook would contribute to dissemination of information on the topics relating to prevention, identification and assessment of disabilities, educational programmes, available services, etc. as well as provide a greater focus on the need to strengthen affirmative action on the part of the concerned authorities to ensure equal participation of children with disabilities in all walks of life.

This handbook is the outcome of the efforts of Ms Renu Sobti, Senior Research Officer (Education). She deserves appreciation for her valuable contribution. Mrs Kirti Saxena, Director (Education) provided the necessary guidance. Contributions of Mrs Vandana Thaper, National Institute of Public Cooperation and Child Development (NIPCCD) and Anupriya Chadha, Consultant (Inclusive Education), Ed.CIL’s Technical Support Group, are gratefully acknowledged. Dr. J.P Singh, Member-Secretary, Rehabilitation Council of India (RCI), Dr. Sanjay Kant Prasad, Senior Programme Officer, RCI and Ms Shabnam Aggarwal, ASTHA went through the initial draft, made valuable suggestions; and provided necessary material. I thank the Ministry of Social Justice and Empowerment, the Department of Secondary and Higher Education, the Department of Elementary Education and Literacy, the Department of Women and Child Development, the National Open School, and the National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities for providing the necessary material required for preparing this handbook. Any suggestions for additions or improvement in this pilot-handbook are earnestly solicited and will be highly appreciated.

(KIRAN AGGARWAL)
Principal Adviser (Education)

29.1.2002

Planning Commission
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ABOUT THIS BOOK: A HANDBOOK FOR PARENTS OF CHILDREN WITH DISABILITIES

Unfortunately it is not a fully appreciated fact that 10 per cent of the Indian children below 14 years of age have some kind of an impairment or physical disability. Their absolute number is a staggering 30 million, which mandates a responsible and effective role of the society and it's government. Some of the common and well recognized disabilities include deafness, blindness, impairment of movement, obvious deformities and mental retardation. However there are several other types of disabilities which are not that obvious from a distance. Similarly the lesser degrees of impairment should not be under estimated because of their profound effect upon learning and leading a productive life. It has been estimated that more than half of the total disabilities are preventable by timely intervention(s) at an early stage. Identification and thorough professional assessment of the disability should be done as early as possible in order to decrease it's impact upon life. Parents and school teachers have a key role in this vital process of early identification and correct remedial action. There are various programmes for the disabled which are sponsored by the central and state government, and union territories. These cater to their complex educational and vocational training requirements, provide various kinds of concessions and economic assistance besides provision of appropriate aids and appliances for daily living. All of these benefits are also applicable to such children. However, the available data shows that only 5 to 10 per cent of the disabled children in the age group of 6 to 14 years avail any benefit from these government sponsored programmes. In general most of the parents are unaware of the facilities available to their disabled children, and further lack the required information to access them. An important starting point is getting a disability certificate and/or an identity card. Both of them are required for various important purposes. There are separate legal provisions, which apply to the disabled during different circumstances. The issue of guardianship has profound implications, and the parents should understand it fully.

At present there is lack of a comprehensive source of information for parents of children with disabilities. This handbook is primarily meant to help such parents by furnishing information about above mentioned issues. However it will also help to fill this void of information for various other categories of readers such as government officials and planners, medical professionals, health workers and organizations. This is the first edition of this source-book, and has been compiled from diverse sources of information. An attempt has been made to present the original information in a readable and less technical fashion so as to attract a wider readership. I thank my brother, Dr. Prem Sobti for his voluntary contribution in this regard. We sincerely welcome any suggestions for improving this pilot handbook, and seek periodic input from various sources mentioned in this book to upgrade information about them. It is our aim to eventually develop this handbook into an easily understandable authoritative source of information widely available across the country in different languages. State governments and voluntary organizations can do valuable help by translating this handbook into different regional languages. This complete handbook is also available over the Internet for free access and downloading. Parents and other readers are requested to access it on-line, especially if they wish to check for any changes in the legal provisions for disabled or specific benefits, which may differ between the states.

Renu Sobti
(Senior Research Officer)
CHAPTER - 1

HOW TO PREVENT DISABILITIES IN THE CHILDREN

Prevention is usually defined at three levels:

Primary Prevention – Action taken prior to the onset of the disease/disability, which will remove the possibility that a disease/disability will occur.

Secondary Prevention – Action, which halts the progress of the disease/disability at its incipient stage and prevents complications. The specific interventions are early diagnosis and adequate treatment.

Tertiary Prevention – All measures available to reduce or limit impairments and disabilities, and minimize suffering caused by existing disability. This phase is also called rehabilitation, which includes physical, psychosocial and vocational measures taken to restore the patient back to normal or near normal condition.

It is extremely important that the women undertake adequate and effective preventive measures during their pregnancy and immediate postnatal period and also for their children especially during the early childhood period, in order to significantly reduce the incidence of impairment and disabilities in them. Therefore, in this chapter examples of easily understood primary preventive measures, for mother and child are summarized.

A. General Preventive Measures.
   1. Marriage between very close blood relations like uncle, niece, first cousin should be avoided for prevention of hereditary disorders.
   2. Avoid pregnancies before the age of 18 years and after the age of 35 years.
   3. Consult a doctor before planning the pregnancy;
      a. If there is incidence of birth defects in your family.
      b. If you have had difficulty in conceiving or have had a series of miscarriages, still births, twins, delivery by operation (Caesarean), obstructed labour/prolonged labour (more than 12 hours) and/or severe bleeding in previous pregnancy.
      c. If you have RH-negative blood type.
      d. If you have diabetes.

B. Care During Pregnancy
   1. Avoid hard physical work such as carrying heavy loads, especially in fields, and other accident-prone activities such as walking on slippery ground or climbing stools and chairs.
   2. Avoid unnecessary drugs and medications. Even the normally considered safe drugs which are sold commonly can potentially cause serious defects in an unborn child.
3. Avoid smoking, chewing tobacco, consuming alcohol and narcotics.
4. Avoid X-rays, and exposure to any kind of radiation.
5. Avoid exposure to illnesses like measles, mumps etc, especially during the first 3 months of pregnancy.
6. Avoid sexual contact with a person having venereal disease.
7. Take precautions against lead poisoning.
8. Avoid too much use of ‘Surma’ and ‘Kohl’.
9. Eat a well balanced and nourishing diet supplemented with green leafy vegetables, proteins and vitamins.
10. All women of the child bearing age need 0.4mg of folic acid daily. It is also available in folic acid plus iron tablets which should be taken for at least 3 months during the third trimester when the risk of developing iron deficiency anemia is greatest.
11. Ensure weight gain of at least 10 kgs. Have regular medical check ups.
12. All pregnant women should be given tetanus injection.
13. Woman at ‘high- risk’, whose weight is < 38 Kg, height is less than 152 cm, weight gain during pregnancy <6 kg or who is severely anaemic (Hb < 8mg), having frequent pregnancies, having a history of miscarriage/abortion/prefature deliveries, must get expert prenatal care so as to have a normal baby.
14. Must consult a doctor, in case of edema (swelling) of feet, persistent headache, fever, difficulty or pain in passing urine, bleeding from the vagina, and yellowness of eyes (jaundice).

C. Care at the time of birth
1. Delivery must be conducted by trained personnel, preferably in a hospital where all facilities are available.
2. If a baby does not cry immediately after birth, resuscitation measures should be undertaken at once.
3. Babies born prematurely and with a low birth weight (<2.5 Kg) may need Neonatal Intensive Care.
4. If the baby’s head appears to be abnormally small or large then a physician should be consulted, preferably a pediatrician. The approximate head size for a male child at birth is 35 cm and for female child is 34.5 cm.
5. To protect a child from infections, breast-feeding must be started immediately after birth. First milk (colostrum) must be fed to the baby and should not be thrown away, as it has antibodies which are protective.

D. Early Childhood Care
1. Do not allow a child’s temperature to rise above 101 degree F because of any reason. It can cause febrile seizures
2. If a child gets a fit take him to doctor immediately.
3. Every child should be immunized against infectious diseases as per the recommended schedule of immunization.
4. Do not allow a child to have too much contact with paint, newsprint ink, lead etc. as they are toxic.
5. Take precautions against head injury, and other accidents.
6. Ensure that the child gets a well balanced diet and clean drinking water.
7. Introduce additional foods of good quality and in sufficient quantity when the child is 4-6 months old.
8. Vitamin A deficiency and its consequences including night blindness can be easily prevented through the use of Vitamin A supplementation.
9. Protect a child from Meningitis and Encephalitis by providing a hygienic environment which is free of overcrowding.
10. Common salt must be iodized as a precaution against goiter and cretinism.
11. Do not allow a child to use hairpins, matchsticks and pencils, to remove wax from the ears.
12. Use ear protectors to reduce the exposure to high levels of noise, if children are living or working in a noisy environment.
13. Do not slap a child over the face as this may lead to injury of the eardrum and consequent hearing loss.
CHAPTER - 2

TYPES OF DISABILITIES

Despite all the best efforts at prevention, children may be born with or develop the following disabilities in early childhood, from the causes which are not yet fully understood or could be prevented.

Types of Disabilities:
- Visual impairment
- Hearing impairment
- Loco motor impairment; Cerebral Palsy
- Mental retardation and Mental illness
- Children with learning disabilities
  - i. Dyslexia
  - ii. Dysgraphia
  - iii. Dyscalculia
  - iv. Attention Deficit and Hyperactivity Disorder (ADHD)

DEFINITIONS

Disability as defined by the Act (Persons with Disability Act, 1995) covers blindness, low vision, leprosy-cured, hearing impairment, locomotor disability, mental retardation and mental illness as well as multiple disability. The Act does not cover disabilities like Autism, or learning disabilities. However, definitions/concepts of all relevant disabilities are given below:-

(a) Blindness - A condition where a person suffers from any of the following conditions namely:
  - i) total absence of sight or
  - ii) visual acuity not exceeding 6/60 or 20/200 (snellen) in the better eye with correcting lenses; or
  - iii) limitation of the field vision subtending an angle of 20 degree or worse.

(b) Person with low vision - A person with impairment of visual functioning even after treatment or standard refractive correction but who uses or is potentially capable of using vision for the planning or execution of a task with appropriate assistive device.

© Cerebral Palsy - A group of non-progressive conditions characterized by abnormal motor control posture resulting from brain insult or injuries occurring in the peri-natal, neo-natal or infant period of development.
| (d) Hearing impairment | - Loss of sixty decibels or more in the better ear in the conversational range of frequencies. |
| (e) Leprosy cured person | - Any person who has been cured of leprosy but is suffering from loss of sensation in hands or feet as well as loss of sensation and paresis in the eye-lid but with no manifest deformity; manifest deformity and paresis but having sufficient mobility in their hands and feet to enable them to engage in normal economic activity; extreme physical deformity as well as advanced age which prevents him from undertaking any gainful occupation. |
| (f) Locomotor disability | - Disability of the bones, joint or muscles leading to substantial restriction of the movement of the limbs or a usual form of cerebral palsy. Some common conditions giving raise to locomotor disability could be poliomyelitis, cerebral palsy, amputation, injuries of spine, head, soft tissues, fractures, muscular dystrophies etc. |
| (g) Mental illness | - Any mental disorder other than mental retardation |
| (h) Mental retardation | - A condition of arrested or incomplete development of mind of a person which is specially characterized by sub-normality of intelligence i.e. cognitive, language, motor and social abilities |
| (i) Autism | - A condition of uneven skill development primarily affecting the communication and social abilities of a person, marked by repetitive and ritualistic behaviour. |
| (j) Multiple Disability | - A combination of two or more disabilities as defined in clause (i) of section 2 of the Person with disabilities (Equal Opportunities, Protection of Rights and Full Participation)Act 1995 namely Blindness/low vision Speech and Hearing impairment Locomotor disability including leprosy cured Mental retardation and Mental illness |
| (k) Learning Disabilities (Dyslexia) | - Affect persons ability to acquire, process, and/or use either, spoken, read, written or nonverbal information( organization/planning, functional literacy skills, memory, reasoning, problem solving, perceptual skills) or in other words in short- difficulty with language in its various uses ( not always reading). |
| • Dyspraxia | - The inability to motor plan, to make an appropriate body response. |
• Dysgraphia - Difficulty with the act of writing both in the technical as well as the expressive sense. There may also be difficulty with spelling.

• Dyscalculia - Difficulty with calculations.

• Attention Deficit and Hyperactivity Disorder (ADHD) - Hyperactivity, distractibility and impulsivity

(l) Impairment - Missing or defective body part, an amputated limb, paralysis after polio, restricted pulmonary capacity, diabetes, nearsightedness, mental retardation, limited hearing capacity, facial disfigurement or other abnormal condition.

(m) Disabilities - As a result of an impairment may involve difficulties in walking, seeing, speaking, hearing, reading, writing, counting, lifting, or taking interest in and making one’s surrounding.

Temporary Total Disability - Period in which the affected person is totally unable to work. During this period, he may receive orthopaedic, ophthalmological, auditory or speech any other medical treatment.

Temporary partial Disability - Period when recovery has reached the stage of improvement so that person may began some kind of gainful occupation.

Permanent Disability - Permanent damage or loss of use of some part/parts of the body after the stage of maximum improvement [from any medical treatment] has been reached and the condition is stationary.

(n) Handicap - A disability becomes a handicap when it interferes with doing what is expected at a particular time in one’s life.

(o) Rehabilitation - Refers to a process aimed at enabling persons with disabilities to reach and maintain their optimal physical, sensory, intellectual, psychiatric or social functional levels;

(p) ‘Person with Disability’ - A person suffering from not less than forty percent of any disability as certified by a medical authority.

(q) Institution for persons— with disabilities - An institution for the reception, care, protection, education, training, rehabilitation or any other service of persons with disabilities.

Note: Various State Governments have also adopted different sets of definitions for example, Government of Tamil Nadu declared one-eyed persons in the same category as blind persons and have extended various concessions.
CHAPTER- 3

IDENTIFICATION AND ASSESSMENT OF THE DISABILITIES

Timely identification of impairments, a secondary prevention, can reduce the impact of the impairment on the functional level of the individual and also in checking the impairments from becoming a disabling condition. Initially they need to be identified as soon as possible at home by the parents and outside (in the anganwadi centres/ schools/ sub-health centres/ through camps), and then they need to be assessed through a team of specialists to plan necessary interventions.

AT HOME:

Parents can observe and identify the children with disabilities by using the following checklist for early identification of disabilities:

I. Hearing Impairment-
   Screening New Born
   1. Is there any one in the family with deafness since childhood.
   2. Did the mother take an abortificient drug or any other medicine in large doses during the first three months of pregnancy.
   3. Is the birth weight below 1500 gms.
   4. Did the child had a delayed cry after birth.
   5. Did the child have significant jaundice (yellowness of eyes) during the first 10 days after birth.
   6. Does the child have a cleft in the lip or palate, or a malformed pinna.

   Screening Children in the age group of 6 months to 2 years:
   1. Does a child turn towards the source of sound which is located either at the back or towards one side of the body?
   2. Does he/she have discharge from the ear?

   Screening Children above 2 years age
   1. Does he/she turn when called from behind?
   2. Uses gestures excessively
   3. The child does not speak or has a defective speech.
   4. The child does not understand the spoken language.
   5. The child has an ear discharge.

II. Visual Impairment
   1. The child does not follow an object moving before his eyes by 1 month’s age.
   2. The child does not reach for toys and things held in front of him by 3 months age.
   3. One eye moves differently from the other; including squint
   4. Eyes are either red or have a yellow discharge or the tears flow continuously.
   5. The child has tendency to bring pictures or books very near the eyes.

III. Mental Retardation
   1. Does the child respond to name/voice by 4th Month?
   2. Does the child smiles at others by 6th Month?
3. Does the child hold the head steadily by 6th Month?
4. Does the child sit without support by 12th Month?
5. Can the child stand without support by 18th Month?
6. Can the child walk well by 20th Month?
7. Can the child talk 2-3 word sentences by 3rd Year?
8. Can the child eat/drink by himself by 4th Year?
9. Can he tell his name by 4th year?
10. Does he have toilet control by 4th Year?
11. Does he avoid simple hazards?
12. Does he get fits?

**IV Locomotor Disability**

1. The child is not able to raise both the arms fully without any difficulties.
2. The child is not able to grasp objects without any difficulty.
3. The child has absence of any part of the limb.
4. The child has a difficulty in walking.

**OUTSIDE:**

In the rural and tribal areas as well as in the urban-slusms, early identification is done through door-to-door surveys, screening children at the anganwadis, schools, health centres, sub-health centres, rehabilitation centres or through camps usually organized by the voluntary workers, or else.

1. **Anganwadi Centre - ICDS:**
   The Department of Women and Child Development under the Ministry of Human Resource Development, has been implementing the programme of Integrated Child Development Scheme(ICDS) since 1975. An angandwadi Centre under the programme is located in each village and is run by an anganwadi worker. Some of the important objectives of the scheme include improvement of the nutritional status of the children in the age group of 0-6 years, providing nutrition and health education for every woman in the age group of 15-44 years and improving the capability of the mothers to look after the normal health and nutritional needs of their children. An anganwadi worker is required to do early detection of the disabilities in children present at their anganwadi centres.

2. **Sub-Health Centres-Primary Health Centres:**
   India has a well established net work of Primary Health Centres, each catering to a population of 30 to 40 thousand. These have sub-health centres at the field level. Each sub-health centre caters to a population of around 3000 persons and is managed by one female health worker. Under the programme of MCH (Mother & Child health) the worker takes care of the children by providing immunization, and vitamin A supplementation to children below 6 years of age. She also identifies the health problems which may lead to disability and takes further preventive action.
3. Rehabilitation Services are provided to all the eligible persons by the Ministry of Social Justice and Empowerment through its various Programmes:

   a) Camps under District Rehabilitation Centres (DRCs) in 11 districts: Comprehensive Rehabilitation Services are provided to the rural disabled at their door steps mainly through camps organized by voluntary organizations. Grassroot functionaries like anganwadi workers, health workers, are also involved. These Centres provide services for the prevention and early detection, medical intervention and surgical correction, fitting of artificial aids and appliances, therapeutic services—such as physiotherapy, occupational and speech therapy, provision of training for acquisition of skills through vocational training, job placement in local industries, etc.

   b) Composite Rehabilitation Services (District Centre): Rehabilitation Services in more than 107 districts in the country are being provided at the door steps of persons with disabilities. These services include promotion of early detection and prevention of disability, fitting, follow-up and repair of assistive devices, provide vocational training and help in finding gainful-employment. At the field level, grass-root level functionaries- anganwadi workers, health workers and PRIs are helping in implementation of the programme(List of District Centres may be seen at annexure-III.C)

   c) National Programme for Rehabilitation of Persons with Disabilities (NPRPD): The programme of NPRPD has recently been launched as a State Sector Scheme. Under the scheme there is a provision of 2 Community Based Rehabilitation Workers at each Gram Panchayat and 2 Multi-purpose Rehabilitation Workers at Block level. The focus at grass root level would be prevention, early detection and information dissemination. Services at district level would be provided through various professionals like Physiotherapists, Occupational therapists, Orthotic and Prosthetic Engineers, etc. At the State Referral Centre, higher services would be provided.

4. School:
   Teachers in all the primary, upper primary and secondary government schools have a responsibility to identify children with disabilities.

Check list for identification of children with special needs: (School teachers and parents should use this check list).
1. (a) Visual: Watering of eyes.
   (b) Recurrent redness.
   (c) Often irritation.
   (d) Frequent blinking
   (e) Squint.
   (f) Inappropriate stumbling over objects or bump into other people
   (g) Tilting of the head or closure of one eye.
   (h) Headache while doing fine work.
   (i) Difficulty in counting the fingers of an outstretched hand at a distance of one meter.
   (j) Moving head side to side while reading
(k) Difficulty in recognizing distant objects
(l) Difficulty in doing other fine work requiring perfect vision.
(m) Holding books too close or too far from the eyes.
(n) Frequently ask other children when taking down notes from the blackboard
(o) Exhibit difficulty in reading from the blackboard.
(p) Hitting against the objects on the side.

Note: If any of the above 4 responses are yes, then the child should be properly examined
by a qualified ophthalmologist to see if the existing condition can be improved by
medical treatment or by using spectacles.

2. Hearing:
   (a) Malformation of the ear
   (b) Discharge from ear
   (c) Pain in ear.
   (d) Irritation in ear.
   (e) Trying to listen from a closer distance.
   (f) Ask for the instructions repeatedly.
   (g) Not able to write properly.
   (h) Trying to listen to the echo reflection rather than from the speaker.
   (i) Make errors while copying from black board.
   (j) Frequently ask a colleague to show his workbook.
   (k) Problems in paying attention in the class
   (l) Favour one ear for listening purposes.
   (m) Problems when anyone speaks from behind.
   (n) Child speaks loudly or too softly.
   (o) Exhibit voice problem and mispronunciation
   (p) Tune the TV/Radio too loud.
   (q) Irrelevant answers.
   (r) The child keeps away from his age mates.
   (s) The child is unable to respond when you call from the other room.
   (t) The child understands only after few repetitions.

Note: If any of the above 3-4 questions elicits response that indicates some kind of
hearing/speech loss, then the child should be carefully examined by a qualified
ENT specialist, an audiologist, and also by a speech therapist for complete
evaluation. In case the child is below 4-5 years, a psychologist should also be
consulted to address and identify any associated psychological problems which
may not be overtly evident.

3. Speech:
   (a) Inappropriate sound in speech.
   (b) Stammering
   (c) Baby speech
   (d) Inability to learn correct sound and use incorrect speech
   (e) Incomprehensible speech
4. **Physical Disabilities**
   (a) Deformity in neck, hand, finger, waist, legs
   (b) Difficulty in sitting, standing, walking
   (c) Difficulty in lifting, holding, keeping things on floor.
   (d) Difficulty in moving or using any part of the body.
   (e) Difficulty in holding pen
   (f) Using a stick to walk
   (g) Jerks in walking
   (h) Lack bodily coordination
   (i) Epileptic behaviour/have tremors.
   (j) Joint pains
   (k) Any part of the body is amputated.

   **Note**: If answer to any of the above written statements is positive, the child should be carefully examined by a qualified orthopaedic surgeon and referred to a physiotherapist &/or prosthetic/orthotic technician as needed.

5. **Mental Retardation**
   (a) If the child does not sit unassisted even much after 12-15 months
   (b) Or starts to walk even much after 2 ½ years.
   (c) Or starts to talk even much after 2 ½ years.
   (d) If a child has undue problems in doing independently any of the following activities by the age of 6 years:
      - Eating
      - Dressing or
      - Toilet activity
   (e) Problems in holding a pencil/ or using a scissors
   (f) Unable to play with a ball; or play ‘guilli - danda’ with his peers.
   (g) Frequent tantrums, while playing with the peers.
   (h) Usual inattentiveness to the spoken speech or addressal.
   (i) Requires too many repetitions to remember simple things.
   (j) Problems in naming even 5 fruits, vegetables or plants.
   (k) Problems in naming the days of the week.
   (l) Exhibit problems in expressing the needs in a clear language unlike the other peers.
   (m) Unable to concentrate on tasks even for a short period of time.
   (n) Inappropriate oral responses.
   (o) Difficulty in performing daily routine work.
   (p) Poor comprehension of lessons taught in the school class.
   (q) Difficulty in learning new things.
   (r) Difficulty in conceptualization.
   (s) Does not get well along with the children of same age group.
   (t) More efforts are required in learning or practicing as compared to the peers.
   (u) Takes an unreasonable amount of time in perfecting any work.
   (v) Poor academic achievements.
   (w) Show an undue dependency on visual clues or material for learning.
Note: If the responses to any of the above 4 indicators is positive when compared to the average school going peers of same age group & class then the child should be properly assessed by a qualified psychologist or a teacher who is specially trained to take care of the mentally challenged children.

6. Learning Disabilities:
(a) Difficulty in counting
(b) Lack of concentration or easily distraction by the surroundings, either at home or school.
(c) Difficulty in sitting quietly in the classroom.
(d) Does not write down the spoken words correctly.
(e) In appropriate additions to the right word; e.g. ‘ischool’ in place of school.
(f) Always confused between Right & Left.
(g) Unreasonable difficulty in remembering the verbal instructions.
(h) General difficulty in memorizing the things.
(j) Extreme restlessness in a child which significantly interferes with the timely completion of various tasks.
(k) Reverses letters or symbols too frequently while reading for example b as d, saw as was, etc.
(l) Reverses numbers too frequently while reading or writing for example 31 as 13, 6 as 9, etc.
(m) Excessive errors during reading like looses place or repeat / insert/ substitute/omit words.
(n) Poor in mathematical calculations.
(o) Problems in accurate copying from the common sources like a book or a blackboard, even though the vision is normal.
(p) Write letters or words either too close or too far (spacing problems).
(q) The child appears to comprehend satisfactorily but is not able to answer the questions.

Note: i. If the answer to any of the above 3-5 statements is positive, the child should be carefully examined by a qualified psychologist/paediatrician/ or a special educator for initial screening & further consultations.
ii. One of the main characteristics children with learning disabilities is that their verbal skills are often much better than the writing skills. Therefore, they should be formally tested in order to elucidate their disability in detail.

FOR MORE DETAILS, CONTACT:
For services in:
1. Anganwadi Centres at:
   Field: Anganwadi Worker in Anganwadi
   Block: Child Development Project Officer
   Centre: 1. Joint Secretary
   Department of Women & Child Development
   Ministry of HRD
   Shastri Bhawan
   New Delhi –110 001.
2. In-Charge
   Child Guidance Centre
   NIPCCD,
   5, Siri Institutional Area
   Hauz Khas, Delhi.

2. Schools at:
   Field: Teachers in School
   State: Secretary, Elementary Education (See Annexure.II.B)
   Centre: 1. Joint Secretary,
   Department of Elementary Education & Literacy
   Ministry of HRD
   Shastri Bhawan
   New Delhi –110 001.
   2. Ed.CIL, Technical Support Group
   IED Unit
   10-B, Indraprastha Estate
   Delhi –110 002.
   Tel: 3399171, 3399173-77
   Fax: 91-11-3326917.

3. Health Centres at
   Field: Female Health Worker in Sub-Health Centre
   Block: Medical Officer, Primary Health Centre / Community Health Centre
   District: Chief Medical Officer, District Hospital
   Centre: Rehabilitation Council of India
   Under Ministry of Social Justice & Empowerment
   23-B, Shivaji Marg
   Near Karampura Complex
   New Delhi.

4. Rehabilitation Services/ Centers:
   District: 1. District Rehabilitation Centre: (See Annexure-III (B))
   2. District Welfare Officer
   State: Contact Persons in the States- Social Welfare: (See Annexure-II.A)
   Centre: Project Director
   District Rehabilitation Centre
   4, Vishnu Digamber Marg.
   New Delhi-110002.

**ASSESSMENT OF AN IMPAIRMENT:**

Impairment is assessed through a team of specialists in order to plan the necessary interventions. Each category of disability has been divided into four groups viz., mild, moderate, severe and profound; the latter can extend up to total deafness.
### HEARING IMPAIRMENT CATEGORIES

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Type of Impairment</th>
<th>DB level and/or Speech discrimination</th>
<th>Percentage of impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Mild</td>
<td>26 to 40 dB in better ear 80 to 100% in better ear</td>
<td>Less than 40%</td>
</tr>
<tr>
<td>2.</td>
<td>Moderate</td>
<td>41 to 60 dB in better ear 50 to 80% in better ear</td>
<td>40% to 50%</td>
</tr>
<tr>
<td>3.</td>
<td>Severe</td>
<td>61 to 70 dB hearing impairment in better ear 40 to 50% in better ear</td>
<td>50% to 75%</td>
</tr>
<tr>
<td>4.</td>
<td>(a) Total deafness</td>
<td>No hearing 91 dB and above in better ear. 71 to 90 dB</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>(b) Near Total</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>(c) Profound</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>71% to 100%</td>
</tr>
</tbody>
</table>

a) Pure tone average of hearing in 500, and 2000 HZ, 4000 Hz by conduction (AC and BC) should be taken as the basis for consideration as per test recommendations.

b) When there is only an island of hearing present in one or two frequencies in the better ear, it should be considered as total loss of hearing.

c) When there is no response (NR) at any of the 4 frequencies (500,1000, 2000 and 4000 HZ) it should be considered as equivalent to 100 dB loss for the purpose of classification of disability and in arriving at the average.

**Note:** As per the latest guidelines for evaluation of disabilities(2001), definition of hearing disability is: ‘A person with hearing impairment having difficulty of various degrees in sounds is an impaired person’.

### CONTACT

- E.N.T Specialist- available at block, district, State hospital for assessment.

### Assessment Process

- Audio-logical assessment through battery of tests

### Organizations for education-

- Formal schools, Open School, Special School.

### Organizations for providing - Aids and appliances

- Field: Sub-health Centre, Primary Health Center, Gram Panchayat, Rehabilitation centre if available, NGOs working in the field of disability.

### Block:

- Block Welfare Officer

### District:

- District Welfare Officer

Students get aids and appliances in schools

### FOR MORE INFORMATION CONTACT:

Director
Ali Yavar Jung National Institute for the Hearing Impaired
Kishanchand Marg
Bandra (W)  
Mumbai – 400 050  
Ph:022-6409176/6422638.

(a) Regional Center  
Ali Yavar Jung National Institute for the Hearing Handicapped.  
C/o. N.I.M.H., P.O. Bowanpally  
Manovikas Nagar  
Secunderabad –500 011.  
Ph: 040-7759267/7758817, Fax:040-7750198

(b) Regional Center  
Ali Yavar Jung National Institute for the Hearing Handicapped.  
B.T. Road  
Bonhooghly  
Calcutta – 700090  
Ph: 033-528379.

(c) Regional Center  
Ali Yavar Jung National Institute for the Hearing Handicapped.  
Kasturba Niketan  
Lajpat Nagar  
New Delhi – 110 024.  
Ph: 011-685093.

**VISUAL IMPAIRMENT CATEGORIES**

*(All with corrections)*

<table>
<thead>
<tr>
<th>Category O</th>
<th>Category I</th>
<th>Category II</th>
<th>Category III</th>
<th>Category IV or One Eyed Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td></td>
<td>Moderate</td>
<td>Severe</td>
<td>Profound</td>
</tr>
<tr>
<td>6/9 to 6/18</td>
<td>6/18 to 6/36</td>
<td>6/60 to 4/60</td>
<td>3/60 to 1/60 or Field of Vision 10-20.</td>
<td>F.c. at 1 ft. to Nil.</td>
</tr>
<tr>
<td>6/24 to 6/36</td>
<td>6/60 to Nil</td>
<td>6/60 to 4/60</td>
<td>3/60 to Nil</td>
<td>F.C. at 1 ft. to Nil.</td>
</tr>
<tr>
<td>20%</td>
<td>40%</td>
<td>75%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Low Vision:** Impairment of vision less than 6/18 to 6/60 with best correction in better eyes or impairment of field in any one of the following categories:  
a) reduction of fields less than 50 degree  
b) heminaopia with macular involvement  
c) altitudinal defect involving lower fields

**IF THE CHILD IS BLIND OR HAS A LOW VISION, CONTACT:**  
Ophthalmologist - - Available at block, district, State hospital for assessment,
Assessment can be done at Eye Camps, etc. also.

**Organizations for education** -
- Formal schools, Open School
- Special school for blind children,
- Non-Governmental Organisations working in the field of blindness.

**Organizations for providing aids and appliances** -
- *Field:* Sub-health Centre, Primary Health Center,
- *Block:* Block Welfare Officer
- *District:* District Welfare Officer
- *Students:* in schools

**Note:** Impairment of 20% to 40% or less may only be entitled to aids and appliances.

**FOR MORE INFORMATION, CONTACT—**

1. **Director**
   - National Institute for Visually Handicapped
   - 116, Rajpur Road
   - Dehradun- 248001.
   - Ph: 0135-24491/24578.

(a) **Regional Centre**
   - National Institute for Visually Handicapped
   - Poonamalle
   - Chennai, Tamil Nadu
   - Ph: 044- 572505.

2. **National Association for the Blind,**
   - Sector V, R.K.Puram,
   - New Delhi –110 022
   - (has preparatory school for 4-14 year and has branches in states also)

**DEGREE OF MENTAL RETARDATION**

<table>
<thead>
<tr>
<th>Clinical Classification</th>
<th>Educational Classification</th>
<th>IQ Range</th>
<th>Adult Mental Age</th>
<th>Focus of Training</th>
<th>Education Achievement As adults</th>
<th>Level of Adaptive Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profound</td>
<td>Life Support</td>
<td>&lt;20</td>
<td>&lt;3.08 years</td>
<td>-</td>
<td>-</td>
<td>Dependant For self care</td>
</tr>
<tr>
<td>Severe</td>
<td>Trainable</td>
<td>20-34</td>
<td>3:09-6 years</td>
<td>Self Care Skills</td>
<td>Academic training not effective</td>
<td>Self care under supervision</td>
</tr>
<tr>
<td>Moderate</td>
<td>Trainable</td>
<td>35-49</td>
<td>6:01-8:05 yrs</td>
<td>Self Care Skills</td>
<td>-equivalent of IInd or IIIrd grade children</td>
<td>Independent in self care</td>
</tr>
<tr>
<td>Mild</td>
<td>Educable</td>
<td>50-69</td>
<td>8:06 yr 10:10</td>
<td>Vocational training</td>
<td>IV-V grade level Can not</td>
<td>Independent in self care -engage in</td>
</tr>
<tr>
<td></td>
<td></td>
<td>years</td>
<td></td>
<td></td>
<td></td>
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<td>--------------------------</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>social skills</td>
<td>Functional Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>handle money</td>
<td>money without supervision</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>semi skilled or simple</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>skilled jobs</td>
<td></td>
</tr>
<tr>
<td>Borderline</td>
<td></td>
<td></td>
<td>70-80</td>
<td>10-11 years 13:03 years</td>
<td>Academic skill vocational</td>
<td></td>
</tr>
<tr>
<td>Slow Learner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>training</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Some pass 10th standard</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>through open school</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Achieve adequate social</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>and vocational adjustment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>- capable of skilled and</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>semi skilled jobs</td>
<td></td>
</tr>
</tbody>
</table>

**Source**: Centres for Assessment of IQ
Child Guidance Clinics:
Clinical Psychologist/ Psychiatrist/ Paediatrician in Clinics/Hospitals

**NOTE**: All categories of mental retardation i.e mild/moderate/severe/profound are eligible for government benefits.

**FOR MORE INFORMATION, CONTACT:**

1. Director,
   Centre for Special Education
   SNDT Women’s University
   Sir Vithaldas Vidya Vihar
   Juhu Road, Santacruz (W), Mumbai –49.

2. President
   National Federation for the Mentally Retarded
   13, Anand Vihar, Vinayaka Vihar
   Manipal, Karanataka.

3. Thakur Hari Prasad Institute of Mentally Retarded
   Vivekananda Road
   Dilsukh Nagar, Hyderabad.

4. Director
   National Institute for the Mentally Handicapped
   Manovikas Nagar
   Bhovanpalli
   Secunderabad 500011
   Andhra Pradesh-
   Ph:040-7759267/7758817, Fax:040-7750198

(a) Regional Centre
   National Institute for mentally Handicapped
   C/o. N.I.H.H.
   Kishan Chand Marg
Bandra (W), Mumbai– 400 050.
Ph: 022-6409176

(b) Regional Training Centre
National Institute for mentally Handicapped
Kasturba Niketan
Lajpat Nagar
New Delhi – 110 024.
Ph: 011-6831012.

5. Joint Secretary and Chief Executive Officer
National Trust for Welfare of persons with Autism,
Cerebral Palsy, Mental Retardation and Multiple Disabilities
Block-B, Room No. 4
Lok Nayak Bhawan, New Delhi.
LEARNING DISABILITIES WHAT TO LOOK FOR: SOME FIRST SIGNS OF TROUBLE KEEPING UP WITH THE FLOW OF EXPECTATIONS.

<table>
<thead>
<tr>
<th></th>
<th>LANGUAGE</th>
<th>MEMORY</th>
<th>ATTENTION</th>
<th>FINE MOTOR SKILL</th>
<th>OTHER FUNCTIONS.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preschool</td>
<td>Pronunciation problems, Slow vocabulary growth. Lack of interest in story telling.</td>
<td>Trouble learning numbers, alphabet, days of week, etc. poor memory for routines.</td>
<td>Trouble sitting still. Extreme restlessness. Inpersistence at tasks.</td>
<td>Trouble learning self help skills (e.g. tying shoe laces). Clumsiness. Reluctance to draw or trace.</td>
<td>Trouble learning left from right (Possible visual spatial confusion). Trouble interacting (Poor social skills).</td>
</tr>
<tr>
<td>Middle Grades</td>
<td>Poor reading comprehension Lack of verbal participation in class. Trouble with word problems.</td>
<td>Poor intelligible writing. Slow or poor recall of math facts. Failure of automatic recall.</td>
<td>Inconsistency. Poor self-monitoring, Great Knowledge of Trivia. Distaste for fine detail.</td>
<td>First-like or tight pencil illegible, slow or inconsistent writing Reluctance to write.</td>
<td>Poor learning strategies Disorganisation in time or space, peer rejection.</td>
</tr>
<tr>
<td>Upper Grades</td>
<td>Weak grasp of explanations. Foreign language problems. Poor written expression. Trouble summarizing.</td>
<td>Trouble studying for tests. Weak cumulative memory. Slow work place.</td>
<td>Memory problems due to weak attention. Mental fatigue.</td>
<td>(lessening relevance of fine motor skills)</td>
<td>Poor grasp of abstract concepts. Failure to elaborate. Trouble taking tests. Multiple choice (eg. SAT’s.)</td>
</tr>
</tbody>
</table>

**Note:** These are guideposts for parents, teachers and other involved. They should not be used in isolation, but may lead you to seek further assessment. Many children will, from time to time, have difficulty with one or more of these items. They should always be reviewed in a broader content of understanding about a child.
CATEGORIES OF LOCOMOTOR DISABILITIES

Permanent Physical impairment of Upper Limb
Permanent Physical impairment of Lower Limb
Permanent Physical impairment of Trunk (Spine)
Permanent Physical impairment in case Short Stature/ Dwarfism
Permanent Physical impairment in Amputees
Longitudinal deficiencies
Permanent Physical impairment in Neurological conditions
Permanent Physical impairment due to cardiopulmonary Diseases

The estimation of permanent impairment depends upon the measurement of functional impairment.

**Impairment:** An impairment in any loss or abnormality of psychological, physiological or anatomical structure or function in a human being.

**Functional Limitations:** Impairment may cause functional limitations which are partial or total inability to perform these activities necessary for motor, sensory or mental function with in the range or manner of which a human being is normally capable.

*If the child has locomotor disability contact:*
Orthopaedic Surgeon or specialist in physical medicine and rehabilitation – Available at block, district, State hospital for assessment,
Organizations for education - Formal schools, Open School
- Non- Governmental Organisations working in the field of locomotor disabilities.
Organisations for providing aids and appliances - Field: Sub-health Centre, Primary Health Center,
Gram Panchayat, Rehabilitation centre if available,
NGOs working in the field of disability.
Block: Block Welfare Officer
District: District Welfare Officer
Students: in schools

**FOR MORE DETAILS CONTACT:**
*Centre:*
Director
The National Institute for Physically Handicapped
4, Vishnu Digambar Marg
New Delhi – 110002

Director
National Institute for Orthapeadically Handicapped
B.T. Road
Bonhooghly
Calcutta – 700090
Ph: 033-528379.
CHAPTER-4

EDUCATION PROGRAMMES FOR CHILDREN WITH SPECIAL NEEDS

The community at large is often unaware of the potential of children with special needs. In the popular mind, special needs are usually identified with very low expectations. Parent should believe in the value of educating children with special needs. The higher the expectations, the higher will be their acceptance in the family.

All the children with special needs must be enrolled in primary schools. After the assessment of their disabilities by a team of a doctor, a psychologist, and a special educator, in schools, the child will be placed in appropriate educational settings. Children with mild and moderate disabilities of any kind may be integrated in normal schools, severe in special schools/ remedial schools, drop outs who have problems in availing benefits of normal schools can join open schools. All the children with learning disabilities alone are first managed in the normal schools. Open and special schools also offer vocational courses also for children with disabilities.

1.A Formal Schools- The Ministry of Human Resource Development (Department of Secondary and Higher Education) has been implementing a scheme of ‘Integrated Education for the Disabled Children’ (IEDC) in formal schools since 1982. The main objective of the scheme is to provide educational opportunities for the disabled children in normal schools so as to facilitate their retention in the school system. The disabled children who are placed in special schools should be considered for integration into common schools once they acquire the communication and daily living skills at a functional level.

The following types of children with disabilities must be integrated in the normal school system- formal as well as in non-formal schools.
- Children with locomotor handicaps (O.H.)
- Mildly and moderately hearing impaired
- Partially sighted children
- Mentally handicapped educable group (IQ 50-70)
- Children with multiple handicaps ( blind and orthopaedic, hearing impaired and orthopaedic, educable mentally retarded and orthopaedic, visual impaired and mild hearing impaired)

A three-member assessment team comprising of a doctor, a psychologist and a special educator is formed and their assessment report recommends whether a child can be enrolled directly into a normal school or should receive preparation in a special school/ or a special preparatory class in Early Childhood Education Centre(ECCE) specially equipped for this purpose.
Under the IEDC scheme, resources and itinerant teachers are provided. Children are also given certain incentives like book allowance, equipment allowance, transportallowance etc. For more details see chapter-7.

1.B Integrated Education for Disabled Children (IEDC) in District Primary Education Programme(DPEP) – The DPEP which was launched in 1994, aims at Universalisation of Primary Education (UPE) and is operational in 271 districts in the country. Its aim can not be achieved until and unless 10% of children with special needs are integrated in the education system. With this aim, since 1998, IEDC programme has been receiving special emphasis under DPEP and endeavouring to integrate children with disabilities in DPEP primary schools. DPEP supports for the activities like community mobilization and early detection, in service teacher training, resource support, educational aids and appliances, architectural designs in schools, etc. Childern with learning disabilities also get special care in primary schools under DPEP. In the other non DPEP districts the same IEDC activities will be supported by the programme of Sarva Shiksha Abhiyan (SSA) which has recently been approved.

Earlier, there were no activities for children with learning disabilities under the programme of IEDC. Estimates of prevalence rate of children with learning disabilities seem to be very high, ranging from 1-30% in the ‘school population’ depending on the criteria used to determine the disability. Some studies estimate the prevalence of learning disabilities to be 7-8% whereas others indicate a prevalence rate of 15% in the general population. Now under SSA and DPEP such children are being specially taken care of. Strategies of teaching such children have been developed and are given at the end of this chapter.

FOR MORE DETAILS CONTACT:
For Secondary Classes:
District: District Education Officer
State: Secretary or Director, Secondary & Higher Education
Centre: Joint Secretary (IEDC)
Department of Secondary & Higher Education
Ministry of HRD
Shastri Bhawan
New Delhi –110 001.

For Primary and Upper Primary Classes:
District: District Education Officer
State: Secretary or Director, Elementary Education
Centre: Joint Secretary
Department of Elementary Education & Literacy
Ministry of HRD
Shastri Bhawan
New Delhi –110 001.

2. SPECIAL SCHOOLS– This is a programme of the Ministry of Social Justice and Empowerment. Children with severe multiple disabilities who have difficulty in
coping with regular schools are referred to such special schools. Most of these special schools are located in urban areas and run by voluntary organizations. A majority of them are residential schools, and boarding-lodging and other services are provided free of cost. At present more than 3000 special schools for the disabled children are functioning across the country. Out of them approximately 900 institutions are specialized for the hearing impaired, 400 for the visually impaired, 1000 for the mentally retarded and the remaining 700 are for the children with physical disabilities. 40 per cent disability of any such particular types is a benchmark for identification and certification for admission in these special schools.

FOR MORE DETAILS CONTACT:
State:
• Contact persons in the State see Annexure-II.A
• Voluntary Organizations in the state (See list of NGOs at annexure IV)

Centre:
Joint Secretary (Disabilities)
Ministry of Social Justice and Empowerment,
Shastri Bhawan,
New Delhi-110001.

3. NATIONAL OPEN SCHOOL (NOS)- The NOS was established as an Autonomous Registered Society in 1989 with the mission to provide education through an open learning system at the school stage as an alternative to the formal system. It is specially suited to the needs of certain categories such as school dropouts, girls, mentally or physically disabled, etc. It has also developed educational materials for teaching children with special needs in their own homes. At present there are 1459 NOS study centres in the country.

It offers courses like the foundation course, notionally equivalent to class VIII level, secondary education and higher secondary courses and vocational courses. The NOS also provides the programme of Open Basic Education for Universal Elementary Education (UEE), which includes programme for the disabled children. It offers Open Basic Education courses through the following:

a) Open Basic Education (OBE): This project is for out of school children in the age group 6-14 and also for adult learners. It has 3 levels: Preparatory, i.e. (A), Primary i.e. (B) and elementary i.e. (C), which are equivalent to a formal school standard of class III,V and VIII respectively.

b) Special Accredited Institutions for Education of the Disadvantaged (SAIED): To cater to the needs of the people with physical or mental disabilities the NOS has accredited institutions for education of the disadvantaged. Academic courses like open basic education (OBE), secondary and senior secondary courses and vocational courses are offered either independently or in combination with an academic subject(s) through SAIED. A list of SAIED is given at Table–I.
Special Features of NOS:
- It allows total freedom to learn at one’s own speed. One gets a period of 5 years and 9 chances to complete the course
- Flexibility in choice of subjects.
- There is no age limitation for admission in NOS programmers.
- For admission, a person is required to submit the following supporting documents:
  - Attested copy of birth certificate, obtained in one of the following ways:
    - From the Admission Register of the last school attended or
    - Birth certificate from Registrar of Births and Death or
    - From a recognized Hospital or
    - Affidavit from parents countersigned by first class/sub division magistrate.
- Minimum Education Qualifications:
  - Self Certificate or Certificate of class V / Matriculation/Higher Secondary pass.
- Five recent passport size (3cmx2cm) photographs are also required
- Handicapped are exempted from payment of registration and cost of course material.
  - Candidates with disabilities are required to produce a certificate from a Government hospital and not from a private nursing home.

TABLE-I  LIST OF SPECIAL ACCREDITED INSTITUTIONS FOR EDUCATION OF THE DISABLED OF NATIONAL OPEN SCHOOL.

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Name of Institutions</th>
<th>Category</th>
<th>Academic</th>
<th>Vocational</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Andhra Pradesh</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>National Institute for the Mentally Handicapped, Manovikas Nagar, Secunderabad-500 009.</td>
<td>i) Mentally Challenged.</td>
<td>OBE</td>
<td>Cutting &amp; Tailoring Carpentry</td>
</tr>
<tr>
<td>2.</td>
<td>Sahaj Seva Sansthan, 4-D, 4th Floor, Laxmi Towers, St.No.-5, Marredpalli West Secunderabad –26.</td>
<td>i) Orthopaedic impaired ii) Hearing Impaired iii) Mentally challenged</td>
<td>OBE Foundation.</td>
<td>Food-Processing</td>
</tr>
<tr>
<td></td>
<td>Delhi Zone –I</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Delhi Zone-II</td>
<td></td>
<td></td>
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<td>8.</td>
<td>Ashakiran, 15, II nd Stage, 7th Main Indira Nagar Bangalore – 560 038.</td>
<td>OBE Foundation</td>
<td>Learning Disability.</td>
<td>Library Attendant</td>
</tr>
<tr>
<td>11.</td>
<td>St. Agnes Special School Mangalore, Bendore Mangalore –575 002.</td>
<td>OBE Foundation</td>
<td>Mentally Challenged, hearing impaired, learning disabilities.</td>
<td>N.A.</td>
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<td><strong>Kerala</strong></td>
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<td>14.</td>
<td>Light Engineering Training Cum-Production Centre Angamali South P.O. Ernakulam –683573.</td>
<td>Visually impaired</td>
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<td>Plumbing</td>
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<tr>
<td>15.</td>
<td>Amar Jyoti School &amp; Rehabilitation Centre, 18, Koteshwar Road, Gwalior –474 012.</td>
<td>i) Orthopaedic Handicap</td>
<td>OBE Foundation</td>
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<td>iii) Learning Disability</td>
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<td>iv) Rural Women</td>
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<td>16.</td>
<td>Welfare Association for the Disabled, 701/8, Nanda Nagar Indore – 452 008.</td>
<td>i) Orthopaedic</td>
<td>OBE Foundation</td>
<td>Tamil Nadu</td>
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<td>ii) Hearing Impaired</td>
<td>Cutting &amp; Tailoring Secretarial</td>
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<td>17.</td>
<td>Alpha to Omega Learning Centre, 16, Valliammal Street, Kilpauk, Madras – 600 010.</td>
<td>Learning Centre.</td>
<td>OBE Secondary</td>
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<td>Catering Management</td>
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<td>Play Centre</td>
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<td>18.</td>
<td>Sri Vidyalaya Matriculation Hr. Sec. School, 123, Vikkal Road, (256) Gobichettipalayam-638452.</td>
<td>Learning Disability.</td>
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<td>Bakery &amp; Confectionary</td>
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<td>20.</td>
<td>St. Dominic Savio School Mahakali Road Sher-E-Punjab, Andheri (E), Mumbai –400 093.</td>
<td>Learning disability.</td>
<td>OBE Foundation</td>
<td>Maharashatra</td>
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<td>21.</td>
<td>St. Andrew’s High School St. Dominic Road, Bandra Mumbai – 400 050</td>
<td>Learning Disabilities.</td>
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<td>Bakery &amp; Confectionary Food processing Typewriting (E)</td>
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<td>28.</td>
<td>Spastic Society of Eastern India, P-35/1, Taratolla Road (Opp. Marine Engineering College)</td>
<td>Spactism</td>
<td>OBE Secondary</td>
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<td>Bakery &amp; Confectionary Laundry Word Processing</td>
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<td>No.</td>
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<td>Details</td>
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<td>29.</td>
<td>Speech &amp; Hearing Institute and Research Centre, Flat No.406, 10, Mandiville Gardens, Calcutta –700 019. West Bengal.</td>
<td>Hearing Impaired.</td>
<td>OBE Foundation</td>
<td>Cutting &amp; Tailoring Typing (E)</td>
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<td><strong>Goa</strong></td>
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</tbody>
</table>

**Note:** For more Vocational Courses Contact:
- Vocational Rehabilitation Centres (see annexure: III.A)
- Voluntary Organisations (see annexure: IV)

**CONTACT ADDRESS for more information and clarifications:**

1. **NATIONAL OPEN SCHOOL**
   B-13/B, Kailash Colony
   New Delhi –110 048.

   OR

2. **REGIONAL CENTRES**

<table>
<thead>
<tr>
<th>Name of the Region</th>
<th>Name &amp; Address of Regional Director</th>
<th>States Covered</th>
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<tbody>
<tr>
<td>DELHI ZONE-II</td>
<td>Joint Director, Office Incharge (Zone-II), National Open School Indian Adult Education Association Building, 17-B, I.P. Estate, New Delhi –</td>
<td>North and East Delhi.</td>
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<tr>
<td>Regional Centre</td>
<td>Address</td>
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<tr>
<td>KOLKATA</td>
<td>Regional Director, National Open School Nirmal Bhawan, (3rd Floor), Kolkata – 700 027 (W.B.) Ph: 033-4797714: Fax: 033-761734.</td>
<td>30 048</td>
</tr>
<tr>
<td>GUWAHATI</td>
<td>Regional Director, National Open School Nirmal Bhawan (1st Floor), Christian Basti, Nilmoni Phukan Road, Guwahati –781 005 (Assam) Ph: 0361-223964: Fax: 0361-223964.</td>
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<tr>
<td>HYDERABAD</td>
<td>Regional Director, National Open School House No.17-26, Sree Nagar Colony Road No.5, Dilsukh Nagar, Hyderabad. Ph: 040-4060712 Fax: 040-4060712.</td>
<td>110 048</td>
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<tr>
<td>PATNA</td>
<td>Regional Director, National Open School 194B, Sri Krishnapuri, Patna (Bihar) Ph: 0612–236551: Fax: 0612-236551.</td>
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<tr>
<td>JAIPUR</td>
<td>Regional Director, National Open School 34, Vijapath (Ground Floor), Tilak Nagar Jaipur (Rajasthan) Ph: 0141-623546 Fax: 0141-392868.</td>
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</tr>
<tr>
<td>ALLAHABAD</td>
<td>Regional Director, National Open School Type VI Quarters, SIEMAT Campus (II) 25,PC Banerjee Road, Allenganj, Allahabad – 211 002. Ph: 0532-467249: Fax: 0532-467249.</td>
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</table>
TEACHING STRATEGIES FOR CHILDREN WITH LEARNING DISABILITIES.

Children with learning disabilities show greater learning when techniques like task analysis, peer teaching, cooperative learning, learning corners and multisensory approach are used. The following strategies would be helpful to both the parents and teachers when trying to teach such children.

Strategies for reading skills:
- Prepare the student by presenting new concepts and vocabulary.
- Guide the student in to reading a story by asking questions which bring up the purpose or goal of the reading.
- Develop or strengthen skills relating to the material through drills or worksheet activities.
- Assign work in order to apply the skills acquired during a lesson.
- Read aloud to students regularly.
- Devote a few minutes every day to sustained silent reading.
- Use writing activities that provide opportunities for the teacher to model writing strategies and skills.
- Include journal writing as part of the student’s individualised educational programme.
- Provide meaningful printed materials in the instructional setting (e.g., dictionaries, categorised lists of words).
- Establish a network of communication with other teachers, and thus using holistic techniques in working with such students.
- Let the child read aloud (oral reading). If the child makes mistakes they can be easily identified by the teacher and corrected.
- Reading can be done with peers or with parents (paired reading). This will enhance the confidence of the child.
- Reading in a group (choral reading). Here they get both auditory and visual stimulus to correct themselves.
- Use color-coded textbooks (e.g., green equals start, red equals stop)
- Have a small group of class read aloud simultaneously.

Strategies for writing skills:
- A sufficient amount of time should be allocated for writing. (e.g. four times per week) because students can learn and develop as writer only by writing.
- Expose students to a broad range of writing tasks. Students should participate in writing activities that present highly structured problem-solving situations as well as activities that involve self-selected and expressive writing.
- Create a social climate conducive to writing development. Teachers need to be encouraging in as non-threatening environment and should try to develop a sense of community by promoting student sharing and collaboration.
Integrate writing with subjects such as language and arts so as to stimulate the writing skills.

Help students develop the processes central to effective writing. The composition process of writing can be divided into a series of discrete stages (e.g. prewrite, write and rewrite), and students can be taught appropriate task-specific and metacognitive strategies (e.g. self-instructional strategy training).

Help students develop explicit knowledge about the characteristics of good writing. Students should be given exposure to the characteristics of various literary compositions either through reading or teacher presentation of writing or live models that incorporate a specific skill or style.

Help students develop the skills and abilities to carry out more sophisticated composing processes.

Assist students in the development of goals for improving their written products.

Goal setting and having students evaluate their own writing according to specific criteria can help students accurately monitor and evaluate progress.

Tape alphabets forms to the floor. Have students walk or hop around the form. Have them reproduce the form with coloured yarn.

Have students use a stick (broom handle) and their bodies to form the letters.

Spray shaving cream can be used to form large letters. Paper provides a suitable surface.

Have students use a torch light beam to trace letters on a chalkboard.

Have students form letters in wet fingerprint/paint/sand.

Use colored directional cues such as green arrows and red dots.

Help students to form an association for a letter they have difficulty remembering.

Have students orally describe their movements as the letter is being written. This provides auditory reinforcement.

Strategies for mathematics:

Use manipulatives such as buttons and beads. Let the students drop beads into a clear plastic cup and count while seeing how many beads represent the number. The child also gets auditory input to support this concept.

Use visuals. Materials for younger students usually have a generous display of visual illustrations. Materials for older pupils tend to rely more on abstract presentations. A teacher may need to supplement teaching by drawing and constructing visual representations.

Try providing verbal reinforcement with visual material. Describing the computation process while working problems along with clapping activities are other examples of verbal reinforcement.

Try using tactile presentations. These can be materials such as sandpaper number or paper strips of various lengths used to demonstrate concepts such as more or less. Another type of tactile presentation is to trace a number or problem on the back of the student’s hand.

Use color cues. Colored chalk and marking pens can be used to indicate these steps and direction of the process. Highlighters can be used to call attention to process signs (+, X) and clue words (“more than”, “times”).
• Provide a sample problem for each assignment. The referent problem can be particularly helpful for students with memory difficulties.
• Relate class activities to increase temporal awareness to time. Using phrases such as ‘in five minutes’ “earlier today” and “yesterday” will provide some basis for understanding time. Calendar work is useful, particularly in regard to special events and holidays.
• Reduce the number of examples in the assignment. Some work pages are overwhelming to the pupil because of the sheer numbers of examples. They may also lose their place because of figure-ground deficits. These pupils are also slower in their rate of production.
• Use display charts.
• Play tallying games. Develop word problems based on game scores.
• Have students use playing cards to develop games that require arithmetic computation.
• Apply measurement in the classroom. Chart the growth of class members (a long-term project for certain ages), the growth of plants, and other measurements. Have students estimate distances, weights and possible answers.
• Have students use an abacus to facilitate their calculations.
• Reinforce high rates of correct responses.
• Set a rate goal.
• Chart performances and terminate daily practice once the goal is achieved.
• Tell students to work faster.
• Challenge students to beat their last rate score.
• Teach students to use rules. (e.g., any number times 2 is double that number).
• Drill difficult problems with flash cards.
• Play instructional math games.
• Teach students the relationship between addition and subtraction or multiplication and division when they are learning the respective facts.
• Use color-coded textbooks (e.g. green equals start, red equals stop)
• Use concrete manipulations.
• Use meaningful examples and materials
• Have students use graph paper to help organize numbers and columns on mathematical assignments.
• Teach key vocabulary in mathematics.

Strategies for Attention deficit and hyperactive disorder:
• Reward the student for being prepared by allowing him/her to participate in favourite activities, conferring classroom privileges (like making the child monitor of the class)
• Establish routines for placing objects –especially routinesly used objects such as books or assignments.
• Point out to the salient features of the assignments (topic sentences, headings or table of contents)
• Provide the student with a list of materials needed for each task. Limit the list to only those materials necessary to complete the task.
• Enhance the clarity of instructions. Repeat as often in a clear, calm tone.
• Shorten the task by breaking one task into smaller parts to be completed.
• Make tasks more interesting.
• Increase the novelty of the task by using a game format
• Use high interest curriculum materials.

**General interventions**
- Show, demonstrate and model.
- Utilize multisensory learning.
- Break information down into smaller units.
- Utilise peer tutoring and cooperative learning.
- Use a developmentally appropriate approach.
- Make information as concrete as possible.
- Provide a small group of instructions.
- Read test materials to the student.
- Find out how the student learns best, and utilize this learning channel.
- Provide opportunity for continuous success.
- Use consistent vocabulary when teaching a new skill
- All students should be encouraged and given time to work collaboratively and solve problems up to whatever levels they can attain.
- Give students a chance to share and justify their thinking in different ways.
- Make greater use of problem driven tasks and open-ended questions.
- Increase expectations for student’s reasoning, and encourage multiple solution strategies.
- Lay greater emphasis on student’s dialogue and collaboration.
- Make less use of teacher directed instruction.

**Role of the parents:**
No one is prepared to be the parent of a handicapped child. The parent(s) primarily learn about their child through an experience of family living, and the professionals working with these parents must focus on their experiences which are unique in every individual case. Although parents may share common problems and reactions; the combinations of possible reactions, the intensity of the reactions, and the duration of the reactions are some factors that necessitate that each family be considered individually.

Parental adjustment may consist of any or all the following stages:
- Awareness of the problem
- Recognition of the problem
- Search for a cause
- Search for a cure, and
- Acceptance of the child.

The parents should bear the following in mind:
- Foster feelings of self-esteem in your child.
- Do not compare the performance of their child with other siblings.
• All children have strengths and competencies, and these strengths must be identified and reinforced.
• Parents who convey hope provide a major force in helping children overcome adversity and become resilient.
• Parents can help children develop a sense of responsibility and contribution to their family, and the ward in general.
• Parents can provide opportunities for their child to make choices and decisions, and promote self-discipline.
• Parents can help the children deal effectively with their mistakes and failures.
• If possible, parents should attend training programmers along with the community.
CHAPTER-5

DISABILITY CERTIFICATE OR IDENTITY CARD

The disability certificate and/or identity card is the basic document that a person with any disability of more than 40 percent requires in order to avail any facilities, benefits or concessions under the available schemes. This is not required for getting admission in a school for formal education.

DISABILITY CERTIFICATE:

Persons authorised to give disability certificate:

The respective Medical boards constituted at a State or a district level are the certifying authority to issue disability certificate. The board consists of a chief medical officer/sub divisional medical officer in the District and another expert in the specified field. These examples are: an ophthalmic surgeon in case of visual handicaps either ENT surgeon or an audiologist in case of speech & hearing handicaps, an orthopaedic surgeon or a specialist in physical medicine and rehabilitation in case of locomotor handicaps and a psychiatrist or a clinical psychologist or a teacher in special education in case of mental handicaps. The respective disability certificate for mental retardation or other disabilities (visual, speech and hearing, and locomotor disability is given as Form.X and Y at the end of this chapter.
- The certificate is issued to persons with disabilities mentioned in the PWD Act,1995. At present, disabilities like Autism and learning disabilities are not covered under this Act.
- The certificate is valid for a period five years.
- When there are no chances of variation in the degree of disability, a permanent disability certificate is given.
- In order to get a disability certificate a person requires a birth certificate and proof of residence. If a child is born at home, parents can get the birth certificate from their district magistrate.

IDENTITY CARD:

Presently, various ministries/departments of the central government as well as the state and UT level government, provide a number of concessions/facilities/benefits to the persons with disabilities. These benefits are provided - on the basis of certain documents. The procedural requirements are different in each case. Therefore, the persons with disabilities – have to do complex paper work which causes a lot of inconvenience and hinderance in availing various benefits. The Government of India has therefore issued guidelines (August,2000) to states/UTs for issue of identity card (IC) to the persons with disabilities go as to enable them to easily avail any applicable benefits/concessions.
**Eligibility:** All those who are certified by the appropriate authority to have disability as per the definitions given in the PWD, Act,1995, will be eligible to obtain the identity card. This card will be issued to all eligible persons with disability irrespective of their age.

**Medical Certificate:** Medical certificate obtained from the authorized medical board constituted by the State Govt./Defence authority, is a necessary prerequisite for obtaining the card.

**Application:** Person with disability may apply for issue of the IC to the appropriate authority. In the case of persons with mental retardation, autism, cerebral palsy or multiple disabilities, application can be made by the legal guardian. ex-servicemen, should apply for IC through the Rajya Sainik Board/ Zila Sainik Board or the Army formation HQs on the basis of disability certificate given by competent medical authority in the defence forces, obtain IC. Two passport size photographs would be required.

**Duration of validity:** The card has a life long validity when issued to a disabled person - above the age of 18 years. For disabled children below 18 years of age, the card is required to be updated once in every five years. No fresh medical examination is necessary in the case of permanent disability.

**Cost:** A nominal amount can be charged to the disabled person at the time of submission of the application form for IC.

The IC will contain information like Identity card Number, Disability code, District code State code, etc.
A pass book will also be issued along with the IC. This pass book is meant to contain the details of various benefits and concessions provided to that person.

Since these guidelines are recent, the states and the UTs are likely to be in the process of creating an infrastructure for issue these identity cards to every disabled person.

**FOR MORE DETAILS CONTACT :**

Field: Doctor at Primary Health Centre
Block: Community Health Centre
District: District Hospital (Chief Medical Officer)
          District Welfare Officer
Centre : 1. Joint Secretary,
          Ministry of Social Justice and Empowerment
          Shastri Bhawan
          New Delhi-110001.
2. National Trust,
   (Ministry of Social Justice and Empowerment,
   (Government of India)
   IPH Complex, 4 Vishnu Digamber Marg,
   New Delhi- 110002.
CERTIFICATE OF MENTAL RETARDATION FOR GOVERNMENT BENEFITS.

This is to certify that Shri./Smt./Kum ……………………………………………………………
Son/Daughter of ……………………………………………………………..of village/town/city
………………………. with particulars given below:

   a) Age
   b) Sex
   c) Signature/Thumb Impression.

CATEGORISATION OF MENTAL RETARDATION
Mild/Moderate/Severe/Profound
Validity of the Certificate: Permanent

Signature of the Government
Doctor/Hospital with seal
Chairperson Mental Retardation
Certification Board.

Recent Attested Photograph
Showing the disability affixed
Here.

Date:
Place:
STANDARD FORMATE OF THE CERTIFICATE

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL issuing the certificate.

Certificate No……………      Date:……………….

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt/Kum………Son/wife/daughter of Shri ……
Age …… old male/female, Registration No. …… is a case of ……………….He/She is
physically disabled/speech & hearing disabled and has ………….% (……………….
per cent) permanent (physical impairment/visual impairment/ speech & hearing
impairment) in relation to his/her ………………………………………………………….

Note:-

1. This conditions is progressive/non-progressive/likely to improve/not likely to
   improve.*

2. RE-assessment is not recommended /is recommended after a period of ………
   …………………months/years.*

• Strike out which is not applicable.

Sd/-       Sd/-    Sd/-
(DOCTOR)    (DOCTOR)   (DOCTOR)
Seal         Seal       Seal

Signature/Thumb Impression of the patient.

Countersigned by the
Medical Superintendent/Chief Medical Officer/
Head of Hospital (with seal)

Recent attested
photograph
Showing the disability
affixed here
Facilities/concessions are available for the disabled children under the following programmes.

1. Integrated Education for Disabled Children
2. Children’s Education Allowance
3. Communication – Postage, Telecommunication
4. Allotment of STD/PCO to handicapped persons
5. Travel-by rail, by air.
6. Customs concessions.
7. Conveyance Allowance
8. Award of dealerships/ agencies by Oil Companies.
9. Employment of handicapped through special employment exchange etc.
10. Reservation of Jobs and other facilities.
11. Economic Assistance- Public Sector Banks, Subsidy to disabled under Swarnajayanti Gram Swarozgar Yojana (SGSY), financial assistance through National Handicapped Finance and Development Corporation.
12. Indira Awaas Yojana

The degree of disability should be at least 40% in order to be eligible for any concession/benefits. All persons with Mental Retardation are eligible for concessions/benefits. The classification of various concessions being recommended are applicable to the permanent disability only.

1. SCHEME OF INTEGRATED EDUCATION FOR THE DISABLED CHILDREN

The scheme of Integrated Education for the Disabled Children (IEDC) is a centrally sponsored scheme and is being implemented by the Department of Secondary and Higher Education under the Ministry of Human Resource Development since 1982.

Under this scheme, children with disabilities are encouraged to be integrated in the normal school system. States and UTs are provided with hundred per cent assistance for education of the children with disabilities in general schools. It includes the provision of necessary aids, incentives and specially trained teachers.

A three-member team comprising of a doctor, a psychologist and a special educator is formed for assessment of the disability in school going children.
The following types of children with disabilities are covered under this scheme:
1. Children with locomotor handicaps (Orthopaedically Handicapped (O.H.))
2. Mildly and moderately hearing impaired.
3. Partially sighted children.
4. Mentally handicapped-educable group (IQ 50-70)
5. Children with multiple disabilities (visual and orthopaedic impairment; hearing and orthopaedic impairment; educable mentally retarded and orthopaedic impairment; visual and mild hearing impairment)

The following monetary allowances are permitted for the disabled children under this scheme:
(a) Books and Stationery allowance of Rs.400/- per annum.
(b) Uniform allowance of Rs.50/-per annum.
(c) Transport allowance of Rs.50/- per month (if a disabled child admitted under the scheme resides in a hostel of the school within the school premises, no transportation charges would be admissible).
(d) Reader allowance of Rs.50/- per month in case of blind children after class V.
(e) Escort allowance for severely handicapped children with lower extremity disabilities @ Rs.75/- per month.
(f) Actual cost of equipment subject to a maximum of Rs.2000/- per student for a period of five years.

Other Concessions.
1. In the case of severe degree of orthopaedically handicapped children, it may be necessary to allow one attendant for 10 children in a school. The attendant may be given the standard scale of pay prescribed for Group ‘D’ employees in the State/U.T. concerned.
2. Disabled children residing in hostels within the same school where they are studying may get boarding & lodging charges as admissible under the state government regulations. In case there is no state scheme of awarding scholarship to such hostel residents, then each one of them is eligible to receive the actual boarding & lodging charges subject to a maximum of Rs.200/- per month. This allowance does not apply if the income of the parents exceed Rs.3000/- p.m.
3. Severe orthopaedically handicapped children residing in school hostels may need a helper or an ayah. A special pay of Rs.50/- p.m. is admissible to any employee of the hostel willing to extend such help to the children in addition to the usual duties.
4. If there are at least 10 handicapped children enrolled in a school located in a rural area, then an allowance of Rs.300/-p.m. is allowed so as to meet the expenses of their free transportation by a rickshaw. This allowance also covers the capital cost of the rickshaw and labour charges of rickshaw puller. No individual transport allowance is then admissible for the students.
2. CHILDREN'S EDUCATION ALLOWANCE

Grant of education allowance to the children & reimbursement of the tuition fee for Central Government employees will be governed by the Central Civil Services (Education Assistance) Orders, 1988.

Under this order, the reimbursement of tuition fee in respect of physically handicapped and mentally retarded children of the Central government employees has been enhanced to Rs.50 p.m. (from class I to XII) in comparison to the general category where it is only Rs.20.p.m. The disabled children will, however, get other assistance under this scheme as per rates prescribed for the normal children.

3. COMMUNICATION

A. Postage

Payment of postage, both inland and foreign, for ‘Blind Literature’ packets is exempted if sent by surface mail. If packets are to be sent by air, then prescribed airmail charges are applicable.

The relevant rule from the Post Office Guide is reproduced below.

**Exemption from Postal Fees.**

1. ‘Blind Literature’ packets are exempted from payment of the following fees besides being exempted from the payment of postage (I) registration fee, (II) fee for acknowledgement and (III) fee for the attested copy of the receipt.
2. Postage free ‘Blind Literature’ packets will be transmitted by surface route only, and if they are to be sent by air, the airmail charge as prescribed for packets has to be paid.

**Contents and Conditions of Posting.**

Papers of any kind, periodicals and books printed in Braille or other special type for the use of blind may be transmitted by post as ‘Blind Literature’ packets, provided that they are posted in accordance with the below mentioned conditions.

Plates bearing the characters of writing, sound records for the use of the blind, and discs, films, tapes and wires on which spoken message for the blind have been recorded, when sent by, or addressed to, an officially recognized institution for the blind, shall also be treated as ‘Blind Literature’.

(a) The packets shall consist only of articles specially impressed as described above for the use of the blind, and shall not contain any communication either in writing or printed in ordinary type, except the title and table of contents of the book or periodical and any key to, or instructions for, the use of special type, or any enclosure except a level for the return of the packet.
(b) The packet shall bear on the outside the inscription ‘Literature for the Blind’ and the written or printed name and address of the sender.
(c) The packet shall be posted without a cover, or in a cover open at both ends, which can easily be removed for the purpose of examination.
(d) No ‘Blind Literature’ packet may weigh more than 7 kg.
(e) ‘Blind Literature’ packets are subject to the same limits of dimensions as printed papers.

**Penalty for Breach of Conditions.**

Should any of the conditions mentioned above be infringed, the packet (unless it is admissible as an ordinary packet) will be charged on delivery with letter or parcel postage, whichever may be less.

Rules 304, 305, 306 in regard to definition of ‘Blind Literature’ Conditions and Exemption from Postal Fees in respect of foreign postage are the same as prescribed in rule 129 and 130 in regard to Inland postage. However, the penalty for breach of conditions in respect of foreign postage is specified under 307 - penalty for Breach of conditions.

“Blind Literature” packets which contain any note or document having the character of actual and personal correspondence, or which are not made up in such a manner as to admit of easy examination of the contents, or which contain postage stamps, form of pre payment whether obliterated or not or paper representing any value, or which infringe any of the foregoing conditions will not be forwarded, but will be returned to the sender and will be charged on delivery with letter or parcel postage at the internal postage rate whichever is applicable. If the sender wishes to report the article after complying with the necessary conditions, he may do so. It is permissible in such cases to use the original wrapper, but the use of a fresh wrapper is preferable and is recommended.

B. **Telecommunication**

**Concessional Telephone Connection to Blinds**

Telephone facilities to blind persons on concessional and priority basis are provided on the following terms.

- **Rental Rebate** – 50% of the normal rental.
- **Advance Rental** – 50% of the annual advance rental and bi-monthly rental as applicable to a private subscriber. This facility is available in Non-OYT (Special) category only.

4. **PREFERENCE IN ALLOTMENT OF STD/PCO TO HANDICAPPED PERSONS.**

Educated unemployed persons are eligible for allotment of STD/PCOs. The educational qualification for the applicants is:
- VIIIth or Middle School Pass for rural areas.
- At least Matriculation or High School for urban areas.
5. TRAVEL CONCESSION FOR THE DISABLED

I. By Rail

As per an order of Ministry of Railways, Government of India, the following concessions are available to the disabled persons.

A. Blind Person

A blind person traveling alone or with an escort, is required to produce a disability certificate from a government doctor or a recognized medical practitioner, so as to get the concession. Refer to the table below for details about concessions.

The concession certificate may be issued by the Station Master on collection of a filled up form and a copy of the original certificate which is duly attested by a Gazetted Officer, M.P., M.L.A. etc. may need to be produced while collecting the ticket. The blind person is not required to be present at the station for purchase of a ticket.

B. Person with Orthopaedic Disabilities.

The orthopaedically handicapped person traveling with an escort, on production of a certificate from a Government Doctor to the effect that the person concerned is orthopaedically handicapped and cannot travel without the assistance of an escort, is eligible for getting concession.

All categories of Orthopaedically Handicapped persons/patients accompanied by an escort when traveling (for admission or on discharge from a hospital where the O.H. persons are treated or for consultation with a medical expert) have to produce a certificate from a government doctor/orthopaedic surgeon that the person is a bonafide O.H person and requires an escort before being allowed to avail the concession.

C. Deaf & Dumb Person

A deaf & dumb person traveling alone (both afflictions together in the same person) on production of a certificate from a government doctor is eligible for the concession.

D. Person with Mental Retardation

A mentally retarded person, accompanied by an escort, on production of a certificate in the prescribed form, from a government doctor, is eligible to get the concession. Refer to the table below for details about concessions.

The form of copy of Certificate is at Appendix ‘A to D, &D-I’

NOTE: The Amount of concession is same for all the categories mentioned above-blind, deaf & dumb*, orthopaedic handicapped, and mentally retarded

<table>
<thead>
<tr>
<th>Class:</th>
<th>First class</th>
<th>Second class</th>
<th>Sleeper class</th>
<th>First class</th>
<th>Second class</th>
</tr>
</thead>
<tbody>
<tr>
<td>%age of concessions</td>
<td>75</td>
<td>75</td>
<td>75</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>*In case of Deaf &amp; Dumb</td>
<td>50</td>
<td>50</td>
<td>50</td>
<td>50</td>
<td>50</td>
</tr>
</tbody>
</table>
The following regulations are also applicable for their travel:

1. A deaf and dumb person is allowed 50% concession in railway fare both in the first and second class, but it is not allowed for the escort.

2. A deaf and dumb person is permitted to travel by 2-tier A.C. Sleeper on payment of concessional fare for first class and full surcharge for 2-tier A.C. Sleeper.

3. Mentally Retarded person is permitted to travel by 2-tier A.C. Sleeper on payment of concessional fare for first class and full surcharge for 2-tier A.C. Sleeper.

4. Facility of issue of concessional return ticket will also be available within one month from the date of commencement of outward journey. M.R. person should be given preference in allotment of coupe on reservation in first class, if required. Free ticket for one escort is available for every two persons in the same class of carriage whether they hold adult ticket or half ticket.

5. All the concessional fares shall be calculated on the basis of the basic railway fare for the journey.

6. No person/party will be allowed more than one concession at one time.

7. The holder of a concessional ticket will not be permitted to change the ticket to a higher class by paying the difference, unless the disable person has a serious disease such as tuberculosis, cancer or leprosy. A break-up in the journey shall not be allowed on a concessional ticket which is issued for a specific route. A break in the journey will be allowed only if it is natural event. During a break in the journey, the passenger has to endorse the ticket from the station master containing his initials, date and station code. No refunds are allowed for the unused portion of such tickets.

II. By Air

The Indian Airlines Corporation allows 50% concessional fare to blind persons on a single one-way journey or single fare for round trip journey on all domestic flights. To avail this facility the visually handicapped person has to produce a certificate from a medical practitioner. Air Hostess/Steward will look after the blind persons not accompanied by escort(s) during flight. The Public Relation Officer or the Traffic Officer Incharge at the airport will render necessary assistance to inform such passengers at the airport of their departure and arrival. Escorts have to pay full fare. This concession cannot be combined with any other concessional fare allowed by the Indian Airlines.

In a recent decision the Supreme Court of India (AIR 1999 S.C.512) has held that the government should give same concession as for the blind to any passenger traveling by Indian Airlines who has 80% locomotor disability. They are allowed to carry a pair of crutches/braces or any other appropriate prosthetic devices free of charge.

6. CUSTOM CONCESSIONS

The Central Government exempts goods specified in the table below, when imported into India by a handicapped or disabled person for his personal use, from the whole of the duty of customs and any additional duty subject to the condition that the
importer produces to the Assistant Collector of Customs, at the time of importation, a certificate (from the Civil Surgeon of the District, Medical Officer or the Administrative Medical Officer or the Director of Health Services of the concerned State or a Specialist in the concerned speciality attached to a Government Hospital or a recognized medical college) to the effect that the importer suffers from the particular handicap or disability and that the imported goods in respect of which the exemption is claimed are essential to overcome the said handicap or disability.

Table:
1. Braille writers and braille writing equipment.
2. Hand writing equipment, braille frames, slates, writing guides styli, braille erasers, script writing guides.
3. Canes, electronic aids like the sonic guide.
4. Optical, environmental sensors.
5. Arithmetic aids like taylor frame (arithmetic and algebra types), cubarythm, speaking or braille calculator.
6. Geometrical aids like combined graph and mathematical demonstration board, braille protractors, scales compasses and spar wheels.
7. Electronic measuring equipment, such as calipers, micrometers, comparators, gauges, block levels, rules rulers and yard sticks.
8. Drafting drawing aids, factile displays.
9. Specially adapted clocks and watches.
10. Orthopaedic appliances
11. Wheel chairs.

7. CONVEYANCE ALLOWANCE

Individuals who are blind or orthopaedically handicapped (with disability of upper or lower extremities) are to the granted conveyance allowance at 5% of basic pay subject to a maximum of Rs.100/-p.m., and further subject to the following conditions:

1. An orthopaedically handicapped employee will be eligible for conveyance allowance only if he/she has a minimum of 40% (permanent/partial) disability of either upper or lower limbs or 50% (permanent/partial) disability of both upper and lower limbs together.
2. Conveyance allowance will be admissible to the orthopaedically handicapped employee(s) on a recommendation by the head of orthopaedic department of a Government Civil Hospital.
3. In the case of a blind employee the allowance will be admissible after a recommendation by the head of ophthalmological department of a Government Civil Hospital.
4. Conveyance allowance is also applicable to the central government employees suffering from a spinal deformity (generally known as hunch back disability) and at the same rate as available to other physically handicapped persons.
5. The allowance will not be admissible during leave (except casual level), joining time or suspension.
8. **AWARD OF DEALERSHIPS OR AGENCIES BY OIL COMPANIES.**

The commonly used categories for such purpose include:
Award of retail outlet, 2/3 wheeler outlet, kerosene-LDO Dealerships and LPG distributorships.

The Ministry of Petroleum & Natural Gas has reserved 7% of all types of dealership agencies of the public sector oil companies for physically handicapped, government personnel (other than defence personnel; disabled on duty) and the widows of government personnel (other than defence personnel who die in the course of duty).

The Oil industry selects its dealers or distributors through an advertisement in one english daily and 1 regional daily having maximum circulation in the district in which the dealership or distributorship is to be located.

**Eligibility Criteria for such selection include:**

1. Indian nationality
2. Age (between 21-30 years)
3. Matriculation or equivalent education
4. Physically handicapped persons should produce a certificate from the civil surgeon/CMO or superintendent of a government hospital that he/she is orthopaedically handicapped to a minimum of 40% (permanent/partial) disability of either upper or lower limb or both upper and lower limbs together.

Partially (PH) candidates are also eligible. Persons with total blindness are eligible to apply for a retail outlet or kerosene-LDO dealership. They are however not eligible for LPG distributorship.

**Income clause:**

The candidate’s income should not be more than Rs.50,000/- p.a. Income for this purpose would include the income of the candidate, his/her spouse and all of the dependent children put together. In case of a dependent, his/her parent’s income would also be taken into consideration.

Application form: Standard formats can be obtained from divisional/regional office of the concerned oil companies.

9. **EMPLOYMENT OF THE HANDICAPPED:**

Assistance to the disabled persons in getting gainful employment is available either through the special cells in normal employment exchanges or through special employment exchanges for physically handicapped.
Upto 100% financial assistance is provided in the case of special cells, and 80% in the case of special employment exchanges of state govt.s and union territory administrations.

For detailed information, contact:

Joint Secretary (DD)
Government of India
Ministry of Social Justice & Empowerment
6th Floor, “A” Wing
Shastri Bhawan,
New Delhi – 110 001.

10. RESERVATION OF JOBS AND OTHER FACILITIES FOR DISABLED PERSONS

(i) 3% reservation in Gr ‘C’ and ‘D’ posts.

As per the order of government of India, reservation of 3% in jobs have been made in Gr ‘C’ and Gr.’D’ posts for the physically handicapped persons. The category of handicapped persons benefited are the blind, the deaf and the O.H. persons as given below:

<table>
<thead>
<tr>
<th>Category of handicapped</th>
<th>%age of reservation</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) The Blind</td>
<td>1%</td>
</tr>
<tr>
<td>(2) The Deaf</td>
<td>1%</td>
</tr>
<tr>
<td>(3) The O.H.</td>
<td>1%</td>
</tr>
</tbody>
</table>

For effective implementation of the reservation it has been advised to maintain a roaster of vacancies arising in Gr’C’ and ‘D’ posts on a yearly basis. In this way every 34th vacancy is earmarked for the blind. Similarly, the 67th and 100th vacancy of every successive cycle consisting of 100 vacancies is reserved for a deaf and an OH respectively.

(ii) Definitions of disabled for the purpose of reservation

Blind Person
A blind person is one who suffers from any one of the following conditions:
(a) Total absence of sight;
(b) Visual acuity not exceeding 6/60 or 20/200 (snellen) in the better eye with correcting lenses;
(c) Limitation of the field of vision subtending an angle of 20 degrees or worse.

Deaf Person
A deaf person is one whose sense of hearing is non-functional for ordinary purposes of life. When clinically tested understanding of even amplified speech is severely impaired. Most of such cases included in this category will have a hearing loss of more than 90 decibles in the better ear (profound impairment), or a total loss of hearing in both ears.

Orthopaedically Handicapped Person.
An orthopaedically handicapped person is one who has a physical defect or deformity which causes an interference with the normal functioning of bones, muscles and/or joints.

(iii) **Identification of jobs**: In order to implement these reservations without loss of productivity, some posts are identified disability wise.

(iv) **Posting of handicapped candidates**: As per the decision of Government of India, disabled persons recruited for regional Gr ‘C’ and Gr ‘D’ posts may be given their posting (as far as possible) near their native place in that region subject to the administrative constraints. PH employees may be given preference in transfer near their native place.

(v) **Relaxation of ban order on recruitment to vacancies earmarked for PH persons**: As per a government order regarding ban on filling up of non-operational vacant posts, it will not be applicable for reserve vacancies to be filled up by PH persons.

(vi) **Carry forward of vacant posts under reserve category**: As per the Government order if a reserve category of person is not available and the nature of vacancy in an office is such, it may be carried forward for a period of three subsequent years.

(vii) **Appointment of VH persons as a caner in government department**: As per the decision of Government of India it has been instructed that recaning of chairs in government offices should be done by blind persons as far as possible. When the volume of work require a full time chair caner then a suitable post may be created in consultation with the finance department. For the purpose of recaning the chairs in government offices, vocational rehabilitation centres and special employment exchange for the PH persons may be contacted.

(viii) **Instruction to the appointing authority(ies) for intimating vacancies reserved for handicapped**: As per the existing instructions of the Government all the vacancies in Gr ‘C’ and ‘D’ posts irrespective of their nature and duration are to be notified to the employment exchange and required to be filled through this agency unless they are filled through UPSC/SSC. It has also been decided that all of the appointees should send their request to Employment Exchange/Special Employment Exchange/nearest Vocational Rehabilitation Centres for P.H. for nominating suitably handicapped persons tko fulfill specific opportunities.

(ix) **Grant of age concession to PH persons**: As per the government order it has been decided to extend the age concession upwards by 10 years in favour of handicapped persons. This applies to posts filled through the SSC and through Employment Exchange in Gr ‘C’ and Gr ‘D’ posts.

(x) **Relaxations in typing qualification**: As per the order, PH persons who are otherwise eligible for appointment to posts of LDC but cannot be so appointed due to their inability to satisfy the typing qualifications may be exempted from this requirement.

(xi) **Exemption of examination fee**:

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As per the order, PH persons recruited to Gr. ‘B’ and Gr. ‘C’ posts advertised by the UPSC and SSC will be exempted from the payment of application and examination fee as prescribed by UPSC/SSC.

11. ECONOMIC ASSISTANCE

A. Public Sector Banks

Under the ‘Scheme of Public Sector Banks for Orphanages, Women’s Home and Physically Handicapped persons’, the benefits of the deferential rate of interest are available to physically handicapped persons.

Eligibility
Physically handicapped persons are eligible to take loans under this scheme, if they satisfy the following conditions:
- Should be pursuing a gainful occupation
- Family income from all sources should not exceed Rs.7200/ p.a. in urban or semi-urban areas or Rs. 6400/ p.a. in rural areas
- Should not have a land holding exceeding 1 acre if irrigated and 25 acres if un-irrigated
- Should not incur liability to two sources of finance at the same time
- Should work largely on their own and with such help as from another family member or a joint partner(s); and should not employ paid employees on a regular basis.

B. Subsidy To Disabled Under Swarnjayanti Gram Swarozgar Yojana (SGSY)

This scheme was launched in 1999 with an aim to lift the poor families above the poverty line by providing them income generating assets through a mix of bank credit and government subsidy. The list of BPL (below poverty line) households, identified through BPL census, duly approved by the Gram Sabha forms the basis for assistance to families under SGSY. This scheme covers all aspects of self-employment, which include organization of the rural poor into self-help groups (SHG), training, planning of activity clusters, infrastructure build up, technology and marketing support. In the case of disabled persons, a SHG may consist of a minimum of 5 persons belonging to the families below poverty line. Three percent quota is earmarked for the disabled persons under the SGSY. The subsidy limit under the scheme is Rs. 7500/- (30% subsidy) for an individual and Rs. 1.25 lakh for a group (50% subsidy). This scheme is being implemented by the District Rural Development Agencies (DRDAs) along with the involvement of Panchayati Raj Institutions, the banks, and the non-government organizations.

C. Financial Assistance Available To Persons With Disabilities

The National Handicapped Finance and Development Corporation (NHFDC) has been incorporated by Ministry of Social Justice & Empowerment, Government of India
on 24th January 1997 under section 25 of the Companies Act, 1956 as a company not for profit. It runs several schemes to financially assist the disable persons who are eligible for this purpose.

Eligibility
- Any Indian citizen with a 40% or more disability.
- Age between 18 and 55 years.
- Annual Income below Rs.60,000/- per annum for urban areas and Rs.55,000/- p.a. for rural areas.
- A cooperative society of disabled persons.
- A legally constituted association of disabled persons.
- A firm promoted by disabled persons.
- Each member of society/association/firm applying for loan should fulfil the disability, age and income criteria.
- Relevant background of educational / technical / vocational qualification or experience, to ensure an appropriate usage of the assistance.

NHFDC Schemes:
The corporation can assist a wide range of income generating activities for disabled persons. These are:
- For setting up small business in service/trading sector: Loan up to 20.00 lakhs.
- For setting up small industrial unit: Loan upto Rs.20.00 lakhs.
- For higher studies/professional training to cover tuition fees books, stationery expenses, hostel facilities etc.
- For agricultural activities: Loan upto Rs.5.00 lakhs.
- For manufacturing/production of assistive devices for disabled persons: Loan upto Rs.25.00 lakhs.
- For self employment amongst persons with mental retardation, Cerebral Palsy and Autism: Loan upto Rs.2.50 lakhs.

Note: a) All loans are to be repaid within 7 years.
   b) A rebate of 2% on interest for disabled women is given.
   c) A rebate of 0.5% on interest for timely and full repayment of loan & interest.

<table>
<thead>
<tr>
<th>Project Cost</th>
<th>NHFDC Share</th>
<th>Ch.Agency Share</th>
<th>Promoters Share</th>
<th>Rate of Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Than Rs. 50,000/-</td>
<td>100%</td>
<td>Nil</td>
<td>Nil</td>
<td>5% p.a.</td>
</tr>
<tr>
<td>Above Rs. 50,000/- &amp;</td>
<td>95%</td>
<td>5%</td>
<td>Nil</td>
<td>6% p.a.</td>
</tr>
<tr>
<td>Less than 1 lakh</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Above 1 lakh &amp; less</td>
<td>90%</td>
<td>5%</td>
<td>5%</td>
<td>9% p.a.</td>
</tr>
<tr>
<td>Than 5 lakhs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Above 5 lakhs.</td>
<td>85%</td>
<td>5%</td>
<td>10%</td>
<td>10% p.a.</td>
</tr>
</tbody>
</table>
How to apply:
Applications on a prescribed format should be submitted to the National Handicapped Finance and Development Corporation, Faridabad, through a channelising agency.

FOR FURTHER INFORMATION, CONTACT:
National Handicapped Finance and Development Corporation
Red Cross Bhawan, Sector :12
(opp. Mini Secretariat)
Faridabad – 121 002 (Ph:284371).

12. INDIRA AWAAS YOJANA (IAY)

It is a centrally sponsored housing scheme for providing dwelling units free of cost to the rural poor living below the poverty line at a unit cost of Rs.20,000/- in plain areas and Rs.22,000/- in the hilly/difficult areas. Three percent of its funds are reserved for the benefit of disabled persons living below the poverty line in rural areas.

For Further Information Contact:
Rural Development Agency at the District level

FOR MORE DETAILS REGARDING ANY OF THE TOPICS COVERED IN THE CHAPTER, CONTACT:
State: See a list of Contact Persons in the State at Annexure –II.A
Centre: National Information Center on Disability & Rehabilitation
        CACU-DRC Scheme,
        Ministry of Social Justice & Empowerment,
        4, Vishnu Digamber Marg,
        New Delhi –110 002.

SEE TABLE –I
FOR A SUMMARY OF VARIOUS CONCESSIONS AVAILABLE TO THE DISABLED PERSONS IN DIFFERENT STATES AND UTs.
APPENDIX ‘A’
(Rule 101, Serial No.9(1) and (2)
CONCESSION CERTIFICATE

CONCESSION CERTIFICATE
Paste passport size photograph Form for the purpose of grant of rail concession
Duly signed and stamped by the to completely Blind persons to be used by a Regd.
Issuing Doctor/person. Medical Practitioner/Government Doctor/Heads of
The Blind recognized by Ministry of Social Justice
& Empowerment/Government of India or Social
Welfare Department of the concerned State Govt.

This is to certify that Km./Shri/Smt…………………………………………………
Whose particulars are furnished below, is a COMPLETELY BLIND PERSON.

Particulars of the completely blind person:

(a) Address:………………………………………………………………………..
(b) Father’s/Husband’s Name ………………………………………………….
(c) Age:  ………………   Sex: ……………………………………
(d) Signature or left hand Thumb:………………….
impression of blind person:…………………………………………………

Place:  ……………………..  (Signature of the Registered Medical
Date :  ……………………..  Practitioner or Govt. Doctor or Head of the
Institution for the Blind recognized by M/O
Social Justice & Empowerment, Govt. of
India or Social Welfare Dept’ of the
Concerned State Government).

Clear Seal of Government  Seal containing full name and Regd.No. of
Hospital/Clinic or Institution.  The certificate issuing Doctor/Person.

Note:
(1) This certificate should be issued only to COMPLETELY BLIND PERSONS.  
The photo must be signed and stamped by the certificate issuing Doctor/person in such a 
way that signature and stamp appears partly on the photo and partly on the certificate.

(2) The certificate is valid for five years from the date of issue. After expiry of the 
period of validity of the certificate, the person is required to obtain a fresh certificate. A 
Photostat copy of this certificate will have to be produced for inspection at the time of 
purchase of concessional ticket and during the journey if demanded.
APPENDIX ‘B’
(Rule 101, Serial No.25)
CONCESSION CERTIFICATE

Paste passport size photograph Form for the purpose of grant of rail concession
Duly signed and stamped by the to Orthopaedically Handicapped /Paraplegic
Issuing Doctor/person. Persons/patients to be used by the Govt. Doctor.

This is to certify that Km./Shri/Smt…………………………………………………………
Whose particulars are furnished below, is a bonafide “Orthopaedically
handicapped/Paraplegic person/patient and CANNOT TRAVEL WITHOUT THE
ASSISTANCE OF AN ESCORT.

Particulars of the Orthopaedically Handicapped/Paraplegic person/patient:
(a) Address:………………………………………………………………………………
(b) Father’s/Husband’s Name …………………………………………………………
(c) Age: ………………..  Sex: ……………………………………..
(d) Nature of Handicap: (To be written by Doctor
whether the disability is temporary or permanent)…………..
(e)  Causes of loss of functional capacity: ……………………………
(f) Signature or Thumb impression of Orthopaedically
handicapped/Paraplegic persons/patient: (not necessary for whose both
hands are missing or non-functional).

Place: ……………………..     (Signature of the Govt. Doctor)
Date : ……………………..

Clear Seal of Government Seal containing full name and
Hospital/Clinic Regd.No. of the Doctor.

Note:
(1) The Certificate should be issued only to those Orthopaedically
Handicapped/Paraplegic Persons/patients WHO CANNOT TRAVEL WITHOUT THE
ASSISTANCE OF AN ESCORT. The photo must be signed and stamped in such a way
that Doctor’s signature and stamp appears partly on the photo and partly on the
certificate.
(2) In the case of temporary disability, the certificate will be valid for five years from
the date of issue. In the case of permanent disability, the certificate will remain
valid for (1) five years, in case of persons upto the age of 25 years, (2) ten years,
in case of persons in the age group of 26-35 years and (3) in the case of persons
above the age of 35 years, the certificate will remain valid for whole life of the
concerned person. After expiry of the period of validity of the certificate, the
person is required to obtain a fresh certificate. A Photostat copy of this certificate
is accepted for the purpose of grant concession. The original certificate will have
to be produced for inspection at the time of purchase of concessional ticket and
during the journey, if demanded.
(3) No alteration in the form is permitted.
APPENDIX ‘C’  
(Rule 101, Serial No.28)  
CONCESSION CERTIFICATE

Paste passport size photograph  
Duly signed and stamped by the  
Issuing Doctor  
Form for the purpose of grant of rail concession  
to totally Deaf and Dumb person( both afflictions  
together in the same person) to be used by the  
Government Doctor.

This is to certify that Km./Shri/Smt………………………………………………………….
Whose particulars are furnished below, is a TOTALLY DEAF & DUMB PERSON.

Particulars of the totally deaf and dumb person:

(a) Address:…………………………………………………………………….
(b) Father’s/Husband’s Name ………………………………………………….
(c) Age: ………………   Sex: ………………………………………
(d) Signature or left hand Thumb;  
impression of deaf & dumb person:……………………………………

Place: ………………….    (Signature of the Government Doctor)
Date : …………………..

………………………………………………………………………………………………
Clear Seal of Government Hospital/Clinic.  
Seal containing full name and Regd.No. of the Doctor.

Note:
(1) Certificate should be issued only to TOTALLY DEAF & DUMB PERSONS  
(BOTH AFFLICTIONS TOGETHER IN THE SAME PERSON). The photo  
must be signed and stamped in such a way that Doctor’s signature and stamp  
appears partly on the photo and partly on the certificate.

(2) The certificate is valid for five years from the date of issue. After expiry of the  
period of validity of the certificate, the person is required to obtain a fresh  
certificate. A Photostat copy of this certificate is accepted for the purpose of  
grant of concession. The original certificate will have to be produced for  
inspection at the time of purchase of concessional ticket and during the journey,  
if demanded.

(3) No alteration in the form is permitted.
APPENDIX ‘D’
{Rule 101, Serial No.29 (1)}
CONCESSION CERTIFICATE

Paste passport size photograph Form for the purpose of rail concession
Duly signed and stamped by the to Mentally Retarded Persons to be used
Issuing Doctor by the Government Doctor.

This is to certify that Km./Shri/Smt……………………………………………………………………
Whose particulars are furnished below, is a **bonafide Mentally Retarded Person** and
CANNOT TRAVEL WITHOUT AN ESCORT.

Particulars of the completely Mentally Retarded Person:

(a) Address:……………………………………………………………………
(b) Father’s/Husband’s Name ………………………………………………….
(c) Age: ………………   (d) Sex: ……………………………………..
(e) Signature or left hand Thumb:
impression of Mentally Retarded person:………………………………

Place: ……………………..    (Signature of the Government Doctor)

Date : ……………………..

Clear Seal of Government Seal containing full name
Hospital/Clinic. and Regd.No. of the Doctor.

Note:
(1) Certificate should be issued only to those Mentally Retarded persons WHO
CANNOT TRAVEL WITHOUT AN ESCORT. The photo must be signed and
stamped in such a way that Doctor’s signature and stamp appears partly on the
photo and partly on the certificate.

(2) The certificate is valid for five years from the date of issue. After expiry of the
period of validity of the certificate, the person is required to obtain a fresh
certificate. A Photostat copy of this certificate is accepted for the purpose of
grant of concession. The original certificate will have to be produced for
inspection at the time of purchase of concessional ticket and during the journey,
if demanded.

(3) No alteration in the form is permitted.
APPENDIX ‘D-I’
{See Rule 101, Serial No.29 (2)}
CONCESSION ORDER

Certificate for obtaining concession for Mentally Retarded students and school children when traveling in parties of “Not less than four”.

(To be surrendered to the Station Master at the time of purchasing ticket).

Sr.No…………………
From………………….. Office Stamp of the School/College/Institution.

To
The Station Master
……………………………(Station)
……………………………(Railways)

Please issue first/second class tickets at concessional rates applicable to the following bonafide mentally retarded students/children of my institution with one escort free for every two mentally retarded school children or adult students as endorsed below in red ink proceeding from their school/College/Institution/Homes/Examination Centre in India to their School/College/Institution/Homes/Examination Centre in India.

They are traveling from ……………………..(station) to …………………..(Station)

S.No. Name of Students Age Sex

1.
2.
3.
4.
No. of escorts …………………… (Maximum one allowed free for every two children).
(To be entered in figures in red ink)

……………………………… Head Master/Principal or
Signature/Thumb impression Another member authorized to sign.
Of leader of the party.

Station………………
Date ……………
Class …………..
Issued …………………… (Ticket No.)
Date ……………

Station Master

Station Stamp.
CHAPTER-7

SCHEME OF ASSISTANCE TO DISABLED PERSONS FOR PURCHASE/ FITTING OF AIDS & APPLIANCES (ADIP).

The Ministry of Social Justice and Empowerment aims at helping the disabled persons by bringing suitable, durable, scientifically manufactured, modern, standard aids and appliances within their reach through a scheme of ‘Assistance to Disabled Persons for Purchase/ Fitting of Aids & Appliances (ADIP)’. The scheme is implemented through the implementing agencies in the states. The agencies are provided with financial assistance for purchase, fabrication and distribution.

Eligibility of the beneficiaries:
A person with disability(ies) would be eligible for assistance under ADIP scheme through authorized agencies, if the following conditions are fulfilled:

i) He/She should be an Indian citizen of any age.

ii) Should be certified by a registered medical practitioner that he/she is disabled and fit to use the prescribed aid or appliance (refer to table at the end of the chapter).

iii) Person who is employed/self-employed or getting a pension, and whose monthly income from all sources does not exceed Rs.8,000/- per month.

iv) In case of dependents, the income of parents/guardians should not exceed Rs.8,000/- per month.

v) Person should not have received assistance from the government, local bodies and non-official organisations during the last 3 years for the same purpose. However, for children below 12 years of age this limit would be 1 year.

Quantum of assistance to the disabled:
Only those aids or appliances which do not cost less than Rs.50/- or more than Rs.6,000/- are covered under this scheme. However, for visually, mentally, speech and hearing or multiple disabled, the upper limit would be Rs.8,000/- during their study up to XIIth standard. The limits will apply to individual items of the aid, and when more than one aid is required, the ceiling will apply separately. The actual amount of assistance will be affected by the total income, as follows:

<table>
<thead>
<tr>
<th>Total Income</th>
<th>Amount of Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Upto Rs.5,000/- per month</td>
<td>Full cost of aid/appliance</td>
</tr>
<tr>
<td>Rs.5,001/- to Rs.8,000/- per Month</td>
<td>50% of the cost of aid/appliance</td>
</tr>
</tbody>
</table>

Further, traveling cost would be admissible & limited to a bus fare in the ordinary class or railway by second class sleeper subject to a limit of Rs.250/- for the beneficiary irrespective of the number of visits to a medical centre. A certificate from the treating
doctor or rehabilitation professional would be needed. Travel expenses subject to the same limit would be admissible for an attendant/escort accompanying the beneficiary. The beneficiary should attend the rehabilitation centre nearest to his/her place of residence, except in the north–eastern region, where he may be allowed the cost of travel outside the region upto the closest facility(ies).

Boarding and lodging expenses @ Rs.30/- per day for a maximum duration of 15 days would be admissible only for those patients whose total income is less than Rs.5,000/- per month.

**Types of aids/appliances to be provided:**
The following aids and appliances may be allowed for each type of disabled individual. However, any other item as notified from time to time by the Ministry of Social Justice and Empowerment for this purpose will be allowed.

**Locomotor disabled**
1. All types of prosthetic and orthotic devices.
2. Mobility aids and like tricycles, wheelchairs, crutches/walking sticks and walking frames/rolators.
3. All types of surgical footwears and MCR chappals.
4. All types of devices for ADL (activity of daily living)

**Visually disabled**
1. Learning equipments like arithmetic frames, abacus, geometry kits etc. Gaint braille dosta system for slow-learning blind children. Dictaphone and other variable speed recording system. Tape recorder for blind students upto XIIth standard.
2. Science learning equipments like talking balance, talking thermometers, measuring equipments like tape measures, micrometers etc.
3. Braille writing equipments including baraille, braille shorthand machines, typewriters for blind students after the XIIth class. Talking calculators, geography learning equipment like raised maps and globes.
5. Low vision aids including hand-held stand, lighted and unlighted magnifiers, speech synthesizers or braille attachments for computers.
6. Special mobility aids for visually disabled people with muscular dystrophy or cerebral palsy like adapted walkers.

**Hearing disabled**
1. Various types of hearing aids.
2. Educational kits like tape recorders etc.
3. Assistive and alarming devices, including devices for hearing of telephone, TV, doorbell, time alarm etc.
4. Communication aids, like portable speech synthesizer etc.
Mentally disabled
1. All items allowed for locomotor disabled.
2. Tricycle and wheel chair including any modification to suit the individual.
3. All types of educational kits required for the mentally disabled.
4. Any suitable device as advised by the rehabilitation professional or treating physician.

Multiple disabilities
Any suitable device as advised by a rehabilitation professional or treating physician.

Aids and appliances can be obtained from the following implementing agencies:
1. Registered societies/voluntary organisations working in the field of disabilities.
2. Registered charitable trusts.
3. District rural development agencies, India red cross societies and other Autonomous bodies headed by district collector/chief executive officer/district development officer of zilla parishad.
4. National apex institutes including ALIMCO functioning under administrative control of the ministry of social justice and empowerment/ ministry of health and family welfare.
5. State handicapped development corporations.
6. Local bodies – zilla parishad, municipalities, district autonomous development councils and panchayats.
7. Nehru yuvak kendras.

<table>
<thead>
<tr>
<th>Categories entitled to get Aids &amp; Appliances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
</tr>
<tr>
<td>Locomotor</td>
</tr>
<tr>
<td>Hearing</td>
</tr>
<tr>
<td>Visual</td>
</tr>
<tr>
<td>Mentally Retarded</td>
</tr>
</tbody>
</table>

Note: Figures in parenthesis indicate percentage of impairment/IQ range. Maintenance cost is borne by the beneficiary.

FOR MORE DETAILS, CONTACT:
District: District Welfare Officer
Centre: Director (ADIP)
Ministry of Social Justice and Empowerment
Shastri Bhawan
New Delhi.
CHAPTER 8

GUARDIANSHIP

WHO IS A GUARDIAN?

A guardian is a person who has assumed the care and protection of another person, and is responsible for all legal decisions on behalf of that person, and his property.

All parents are legal guardians of their child(ren) till the child attains 18 years of age. After that parents are no longer the legal guardians. This means that they cannot take any legal decision(s) on behalf of their child, or legally represent their child. The child is seen as having the ability to take those decisions by itself.

THE SPECIAL SITUATION OF PERSONS WITH AUTISM, CEREBRAL PALSY, MENTAL RETARDATION AND MULTIPLE DISABILITIES.

Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities are in a special situation because even after they reach 18 years of age, they are not seen as being adequate to manage or take any legal decisions for their betterment. In case of Cerebral Palsy and Multiple Disabilities there may be need for only limited guardianship because of the availability of enabling mechanisms and/or scientific facilitation enabling persons to live with the certain disabilities. The National Trust Act, therefore, enables a person with above disabilities to have a guardian representing her/him throughout their lives.

As per the Act, a parent can get legal guardianship of their son or daughter with disability and represent them even after they are 18 years of age.

Parents are the Natural Guardians of their children till their child turns 18. So they do not need to apply for guardianship until then. After that the parents can apply for guardianship under the National Trust Act.

NATURE OF GUARDIANSHIP

There are two kinds of guardianship:

i) Guardian for the person

ii) Guardian for the person and property

It is important to note that mental retardation is not infrequently associated with Cerebral Palsy, Autism and other multiple disabilities. Such disabilities who also have mental retardation will need legal guardians to represent them both for their person as well as their property.

However, other persons with these disabilities without any mental retardation may perhaps require only a guardian for their person.
WHY SHOULD A PARENT GET LEGAL GUARDIANSHIP OF THEIR CHILD?

Most parents do take full responsibility of the disabled child(ren), continue with their care and protection even after the child has attained 18 years of age. Many persons with Cerebral Palsy, Mental Retardation, Autism and Multiple disabilities do require active care taking throughout their lives. In our country, parents and the family have traditionally been the major care-taking units.

Reasons for taking legal guardianship?

Although, parents may take the full responsibility of looking after their child, even after the child is 18 years old, they will need to legally represent their child as a guardian in many situations such as:

1. Guardianship may be needed for obtaining loans and concessions.

   Parents may wish to apply for any concession or a scheme meant for persons with disability. In such cases they may require to show that they are the legal guardians of their child.

   As an example, the National Handicapped Finance Development Cooperation has introduced an income generation scheme for the benefit of persons with mental retardation, cerebral palsy, autism and multiple disabilities. If this scheme is accessed by the parents, they would be required to prove their guardianship status.

2. Guardianship may be needed for managing investments.

   A) Parents who are unaware of the new laws may not wish (wrongly) to make investments or manage them for the benefit of their child(ren) with disability.

      For example, during one workshop, it was shared by the parents of a child with mental disability that they had bought property in their child’s name. By doing this they had hoped that this investment would be used to look after their son when they could no longer do so. When their son turned 18, the property that was in his name, could not be legally managed by him. Under the earlier laws, the parents were no longer the legal guardians of their son and therefore could not manage the property on his behalf. This meant that they could not undertake actions such as renting the property. Under the NTA, parents can now remain guardians of their child even after he or she is over 18 years of age. They can therefore, manage the property on such child’s behalf. The property can be invested and it can remain in the name of the person with disability. This can be seen as a step in ensuring that an investment is actually used for the benefit of the person with mental disability.

   B) For opening and operating bank accounts in the name of the disabled child will need to prove the guardianship after 18 years of age.
For example, Saurav is a 16 year old child with autism. His mother has opened a bank account in his name. However, when Saurav turns 18 his mother in general would not have the legal authority to operate his account. In order to do so, she would need to get the legal guardianship.

3. To safeguard the interest of disabled when involved in a crime.

If for any reason, the person with disability gets involved in any criminal activity, or for some reason goes to jail, he would need a legal guardian to act on his behalf.

4. To ensure support an guardianship even after the death of parent(s).

The majority of the parents worry about “what will happen to my child after me?” Knowing that other persons can also be guardians of their child can alleviate this worry. Under the National Trust Act there are provisions for monitoring of guardians. Parents should be aware that they have an option to open a trust(s) for their child.

WHO ELSE CAN ASK FOR APPOINTMENT OF A GUARDIAN AND BE APPOINTED AS A GUARDIAN

Under the National Trust Act, apart from parents, a disabled person’s relatives and registered organizations can also take the initiative to have a guardian appointed for a person with disability.

Parents are the first national choice for guardianship of their child. It is important to note that either one of the parents can be a guardian, but it is preferable to have a joint guardianship.

In certain situations when the parents are unable to look after their child, such as poor health, they can nominate a person of their choice to assume the guardianship.

Relatives seeking guardianship

In case the parents are not available, or die unexpectedly so that there is no guardian left, a relative can either seek guardianship for oneself or ask the local level committee to appoint another guardian for the child. A relative could include a sibling, grand parents, maternal and paternal uncles and aunts.

Organizations seeking guardianship

In case there is a child with disability who is found abandoned, a registered organization could move an application stating that a guardian should be appointed for the person.
A registered organization can also become the guardian. The local level committee can also ask a registered organization to take a guardianship of a destitute or abandoned person with disability.

Such registered organization could be:
- A non-government organization working in the area of disability
- A registered parents association
- An organization of persons with disability.

PROCEDURE FOR GETTING GUARDIANSHIP

A parent or relative requires to move an application (Form-A) under Rule 16 (i) to the Local Level Committee asking for appointment of a Guardian.

The Form-A has details regarding the:
(x) Person with Disability (Name, age, nature of disability, address)
(y) The proposed Guardian (Name, age, relationship with the ward, address)
(z) Nature of Guardianship required i.e., whether it is for:
   - The person or
   - The person and property.

The Other requirements are:
- A disability certificate.
- 2 witnesses, who have to sign.
- Consent of the person proposed to be appointed as the guardian and the consent of the natural guardian (i.e. the parents, if available).

WHO CAN BE A GUARDIAN

A person whose name is suggested as a guardian can be appointed only if:
(a) He/she is a citizen of India
(b) Is not of unsound mind or currently undergoing treatment for a mental illness.
(c) Does not have a history of criminal conviction.
(d) Is not a destitute and dependent on others for his own living; and
(e) He/she has not been declared insolvent or bankrupt.

PROCEDURE FOR REMOVAL OF A GUARDIAN

A guardian of a disabled person can be removed if any parent, relative or a registered organization applies to the local level committee, in a prescribed format, stating that the guardian is:
(a) Abusing or neglecting a person with disability and / or
(b) Misappropriating or neglecting the property.

Abuse or neglect by the Guardian would entail the following:
(a) Solitary confinement of the person with disability in a room for long period of time.
(b) Chaining.
(c) Physical abuse resulting in bruises, skin or tissue damage (not due to self injurious behaviour indulged by the person with disabilities.)
(d) Sexual abuse
(e) Long deprivation of the physical needs such as food, water and clothing.
(f) No provision / or non-compliance of the rehabilitation or training programme(s) as specified by experts in the field of rehabilitation.
(g) Misappropriating or misutilisation of the property of disable person.
(h) Lack of facilities or no provision of trained or adequate staff for meeting the training and management needs of the person with disabilities.

WHO HAS THE AUTHORITY TO CONFER GUARDIANSHIP TO PARENTS OR OTHERS UNDER THE NTA?

A Local Level Committee formed at a district and / or state level and consisting of 3 members (district magistrate or the commissioner of a district, a representative of a registered organization and a person with disability as defined by the PWD Act), looks into the matters concerning guardianship. It is responsible for conferring the guardianship as well as monitoring the guardians.

HOW CAN LOCAL LEVEL COMMITTEES BE SET UP?

Parent associations, registered organizations etc. can approach the District magistrate or the district commissioner for setting up a local level committee in their rea. Thereafter the proposal to legally constitute a committee has to be sent to the National Trust by either of the district magistrate or district commissioner or by the state government.
Forms ‘A to D’ are meant for obtaining guardianship and subsequent care of the property & / or other assets.

FOR MORE DETAILS CONTACT:
National Trust,
(Ministry of Social Justice and Empowerment,
   Government of India)
IPH Complex, 4 Vishnu Digamber Marg,
New Delhi- 110002.
Form A
(See Rule 16 (1))

Form of application to the Local level Committee by a patient, relative or a registered organization for appointment of guardian for a person with disability.

From:  Date:  
To  
The Local Level Committee  
Sir/Madam,

…………. Is a person with disability and requires protection of his person and property through a guardian. We hereby request that …………………..be appointed as guardian of the said ………………………for the protection of his person property.

We furnish hereunder further details and request early decision:

1. Particulars of the person to be provided guardian  
Name:  
Age :  
Nature of Disability:  
Address:

2. Particulars of the person proposed to be appointed as guardian  
Name:  
Age:  
Relationship with ward, if any:  
Address  
We enclose herewith disability certificate of the said …………….. Obtained from …………………….

Yours faithfully,

Witnesses  
1st Witness  
Authorised Signatory  
Name:  
Designation:  
Office Stamp.

Consent of the person proposed to be appointed Guardian  
I hereby agree to be the guardian of the person and property of ……………….. And shall discharge my obligations with due diligence.

Signature:  
Name:  
Date:

Consent of the guardian, If any, to the aforesaid proposal.  
I hereby agree to the above proposal to appoint ………………as the guardian of…..

Signature:  
Name:  
Date:
Form –B  
(See Rule 16 (2))

Form of confirmation of appointment of guardian on application made by (1) a registered organization, or (2) parent or relative of person with disability,

The Local Level Committee situated at ……………… Having considered the application made by ………………..for appointment of …………………for appointment of guardian for …………………hereby confirms its decision as under:

1. Name of the ward:

2. Name of Guardian:

3. Obligations of the guardian:
   (a) Maintenance and Residential care
   (b) Management of immovable property
   (c) Management of movable property
   (d) Any others:

The guardian shall furnish property to this Committee as per Form C and Form D specified under these rules.

Signature(s):

Place:
Date:

Stamp:
Form C
(see Rule 27(1))

Form of return covering property of the ward to be submitted by the guardian within 6 months of his appointment as guardian.

1. Name of the guardian:
2. Name of the Ward:
3. Date of appointment of the guardian:
4. Inventory of immovable property of the ward received by the guardian (to be furnished item-wise)
   (i) Nature:
   (ii) Estimated Market Value:
   (iii) Location:
5. Inventory of the movable property of the ward received by the guardian (to be furnished item-wise)
   (i) Description:
   (ii) Value:
6. Pending Liabilities of the ward:
   (i) Nature:
   (ii) Amount:
7. Pending Claims receivable by the Ward:
   (i) Nature:
   (ii) Amount:

I declare that aforesaid information is true and accurate to the best of my knowledge, information and belief.

Place: ___________________________ Signature of the guardian
Date: ____________________________

Witnesses
1st Witness

2nd Witness
Form-D  
(see rule 27(2))

Form of account of the property and assets to be furnished by the guardian  
Within a period of 3 months of the close of every financial year.

1. Name of the guardian:
2. Name of the Ward:
3. Immovable property of the ward  
   held by the guardian as on .............................  
   (to be furnished item-wise)
   (i) Nature:
   (ii) Estimated market Value:
   (iii) Location:
4. Receipts and payments statement  
   for the period from .........................to......................  
   .........................payments .........................     ....... Receipts.........................
   Heads amount Heads amount.
5. Moveable assets of the ward in the charge  
   of the guardian on............................  
   (to be furnished item wise)
   (i) Nature:
   (ii) Amount:
6. Investments redeemed or alienated  
   for consideration during the year  
   ended ........................................
7. New investments made during the  
   year ended ...........................(including renewals)
8. Increase/decrease in the value of  
   movable assets of the ward during the  
   years ended..............................:
9. Brief explanation for the variation  
   vide (8) above:

I hereby declare that aforesaid information is true and accurate to the best of my  
knowledge information and belief.

Place:  Signature of the guardian
Date:  

Witnesses  
1st Witness  
2nd Witness.
CHAPTER- 9

LEGAL RIGHTS OF THE DISABLED IN INDIA

General legal provisions relating to the disabled lie in the:

- Constitution
- Education Laws
- Health Laws
- Family Laws
- Succession laws
- Labour Laws
- Judicial Procedures
- Income Tax Laws, &
- Various Acts
  - The Person with Disabilities Act, 1995
  - The Mental Health Act, 1987
  - The Rehabilitation Council of India, 1992
  - The National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation, and Multiple Disabilities Act, 1999
  - Declaration On The Rights Of Mentally Retarded Persons

FOR FULL DETAILS OF THE ABOVE TOPICS, CONTACT:
Rehabilitation Council of India,
23-A, Shivaji Marg,
Near Karampura Complex,
New Delhi-110015

SUMMARY OF THE LEGAL PROVISIONS AND ACTS.

THE DISABLED AND THE CONSTITUTION.

The Constitution of India applies uniformly to every legal citizen of India, whether they are healthy or disabled in any way (physically or mentally).

Under the Constitution the disabled have been guaranteed the following fundamental rights:

1. The Constitution secures to the citizens including the disabled, a right of justice, liberty of thought, expression, belief, faith and worship, equality of status and of opportunity and for the promotion of fraternity.
2. Article 15(1) enjoins on the Government not to discriminate against any citizen of India (including disabled) on the ground of religion, race, caste, sex or place of birth.
3. Article 15 (2) States that no citizen (including the disabled) shall be subjected to any disability, liability, restriction or condition on any of the above grounds in the matter of their access to shops, public restaurants, hotels and places of public entertainment or in the use of wells, tanks, bathing ghats, roads and places of public resort maintained wholly or partly out of government funds or dedicated to the use of the general public. Women and children and those belonging to any socially and educationally backward classes or the Scheduled Castes & Tribes can be given the benefit of special laws or special provisions made by the State. There shall be equality of opportunity for all citizens (including the disabled) in matters relating to employment or appointment to any office under the State.

4. No person including the disabled irrespective of his belonging can be treated as an untouchable. It would be an offence punishable in accordance with law as provided by Article 17 of the Constitution.

5. Every person including the disabled has his life and liberty guaranteed under Article 21 of the Constitution.

6. There can be no traffic in human beings (including the disabled), and beggar and other forms of forced labour is prohibited and the same is made punishable in accordance with law (Article 23).

7. Article 24 prohibits employment of children (including the disabled) below the age of 14 years to work in any factory or mine or to be engaged in any other hazardous employment. Even a private contractor acting for the Government cannot engage children below 14 years of age in such employment.

8. Article 25 guarantees to every citizen (including the disabled) the right to freedom of religion. Every disabled person (like the non disabled) has the freedom of conscience to practice and propagate his religion subject to proper order, morality and health.

9. No disabled person can be compelled to pay any taxes for the promotion and maintenance of any particular religion or religious group.

10. No Disabled person will be deprived of the right to the language, script or culture which he has or to which he belongs.

11. Every disabled person can move the Supreme Court of India to enforce his fundamental rights and the rights to move the Supreme Court is itself guaranteed by Article 32.

12. No disabled person owning property (like the non disabled) can be deprived of his property except by authority of law though right to property is not a fundamental right. Any unauthorized deprivation of property can be challenged by suit and for relief by way of damages.

13. Every disabled person (like the non disabled) on attainment of 18 years of age becomes eligible for inclusion of his name in the general electoral roll for the territorial constituency to which he belongs.
EDUCATION LAW FOR THE DISABLED

The right to education is available to all citizens including the disabled. Article 29(2) of the Constitution provides that no citizen shall be denied admission into any educational institution maintained by the State or receiving aid out of State funds on the ground of religion, race, caste or language.

Article 45 of the Constitution directs the State to provide free and compulsory education for all children (including the disabled) until they attain the age of 14 years. No child can be denied admission into any education institution maintained by the State or receiving aid out of State funds on the ground of religion, race, caste or language.

HEALTH LAWS

Article 47 of the Constitution imposes on the Government a primary duty to raise the level of nutrition and standard of living of its people and make improvements in public health - particularly to bring about prohibition of the consumption of intoxicating drinks and drugs which are injurious to one’s health except for medicinal purposes.

The health laws of India have many provisions for the disabled. Some of the Acts which make provision for health of the citizens including the disabled may be seen in the Mental Health Act, 1987 (See later in the chapter).

FAMILY LAWS

Various laws relating to the marriage enacted by the Government for DIFFERENT communities apply equally to the disabled. In most of these Acts it has been provided that the following circumstances will disable a person from undertaking a marriage. These are:

1. Where either party is an idiot or lunatic,
2. Where one party is unable to give a valid consent due to unsoundness of mind or is suffering from a mental disorder of such a kind and extent as to be unfit for ‘marriage for procreation of children’.
3. Where the parties are within the degree of prohibited relationship or are sapindas of each other unless permitted by custom or usage.
4. Where either party has a living spouse.

The rights and duties of the parties to a marriage whether in respect of disabled or non-disabled persons are governed by the specific provisions contained in different marriage Acts, such as the Hindu Marriage Act, 1955, the Christian Marriage Act, 1872 and the Parsi Marriage and Divorce Act, 1935. Other marriage Acts which exist include; the Special Marriage Act, 1954 (for spouses of differing religions) and the Foreign Marriage Act, 1959 (for marriage outside India). The Child Marriage Restraint Act, 1929 as amended in 1978 to prevent the solemnization of child marriages also applies to the disabled. A Disabled person cannot act as a guardian of a minor under the Guardian and
Wards Act, 1890 if the disability is of such a degree that one cannot act as a guardian of the minor. A similar position is taken by the Hindu Minority and Guardianship Act, 1956, as also under the Muslim Law.

**SUCCESION LAWS FOR THE DISABLED**

Under the Hindu Succession Act, 1956 which applies to Hindus it has been specifically provided that physical disability or physical deformity would not disentitle a person from inheriting ancestral property. Similarly, in the Indian Succession Act, 1925 which applies in the case of intestate and testamentary succession, there is no provision which deprives the disabled from inheriting an ancestral property. The position with regard to Parsis and the Muslims is the same. In fact a disabled person can also dispose his property by writing a ‘will’ provided he understands the import and consequence of writing a will at the time when a will is written. For example, a person of unsound mind can make a Will during periods of sanity. Even blind persons or those who are deaf and dumb can make their Wills if they understand the import and consequence of doing it.

**LABOUR LAWS FOR THE DISABLED**

The rights of the disabled have not been spelt out so well in the labour legislations but provisions which cater to the disabled in their relationship with the employer are contained in delegated legislations such as rules, regulations and standing orders.

**JUDICIAL PROCEDURES FOR THE DISABLED.**

Under the Designs Act, 1911 which deals with the law relating to the protection of designs any person having jurisdiction in respect of the property of a disabled person (who is incapable of making any statement or doing anything required to be done under this Act) may be appointed by the Court under Section 74, to make such statement or do such thing in the name and on behalf of the person subject to the disability. The disability may be lunacy or other disability.

**INCOME TAX CONCESSIONS**

**Relief for Handicapped**

*Section 80 DD:* Section 80 DD provides for a deduction in respect of the expenditure incurred by an individual or Hindu Undivided Family resident in India on the medical treatment (including nursing) training and rehabilitation etc. of handicapped dependants. For officiating the increased cost of such maintenance, the limit of the deduction has been raised from Rs.12000/- to Rs.20000/-.

*Section 80 V:* A new section 80V has been introduced to ensure that the parent in whose hands income of a permanently disabled minor has been clubbed under Section 64, is allowed to claim a deduction upto Rs.20000/- in terms of Section 80 V.
Section 88B: This section provides for an additional rebate from the net tax payable by a resident individual who has attained the age of 65 years. It has been amended to increase the rebate from 10% to 20% in the cases where the gross total income does not exceed Rs.75000/- (as against a limit of Rs.50000/- specified earlier).


“The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995” had come into enforcement on February 7, 1996. It is a significant step which ensures equal opportunities for the people with disabilities and their full participation in the nation building. The Act provides for both the preventive and promotional aspects of rehabilitation like education, employment and vocational training, reservation, research and manpower development, creation of barrier-free environment, rehabilitation of persons with disability, unemployment allowance for the disabled, special insurance scheme for the disabled employees and establishment of homes for persons with severe disability etc.

Main Provisions of the Act:

- Prevention and Early Detection of Disabilities
- Education
- Employment
- Non-Discrimination
- Research and Manpower Development
- Affirmative Action
- Social Security
- Grievance Redressal

Prevention and early detection of disabilities
- Surveys, investigations and research shall be conducted to ascertain the cause of occurrence of disabilities.
- Various measures shall be taken to prevent disabilities. Staff at the Primary Health Centre shall be trained to assist in this work.
- All the Children shall be screened once in a year for identifying ‘at-risk’ cases.
- Awareness campaigns shall be launched and sponsored to disseminate information.
- Measures shall be taken for pre-natal, peri natal, and post-natal care of the mother and child.

Education
- Every Child with disability shall have the rights to free education till the age of 18 years in integrated schools or special schools.
- Appropriate transportation, removal of architectural barriers and restructuring of modifications in the examination system shall be ensured for the benefit of children with disabilities.
- Children with disabilities shall have the right to free books, scholarships, uniform and other learning material.
- Special Schools for children with disabilities shall be equipped with vocational training facilities.
- Non-formal education shall be promoted for children with disabilities.
- Teachers’ Training Institutions shall be established to develop requisite manpower.
- Parents may move to an appropriate forum for the redressal of grievances regarding the placement of their children with disabilities.

**Employment**
- 3% of vacancies in government employment shall be reserved for people with disabilities, 1% each for the persons suffering from:
  - Blindness or Low Vision
  - Hearing Impairment
  - Locomotor Disabilities & Cerebral Palsy
- Suitable Scheme shall be formulated for
  - The training and welfare of persons with disabilities
  - The relaxation of upper age limit
  - Regulating the employment
  - Health and Safety measures, and creation of a non-handicapping, environment in places where persons with disabilities are employed.
- Government Educational Institutes and other Educational Institutes receiving grant from Government shall reserve at least 3% seats for people with disabilities.
- No employee can be sacked or demoted if they become disabled during service, although they can be moved to another post with the same pay and condition. No promotion can be denied because of impairment.

**Affirmative Action**
- Aids and Appliances shall be made available to the people with disabilities.
- Allotment of land shall be made at concessional rates to the people with disabilities for:
  - House
  - Business
  - Special Recreational Centres
  - Special Schools
  - Research Schools
  - Factories by Entrepreneurs with Disability,

**Non-Discrimination**
- Public building, rail compartments, buses, ships and air-crafts will be designed to give easy access to the disabled people.
- In all public places and in waiting rooms, the toilets shall be wheel chair accessible. Braille and sound symbols are also to be provided in all elevators (lifts).
- All the places of public utility shall be made barrier-free by providing the ramps.

**Research and Manpower Development**
- Research in the following areas shall be sponsored and promoted:
  - Prevention of Disability
  - Rehabilitation including community based rehabilitation
- Development of Assistive Devices.
  - Job Identification
  - On site Modifications of Offices and Factories
  - Financial assistance shall be made available to the universities, other institutions of higher learning, professional bodies and non-government research-units or institutions, for undertaking research for special education, rehabilitation and manpower development.

Social Security
- Financial assistance to non-government organizations for the rehabilitation of persons with disabilities.
- Insurance coverage for the benefit of the government employees with disabilities.
- Unemployment allowance to the people with disabilities who are registered with the special employment exchange for more than a year and could not find any gainful occupation.

Grievance Redressal
- In case of violation of the rights as prescribed in this act, people with disabilities may move an application to the:
  - Chief Commissioner for Persons with Disabilities in the Centre, or
  - Commissioner for Persons with Disabilities in the State.

THE MENTAL HEALTH ACT, 1987:

Under the Mental Health Act, 1987 mentally ill persons are entitled to the following rights:

1. A right to be admitted, treated and cared in a psychiatric hospital or psychiatric nursing home or convalescent home established or maintained by the Government or any other person for the treatment and care of mentally ill persons (other than the general hospitals or nursing homes of the Government).
2. Even mentally ill prisoners and minors have a right of treatment in psychiatric hospitals or psychiatric nursing homes of the Government.
3. Minors under the age of 16 years, persons addicted to alcohol or other drugs which lead to behavioral changes, and those convicted of any offence are entitled to admission, treatment and care in separate psychiatric hospitals or nursing homes established or maintained by the Government.
4. Mentally ill persons have the right to get regulated, directed and co-ordinated mental health services from the Government. The Central Authority and the State Authorities set up under the Act have the responsibility of such regulation and issue of licenses for establishing and maintaining psychiatric hospitals and nursing homes.
5. Treatment at Government hospitals and nursing homes mentioned above can be obtained either as in patient or on an out-patients basis.
6. Mentally ill persons can seek voluntary admission in such hospitals or nursing homes and minors can seek admission through their guardians. Admission can be sought for by the relatives of the mentally ill person on behalf of the latter. Applications can also be made to the local magistrate for grants of such (reception) orders.
7. The police have an obligation to take into protective custody a wandering or neglected mentally ill person, and inform his relative, and also have to produce such a person before the local magistrate for issue of reception orders.

8. Mentally ill persons have the right to be discharged when cured and entitled to ‘leave’ the mental health facility in accordance with the provisions in the Act.

9. Where mentally ill persons own properties including land which they cannot themselves manage, the district court upon application has to protect and secure the management of such properties by entrusting the same to a ‘Court of Wards’, by appointing guardians of such mentally ill persons or appointment of managers of such property.

10. The costs of maintenance of mentally ill persons detained as in-patient in any government psychiatric hospital or nursing home shall be borne by the state government concerned unless such costs have been agreed to be borne by the relative or other person on behalf of the mentally ill person and no provision for such maintenance has been made by order of the District Court. Such costs can also be borne out of the estate of the mentally ill person.

11. Mentally ill persons undergoing treatment shall not be subjected to any indignity (whether physical or mental) or cruelty. Mentally ill persons can not be used without their own valid consent for purposes of research, though they could receive their diagnosis and treatment.

12. Mentally ill persons who are entitled to any pay, pension, gratuity or any other form of allowance from the government (such as government servants who become mentally ill during their tenure) can not be denied of such payments. The person who is in-charge of such mentally person or his dependants will receive such payments after the magistrate has certified the same.

13. A mentally ill person shall be entitled to the services of a legal practitioner by order of the magistrate or district court if he has no means to engage a legal practitioner or his circumstances so warrant in respect of proceedings under the Act.


This Act provides guarantees so as to ensure the good quality of services rendered by various rehabilitation personnel. Following is the list of such guarantees:

1. To have the right to be served by trained and qualified rehabilitation professionals whose names are borne on the Register maintained by the Council.

2. To have the guarantee of maintenance of minimum standards of education required for recognition of rehabilitation qualification by universities or institutions in India.

3. To have the guarantee of maintenance of standards of professional conduct and ethics by rehabilitation professionals in order to protect against the penalty of disciplinary action and removal from the Register of the Council.

4. To have the guarantee of regulation of the profession of rehabilitation professionals by a statutory council under the control of the central government and within the bounds prescribed by the statute.
THE NATIONAL TRUST FOR WELFARE OF PERSONS WITH AUTISM, CEREBRAL PALSY, MENTAL RETARDATION AND MULTIPLE DISABILITIES ACT, 1999.

1. The Central Government has the obligation to set up, in accordance with this Act and for the purpose of the benefit of the disabled, the National Trust for Welfare of Persons with Autism, Cerebral Palsy, Mental Retardation and Multiple Disability at New Delhi.

2. The National Trust created by the Central Government has to ensure that the objects for which it has been set up as enshrined in Section 10 of this Act have to be fulfilled.

3. It is an obligation on part of the Board of Trustees of the National Trust so as to make arrangements for an adequate standard of living of any beneficiary named in any request received by it, and to provide financial assistance to the registered organizations for carrying out any approved programme for the benefit of disabled.

4. Disabled persons have the right to be placed under guardianship appointed by the ‘Local Level Committees’ in accordance with the provisions of the Act. The guardians so appointed will have the obligation to be responsible for the disabled person and their property and required to be accountable for the same.

5. A disabled person has the right to have his guardian removed under certain conditions. These include an abuse or neglect of the disabled, or neglect or misappropriation of the property under care.

6. Whenever the Board of Trustees are unable to perform or have persistently made default in their performance of duties, a registered organization for the disabled can complain to the central government to have the Board of Trustees superseded and/or reconstituted.

7. The National Trust shall be bound by the provisions of this Act regarding its accountability, monitoring finance, accounts and audit.

UN DECLARATION ON THE RIGHTS OF MENTALLY RETARDED PERSONS

This declaration on the rights of mentally retarded persons calls for national and international actions so as to ensure that it will be used as a common basis and frame of reference for the protection of their rights:

1. The mentally retarded person has, to the maximum degree of feasibility, the same rights as under human beings.

2. The mentally retarded person has a right to proper medical care, physical therapy and to such education, training, rehabilitation and guidance which will enable him to further develop his ability, and reach maximum potential in life.

3. The mentally retarded person has a right of economic security and of a decent standard of living. He/she has a right to perform productive work or to participate in any other meaningful occupation to the fullest possible extent of capabilities.
4. Whenever possible, the mentally retarded person should live with his own family
or with his foster parents and participate in different forms of community life. The
family with which he lives should receive assistance. If an institutional care
becomes necessary then it should be provided in surroundings and circumstances
as much closer as possible to that of a normal lifestyle.

5. The mentally retarded person has a right to a qualified guardian when this is
required in order to protect his personal well being or interests.

6. The mentally retarded person has a right to get protection from exploitation,
abuse and a degrading treatment. If prosecuted for any offence; he shall have right
to the due process of law, with full recognition being given to his degree of
mental responsibility.

8. Whenever mentally retarded persons are unable (because of the severity of their
handicap) to exercise their rights in a meaningful way or it should become
necessary to restrict or deny some or all of their rights; then the procedure(s) used
for that restriction or denial of rights must contain proper legal safeguards against
every form of abuse. This procedure for the mentally retarded must be based on
an evaluation of their social capability by qualified experts, and must be subject to
periodic review and a right of appeal to the higher authorities.
CHAPTER-10

ROLE OF IMPORTANT INSTITUTIONS

I. NATIONAL INSTITUTES / APEX LEVEL INSTITUTIONS

There exist six National Institutes along with their respective regional centres in each of the major area of disability. The thrust areas of these national institutes are development of manpower and of delivery models of services which can have a widespread reach in the population.

These institutes run various specialized courses to train professional in the different areas of disabilities [like degree courses in Physiotherapy, Occupational Therapy, Prosthetic and Orthotic Engineering, Bachelors Degree Courses in Mental Retardation, Diploma in Special Education (Mental Retardation), Diploma in Vocational Training and Employment (Mental Retardation), Bachelor and masters Degree in Education (Hearing Impaired), Bachelors and Masters Degree in Hearing, Language and speech, Bachelors and Masters Degree in Audiology and Speech Training Programme for visually Handicapped and Training Course for Orientation and Mobility Infrastructure for Visually Handicapped etc.]. Apart from these, they also run short term training programmes for government and non-government personnel working in the field of disabilities also.

They run OPD clinics, which include diagnostic, therapatic and remedial services. They also provide educational, pre-school and vocational services. These institutes have started outreach with multi-professional rehabilitation services to the slums, tribal belts, foot hills, semi-urban and rural areas through community awareness programmes and community based rehabilitation facilities and services such as diagnostic, fitment and rehabilitation camps and distribution of aids and appliances to the disabled. Through outreach services, communities are sensitized on early-identification, prevention, intervention and rehabilitation of the disabled. Services such as vocational training and placement are provided in collaboration with NGOs. Technical know-how and information are also provided to NGOs, on infrastructure requirement for established service centers for the disabled.

Specific Objectives of the Institutes:

1. National Institute for the Visually Handicapped
   - To conduct, sponsor, coordinate or subsidize research in all aspects of the education and rehabilitation of the visually handicapped.
   - To undertake, sponsor, coordinate or subsidize research in bio-medical engineering leading to the effective evaluation of aids or suitable surgical or medical procedure or the development of new aids.
• To undertake or sponsor the training or dedicated trainees teachers, employment officers, psychologists, vocational counsellors and such other personnel as may be deemed necessary by the institute for promoting the evaluation, training and rehabilitation of the visually handicapped.
• To distribute or promote subsidy in the manufacture of proto-types, and to manage distribution of any or all of the aids designed to promote any aspect of the education, rehabilitation or therapy of the visually handicapped.

2. National Institute for the Hearing Handicapped
The objectives are very similar the ones mentioned above for the visually handicapped.

3. National Institute for the Orthopaedically Handicapped
• To develop manpower for providing services to the orthopaedically handicapped population. This entails training of various personnel such as physiotherapists, occupational therapists, orthopaedic and prosthetic technicians, employment and placement officers & vocational counsellors.
• To develop model services for the orthopaedically handicapped population in the areas such as restorative surgery, aids and appliances & vocational training.
• To provide services and special devices to the orthopaedically handicapped people.
• To conduct and sponsor research into all aspects related to the total rehabilitation of the orthopaedically handicapped.
• To standardize the aids and appliances for the orthopaedically handicapped and to promote their manufacture and distribution.
• To serve as the apex documentation and information centre in the area of orthopaedically handicapped.
• To provide consultancy to the state governments and voluntary organisations working for rehabilitation of the orthopaedically handicapped.

4. National Institute for the Mentally Handicapped
• To develop appropriate models of care and rehabilitation for the persons with mental retardation appropriate to Indian conditions.
• To develop manpower for delivery of services to the mentally retarded persons.
• To identify, conduct and coordinate research in the area of mental handicap and to assist them wherever necessary.
• To serve as a documentation and information centre in the area of mental retardation.
• To acquire relevant data so as to assess the magnitude, causes, and demographic distribution of mental retardation in the country.
• To promote and stimulate growth of various kinds of quality services dedicated to mentally retarded persons.

5. The Institute for the Physically Handicapped
• Conducting physical and occupational therapy courses of 3 ½ years duration each.
• Conducting diploma in prosthetic and orthotic engineering of 2 ½ years duration.
• Running workshop for fabrication of orthotic and prosthetic appliances.
• Providing out patient (OPD) services in the field of physical, occupational and speech therapy.
• Running a special education school upto primary level for the orthopaedically handicapped children and a social and vocational guidance unit.

   • To promote the use of products made by Artificial Limbs Manufacturing Corporation of India.
   • To sponsor or coordinate the training of various personnel such as doctors, engineers, prosthetics, orthosis, physiotherapists, occupational therapists & multi-purpose rehabilitation therapists.
   • To conduct, sponsor, coordinate or subsidize research in bio-medical engineering leading to an effective evaluation or development of mobility aids or any suitable treatment related procedure.
   • To promote, distribute or subsidise the manufacture of prototype aids.
   • To develop models of delivery of services.
   • To undertake vocational training, placement and rehabilitation of the physically handicapped.
   • To document and disseminate information on rehabilitation in India and abroad.

II. INDIAN SPINAL INJURY CENTRE, NEW DELHI

• This has been set up to provide comprehensive treatment, rehabilitation services and vocational training and guidance to patients with spinal injury. Poor and indigent patients with various types of spinal injuries and problems get free services in the centre.

III. NATIONAL INFORMATION CENTRE ON DISABILITY AND REHABILITATION (NICDR)

Activites
• Organizing Public Relation Activities e.g. seminars, exhibitions, workshops in different regions for facilitation of services, motivation and prevention awareness creation.
• Providing information to disabled persons regarding concessions, facilities and other rehabilitation programmes for their benefit.
• Preparation and publication of following journals/booklets –
  - Indian Journal on Disability and Rehabilitation (IJDR)
  - Programmes and concessions to the disabled persons through the central government.
  - Concessions & facilities provided to the disabled by the state/U.T. governments.
  - NGOs receiving grant under various schemes of Ministry of Social Justice & Empowerment.
IV. REHABILITATION COUNCIL OF INDIA IN THE TRAINING OF REHABILITATION PROFESSIONAL AND THEIR CAREER PROSPECT.

Rehabilitation Council of India (RCI) is the statutory body in charge of standardizing the syllabi regulating and monitoring training, and promoting research in the field of rehabilitation and special education. The council deals with the following 16 categories of professionals:

1. Audiologist and speech therapists.
2. Clinical psychologists.
3. Hearing aid and ear mould technicians.
4. Rehabilitation engineers and technicians.
5. Special teachers for educating and training the handicapped.
6. Vocational counsellors, employment officers and placement officers.
7. Multi-purpose rehabilitation therapists, technicians.
8. Speech pathologists.
9. Rehabilitation psychologists.
10. Rehabilitation social workers.
11. Rehabilitation practitioners in mental retardation
13. Community based rehabilitation professionals.
15. Prosthetists and orthotists.
16. Rehabilitation workshop managers.

No course of training for any of the above categories of professionals can be started without the prior approval of RCI. Every rehabilitation professional must register with the RCI, and medical doctors are expected to register themselves with the Medical Council of India. RCI maintains a central rehabilitation register of personnel and professional in all of the 16 categories.

CAREER PROSPECT:

Every major hospital in the country usually has a speech and hearing department. An audiologist assesses hearing status of an individual and then gives advice for the appropriate type of hearing aids to be used. Similarly, a speech therapist who caters to the specific needs of individuals with speech difficulties is usually available in the major hospitals. These professionals also find reasonable employment opportunities in the various kinds of private setups.

Clinical Psychologist undertakes counseling of neurotic and psychotic patient. About 1% of our population is believed of suffer from severe mental disorders. Therefore, the result of both the self-employment or salaried employment is satisfactory for these professionals.

Hearing aid and ear mould technicians can also function privately and in hospitals. However, on average their wages are low.
The need for prosthetic & orthotic appliances is increasing. Almost half of the population of persons with disabilities required calipers, wheelchairs, artificial limbs and other appliances. A specialist in the prosthetic or orthotic workshop can work in hospitals or a private set up. Their prospects of employment are good.

Further, RCI itself also supports the training activities for teachers specializing (called special educators) in the care of children who are impaired in vision, hearing, mental ability (retardation or cerebral palsy) or locomotion.

**RCI trains 5 categories of special educators namely:**
1. Teachers of the Visually Impaired
2. Teachers of the Hearing Impaired
3. Teachers of the Locomotor Impaired
4. Teachers of the Mental Retardation and
5. Teachers of Cerebral Palsy children

The services though growing but steadily increasing and the post of teachers are being created every year.

Vocational training is now slowly gaining popularity. The central institute of vocational education in Bhopal has developed about 500 different courses which may be practiced with some modification by persons with disabilities in rural areas. 30 special employment exchanges and 17 vocational rehabilitation centers exist in the country to promote placement of people with disability in the organized sector. The agencies of employment are able to produce results which are better in self employment rather than the organized sector because of the latter’s diminishing role as a self employment generator.

V. THE NATIONAL TRUST FOR WELFARE OF PERSONS WITH AUTISM, CEREBRAL PALSY, MENTAL RETARDATION AND MULTIPLE DISABILITIES.

Main objectives of the National Trust:
- To enable and empower persons with autism, cerbral palsy, mental retardation and multiple disabilities to live as independently and as close as possible to the community to which they belong.
- Provide support to the persons with disability so that they may be able to live with their families.
- Extend support to the registered organizations so as to enable them provide need based services during the period of crisis.
- Deal with the problems of persons with such kind of disability who lack a family support.
- Promote measures for the care and protection of such disabled persons in the event of a death of their parent or guardian.
• Evolve procedures for the appointment of guardians and trustees for persons with disability requiring such protection.
• Facilitate the realization of equal opportunities, protection of rights and fullest social participation by such disabled persons.

Thrust Areas:
• Campaign for effecting positive attitudinal change
• Programmers which foster inclusion and independence by:
  o creating barrier-free environments
  o developing skills
  o promoting self-help groups
• Training and support of care givers and community members
• Formation of local level committees to grant approval for guardianship
• Development of sustainable models for day care, home based, respite and residential care
• Advocacy for the rights of persons with four disabilities
• Research in the four areas of disabilities
• Programmers for persons with severe disabilities and women with disabilities.

Programmes:
• Registration of associations (of Parents and Non-Government Organisations)
• Formation of local level committees
• Appointment of the guardians
• Support for a range of services including residential accommodation.
• Home visiting/care givers programme
• Development of awareness and training material
• Community Participation Programme for Reach and Relief, etc.

VI. ARTIFICIAL LIMBS MANUFACTURING CORPORATION OF INDIA (ALIMCO) KANPUR.
Objective:
• Manufacturing orthotics/prosthetics and rehabilitation aids required by the disabled in the country
• Training of Orthotic/Prosthetic technicians and engineers
• Carry out research and development in the field of orthotics and prosthetics.
ANNEXURE-I.A

NATIONAL INSTITUTES & THEIR REGIONAL INSTITUTES/APEX LEVEL INSTITUTIONS

1. Director
   National Institute for the Mentally Handicapped
   Manovikas Nagar
   Bhovanpalli
   Secunderabad 500011
   Andhra Pradesh-
   Ph:040-7759267/7758817, Fax:040-7750198
   (a) Regional Centre
      National Institute for mentally Handicapped
      C/o. N.I.H.H.
      Kishan Chand Marg
      Bandra (W)
      Mumbai- 400 050.
      Ph: 022-6409176
   (b) Regional Training Centre
      National Institute for mentally Handicapped
      Kasturba Niketan
      Lajpat Nagar
      New Delhi – 110 024.
      Ph: 011-6831012.

2. Director
   National Institute for Visually Handicapped
   116, Rajpur Road
   Dehradun- 248001.
   Ph: 0135-24491/24578.
   (a) Regional Centre
      National Institute for Visually Handicapped
      Poonamalle
      Chennai, Tamil Nadu
      Ph: 044- 572505.

3. Director
   Ali Yavar Jung National Institute
   for the Hearing Impaired
   Kishanchand Marg
   Bandra (W)
   Mumbai – 400 050
Ph:022-6409176/6422638.

(a) Regional Center
Ali Yavar Jung National Institute for the Hearing Handicapped.
C/o. N.I.M.H., P.O. Bowanpally
Manovikas Nagar
Secunderabad –500 011.
Ph: 040-7759267/7758817, Fax:040-7750198

(b) Regional Center
Ali Yavar Jung National Institute for the Hearing Handicapped.
B.T. Road
Bonhooghly
Calcutta – 700090
Ph: 033-528379.

(c) Regional Center Ali Yavar Jung National Institute
for the Hearing Handicapped.
Kasturba Niketan
Lajpat Nagar
New Delhi – 110 024.
Ph: 011-685093.

4. Director
National Institute for Orthapeadically Handicapped
B.T. Road
Bonhooghly
Calcutta – 700090
Ph: 033-528379.

5. Director
The National Institute for Physically Handicapped
4, Vishnu Digambar Marg
New Delhi – 110002

6. National Institute of Rehabilitation Training & Research
P.O.Bairoi
Cuttack –754010.
Orissa.
Ph: 06724-55552.
STATUTORY BODIES AND OTHER INSTITUTES
AT NATIONAL LEVEL

1. Chief Commissioner for Persons with Disabilities
   G-31, Sector-39
   Noida-201301
   Uttar Pradesh

2. Member Secretary
   Rehabilitation Council of India
   23-A, Shivaji Marg
   Karam Pura Complex,
   New Delhi – 110 015.
   e-mail: rehabstd@nde.vsnl.net.in
   website: rehabcouncil.org

3. Joint Secretary and Chief Executive Officer
   National Trust for Welfare of persons with Autism,
   Cerebral Palsy, Mental Retardation and
   Multiple Disabilities
   Block-B, Room No. 4
   Lok Nayak Bhawan, New Delhi.
   e-mail: nationaltrust@ren02.nic.in

4. Commissioner Disability (PWD Act)
   National Institute of Physically Handicapped
   4, Vishnu Digambar Marg
   New Delhi – 110002
   Ph:011-3314672/3312403

5. Project Director
   District Rehabilitation Centre(CACU)
   4, Vishnu Digamber Marg,
   New Delhi-110002.
   P.No. 3233255, 3233254, 3232412 (Fax), 4698366, 4652903.

6. Chairman-cum- Managing Director
   National Handicapped Finance and Development Corp. (NHFDC)
   Red Cross Bhawan, Sector-12,
   Faridabad.
7. Chairman-cum-Managing Director  
Artificial Limbs Manufacturing Corp. of India (ALIMCO), G.T. Road,  
Kanpur, U.P.

8. Director(DD)  
National Information Centre on Disability and Rehabilitation (NICDR), DRC-CACU, Ministry of Social Justice and Empowerment,  
4, Vishnu Digamber Marg,  
New Delhi-110002

9. Chairman  
Indian Spinal Injury Centre  
Sector-C, Vasant Kunj,  
New Delhi.
ANNEXURE-II.A

CONTACT PERSONS IN THE STATE- SOCIAL WELFARE

ANDHRA PRADESH
The Secretary to Government
Women’s Development, Child Welfare
& Labor Department
Govt. of Andhra Pradesh Secretariat
Hyderabad.

ARUNACHAL PRADESH
(a) For Concession Programmes:
   Economic Assistant, Welfare & Rehabilitation:
   Director, Social Welfare, Nehartagur, Itanagar.
   Office Order No. SCA-140/84(PT)-22388.
(b) For Medical Treatment:
   Director of Health Services
   Nehartanagar, Itanagar.
(c) For enforcement of provision made in R/R for
   employment of disabled Dy.Secy (W) is the nodal officer.

ASSAM
The Director
Social welfare Department
Government of Assam
Dispur.

BIHAR
The Secretary
Welfare Department
Directorate of Social Welfare
Government of Bihar, Patna.

CHANDIGARH
The Director
Social Welfare Department,
Union Territory of Chandigarh
Sector-17
Chandigarh.

DADRA & NAGAR HAVELI.
The Secretary
Social Welfare Department,
Dadra & Nagar Haveli. U.T
Silvassa –396 230.

DAMAN & DIU
The Director
Directorate of Social Welfare
Daman & Diu.
DELHI.
The Deputy Director
Department of Social Welfare
1, Canning Lane,
Kasturba Gandhi Marg, New Delhi-1.

GUJARAT.
The Secretary
Social Welfare Department,
Block No.5, 8th/9th Floor
New Sachivalay Complex
Gandhinagar – 382 010.

GOA
The Director of Social Welfare
Directorate of Social Welfare
18th June Road, Panaji
Goa – 403 001.

HARYANA
The Director
Social Defence & Security
Haryana, Chandigarh

HIMACHAL PRADESH
The Director
Social & Women’s Welfare,
Government of Himachal Pradesh
Shimla.

JAMMU AND KASHMIR
The Director
Department of Social Welfare
Government of Jammu & Kashmir
Secretariat Building
Srinagar – 190 001.

KARNATAKA
The Director,
Department of Welfare for the Disabled
Podium Block, G.Floor, Dr.B.R. Ambedkar
Veedi, Bangalore – 560 001.

KERALA
The Director
Social Welfare
Vikas Bhavan, Thiruvananthapuram
Kerala –635 033.

LAKSHADWEEP
The Directorate of Social Welfare
U.T. of Lakshadweep
Directorate of Social Welfare & Culture
Kavaratti –682 555.
MADHYA PRADESH
The Director
Social Welfare Department
Government of Madhya Pradesh
Bhopal

MAHARASHTRA
The Dy. Dir. (E.R.H)
Directorate of Women, Child &
Handicapped Development
Pune –411 001.

MANIPUR
The Director
Social Welfare Department
Government of Manipur
Secretariat Building
Imphal –795 001.

MEGHALAYA
Director of Social Welfare
Government of Meghalaya
Lowerlachumeri
Shillong – 793 001.

MIZORAM
The Director
Social Welfare Department
Government of Mizoram
Aizwal

NAGALAND
The Director of Social Security & Welfare
Department of Social Welfare
Government of Nagaland
Kohima.

ORISSA
The Director
Social Welfare
Panchayati Raj Department
Government of Orissa
Cuttack.

PONDICHERRY.
The Director
Directorate of Social Welfare
Government of Pondicherry
Pondicherry.

PUNJAB
The Principal Secretary
Department of Social Security and
Development of Women & Children
Government of Punjab, Chandigarh.

RAJASTHAN
The Director
Social Welfare Department
Government of Rajasthan
Jaipur.

SIKKIM
The Director
Social Welfare
Government of Sikkim
Gangtok – 737 101.

TAMIL NADU
The Director
Department of Social Welfare
Government of Tamil Nadu
Secretariat Building
Madras – 35.

TRIPURA
The Secretary
Department of Social Welfare
& Social Education
Government of Tripura
Agartala – 799 001.

UTTAR PRADESH
The Secretary
Department of Handicapped Welfare
Government of Uttar Pradesh
Lucknow.

WEST BENGAL
The Secretary
Social Welfare
Department of Relief & Welfare
Wrighter’s Building
Calcutta.
CONTACT PERSONS IN THE STATE - EDUCATION

ANDHRA PRADESH
Secretary
Department of Education
Government of Andhra Pradesh
A.P. Secretariat
Hyderabad. (AP)

ARUNACHAL PRADESH
Secretary
Department of Education
Government of Arunachal Pradesh
Civil Secretariat
Itanagar – 791 111.

ASSAM
Secretary (Higher Education)
Government of Assam
Dispur, Guwahati.

ASSAM
Secretary (Elementary & Secondary Education)
Government of Assam
Dispur, Guwahati.

BIHAR
Secretary (Higher Education)
Government of Bihar
New Secretariat
Vikas Bhawan
Patna – 800 015.

GOA
Secretary
Department of Education
Government of Goa
Panaji – 403 001.

GUJARAT
Secretary
Department of Education
Government of Gujarat
Gandhi Nagar – 382010.

HARYANA
Financial Commissioner &
Education Secretary
Government of Haryana
Civil Secretariat
Chandigarh – 160 001.
HIMACHAL PRADESH
Commissioner & Secretary
Department of Education
H.P. Secretariat
Armsdale Building
Shimla – 171 002.

JAMMU AND KASHMIR
Commissioner
Education Department
Government of J&K
Civil Secretariat
Srinagar,
Jammu Tawi – 180 001.

KARANATAKA
1. Secretary
Department of Education
Government of Karnataka
M.S. Building, 6th Floor
Bangalore – 560 001.
2. Secretary
Department of Education
Government of Karnataka
Sachivalaya, M.S. Building
6th Floor, Bangalore.

KERALA
1. Secretary
General Education Department
Government of Kerala
Secretariat
Thiruvananthapuram –695 001.
2. Commissioner/Secretary
Higher & Tech Education
Government of Kerala
Secretariat
Thiruvananthapuram – 695 001.

MANIPUR
1. Secretary (School)
Department of Education
Government of Manipur
New Sectt. Building
Imphal – 795 001.
2. Secretary (Higher Education)
Government of Manipur
Secretariat
Imphal.

MEGHALAYA
Secretary (Education)
Government of Meghalaya
Shillong – 793 001.

MIZORAM
Education Secretary
Cum Commissioner
Government of Mizoram
Aizwal – 796 001.

NAGALAND
Commissioner & Secretary
Department of Education
Government of Nagaland
Civil Secretariat
Kohima – 797 001.

MADHYA PRADESH
1. Principal Secretary
School Education
Government of Madhya Pradesh
Secretariat
Vallabh Bhawan
Bhopal – 462 004.
2. Principal Secretary
Department of Higher Education
Government of Madhya Pradesh
Vallabh Bhawan
Bhopal – 462 004.

MAHARASHTRA
1. Principal Secretary
(School Education)
Government of Maharashtra
Mantralaya
Mumbai – 400 032.
2. Additional Chief Secretary
(Tech./Hr. Education)
Government of Maharashtra
Mantralaya
Mumbai – 400 032.

ORISSA
1. Secretary (Higher Edn.)
Government of Orissa
Bhubaneshwar – 751 001.
2. Commissioner and Secretary
Department of School Education
Government of Orissa
Bhubaneshwar
PUNJAB
1. Secretary (School)
Department of Education
Government of Punjab
Mini Secretariat
Sector-9
Chandigarh – 160 009.
2. Secretary
Department of Higher Education
Main Secretariat, 13/3
Government of Punjab
Chandigarh.
RAJASTHAN
1. Secretary (Pri./Sec.)
Middle Education
Government of Rajasthan
Secretariat
Jaipur – 302 005.
2. Secretary
Hr./Tech. Education
Government of Rajasthan
Jaipur – 302 005.
SIKKIM
Commissioner & Secretary
Education Department
Government of Sikkim
Tashiling Extn.
Secretariat
Gangtok – 737 103.
TAMIL NADU
1. Secretary
Department of Higher Education
Government of Tamilnadu
Fort St. George
Secretariat
Chennai – 600 009.
2. Secretary (School Education)
Government of Tamil Nadu
Secretariat
Fort ST. George
Chennai –9.
TRIPURA
Principal Secretary
Department of Education
Government of Tripura
Civil Sectt.
Agartala –799 001.

UTTAR PRADESH
1. Principal Secretary
   Department of Education
   Government of Uttar Pradesh
   Sachivalaya
   Lucknow –226 001.
2. Secretary (Basic Education)
   Department of Education
   Government of Uttar Pradesh
   Sachivalaya
   Lucknow – 226001.
3. Secretary (Sec. Education)
   Department of Education
   Government of Uttar Pradesh
   Sachivalaya
   Lucknow – 226001.
4. Secretary (Hr. Education)
   Department of Education
   Government of Uttar Pradesh
   Vidhan Bhawan -I
   Lucknow – 226001.

DELHI
Secretary
Department of Education
National Capital Territory of Delhi
Old Secretariat
Delhi – 110 054.

LAKSHDWEEP
Secretary
Department of Education
Union Territory of Lakshdweep
Kavaratti –682 555.

PONDICHERRY
Secretary cum Collector
Department of Education
Government of Pondicherry
Secretariat
Goubert Avenue
Pondicherry –605 001.
ANNEXURE-III.A

VOCATIONAL REHABILITATION CENTRES

1. The Superintendent
   V.R.C. for Handicapped
   I.T.I Campus, Kuber Nagar
   Ahmedabad –382240.

2. The Sr. Superintendent
   V.R.C. for Handicapped
   A.T.I. Campus, Chunabhatti Road
   Sion, Bombay –22.

3. The Sr. Superintendent
   V.R.C. for Handicapped
   22/1, Hosur Road
   Bangalore – 29.

4. The Superintendent
   V.R.C. for Handicapped
   38, Badan Roay Lane
   Beliaghata, Calcutta –10.

5. The Superintendent
   V.R.C. for Handicapped
   I.T.I. Campus, Pusa
   New Delhi – 12.
   P.No. -5788780

6. The Superintendent
   V.R.C. for Handicapped
   4-SA, Jawahar Nagar
   Jaipur –302004.

7. The Superintendent
   V.R.C. for Handicapped
   A.T.I. Campus, Vidyanagar
   Hyderabad-7.

8. The Superintendent
   V.R.C. for Handicapped
   Municipal Market, Nappier Town
   Jabalpur – 1.
9. The Superintendent  
V.R.C. for Handicapped  
C.T.I. Campus, Udyog Nagar  
Near Gobind Nagar, Kanpur – 22.

10. The Superintendent  
V.R.C. for Handicapped  
A.T.I. Campus, Gill Road  
Ludhiana – 414 003.

11. The Superintendent  
V.R.C. for Handicapped  
C.T.I. Campus, Guindy  
Madras – 600 032.

12. The Superintendent  
V.R.C. for Handicapped  
Rehabri  
Guwahati – 781008.

13. The Superintendent  
V.R.C. for Handicapped  
Nalanchira  
Trivandrum – 695015.

14. The Superintendent  
V.R.C. for Handicapped  
S.I.R.D. Campus Unit – VIII  
Bhubaneswar – 751 012.

15. The Superintendent  
V.R.C. for Handicapped  
Mahavir Industrial Estate  
Bahucharaji Road, Kareligaug  
Baroda – 390 018.

16. The Superintendent  
V.R.C. for Handicapped  
A-84, Gandhi Vihar  
Police Colony, Anisabad  
Patna – 800 002.

17. The Superintendent  
V.R.C. for Handicapped  
Abhaynagar, Agartala, Tripura West – 790 005.
ANNEXURE-III.B

DISTRICT REHABILITATION CENTRES

1. District Rehabilitation Centre
   Capital Hospital Campus, VI
   Bhubaneshwar – 751 001
   Tel.No:0674-407803.

2. District Rehabilitation Centre
   Kharagpur General Hospital
   P.O. Kharagpur, Distt. Midnapore
   West Bengal – 721 301.
   Tel.No.:0322-62427/62894.

3. District Rehabilitation Centre
   Lal Bagh
   (Near Raja College Field)
   Shahjahanpur Road, Sitapur
   Tel.No.:05862-3283.

4. District Rehabilitation Centre
   Opposite Nurse Hostel
   Sardar Patel Hospital Campus
   Bilaspur – 495 001.
   Tel.No.:07752-30893.

5. District Rehabilitation Centre
   1st Floor, Laundry Section
   Civil Hospital
   Bhiwani – 125021
   Tel.No.: 01664-3075.

6. District Rehabilitation Centre
   Room No.10, IIIrd Floor
   Vikas Bhawan, Sultanpur
   Uttar Pradesh – 227809.
   Tel.No.:0536-22317
   FAX No.:0536-22317.

7. District Rehabilitation Centre
   G.S.T. Road, Near Court
   Chengalpattu-603 001
   Madras –
   Tel No: 04114-6853.
8. District Rehabilitation Centre
   Pulikeshi Road
   Govt. School for Blind Children Premises
   Thilak Nagar
   Mysore – 570 021.
   Tel.No.0821-447670.

9. District Rehabilitation Centre
   Kharodi Naka, Bolinji
   Agashi Road, Tal: Vasai
   Distt : Thane
   Tel.No. 0252 –382735.

10. District Rehabilitation Centre
    MBS Hospital Complex
    Kota – 324 001
    Tel No.:0252-382735.

11. District Rehabilitation Centre
    Opp. Prabodha Book Centre
    Gopal Reddyu Road, Governor Pet
    State Guest House Campus
    Vijayawada – 520 002.
    Tel.No.:0866-579646.
DISTRICT CENTRES

So far the following District Centres are operational and are providing rehabilitation services:

1. Koraput – NIRTAR - Orissa
2. Pilibhit - ALIMCO – Uttar Pradesh
3. South Dinapur – ALIMCO – West Bengal
4. Dharamshala – NIVH – Himachal Pradesh
5. Vardha – NIMH - Maharashtra
6. Gulbarga – NIMH - Karnataka
7. Gwalior – NIRTAR – Madhya Pradesh
8. Tuticorin – NIMH – Tamil Nadu.
17. Almorah – NIPH - Uttaranchal
18. Jhabua – NIRTAR - Chhatisgarh
19. Pondicherry – DRC Chengalpattu - Pondicherry
27. Gangtok – NIHH - Sikkim
28. Jalpaiguri – NIHH- W. Bengal
ANNEXURE-III.D

REGIONAL REHABILITATION TRAINING CENTRES (RRTCs)

1. Regional Rehabilitation Training Centre (RRTC),
   C/o All India Instt. Of Physical
   Medicine and Rehabilitation
   Haji Ali Park, Mahalaxmi
   Mumbai – 400 034.
   Tel.No: 022-4435035.

2. Regional Rehabilitation Training Centre (RRTC),
   C/o National Institute of Rehabilitation
   Training & Research
   Olatpur, P.O. Bairoi
   Cuttack-754010.
   Tel No:0674-22.

3. Regional Rehabilitation Training Centre (RRTC),
   Limb Centre
   Opp. Hathi Park
   Lucknow – 226018.
   Tel.No.: 0522-242047.

4. Regional Rehabilitation Training Centre (RRTC),
   Government Institute of Rehabilitation Medicine
   K.K.Nagar
   Chennai – 600083
   Tel.No:044-4821793 & 4821668
## ANNEXURE-IV

### LIST OF VOLUNTARY ORGANISATIONS

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Name of Institution</th>
<th>Training Programme Recognised by RCI</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANDHRA PRADESH</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 1.     | Thakur Hari Prasad Institute of Research & Rehabilitation for the Mentally Handicapped, Vivekananda Nagar, Dilsukh Nagar, Hyderabad – 500 060. | 1) PGDDR  
         |                                                                                     | 2) DSE(MR)                              |
| 2.     | Rural Project of Thakur Hari Prasad Institute of Research & Rehabilitation for the Mentally Handicapped H.No.4/186, Lala Cheruvu, Rajahmundry – 533 106. | DSE (MR)                               |
| 3.     | National Institute for the Mentally Handicapped Manovikas Nagar, P.O. Bowenpally, Secunderabad Pin- 500 011. | 1) BRS (MR)  
         |                                                                                     | 2) DSE (MR)  
         |                                                                                     | 3) DVTE (MR)  
         |                                                                                     | 4) B.Ed. (Spl. Edu.)                     |
| 4.     | Royal Seema Seva Samiti, No.9, Old Hazur Office Building, Tirupati – 517 501.       | 1) DSE (MR)                            |
| 5.     | Sweekar Rehabilitation Institute for Handicapped Upkar Circle, Picket, Secunderabad – 500 003. | 1) DSE(HI)  
         |                                                                                     | 2) B.Sc. (HI)                           |
| 6.     | Helen Keller’s School for the Deaf, 10/72, Near Sivalingam, Beedi Factory, Ballary Road, Cuddapah – 516 001. | DSE (HI)                               |
| 7.     | Training Centre for Teachers for Visually Handicapped, 1-10-242, Ashok Nagar Hyderabad – 500 020. | DSE (VH)  
         |                                                                                     | Primary Level.                          |
| 8.     | Department of Special Education Andhra University, Vishakhapatnam (A.P.)            | B.Ed.Spl.Edu. (VH)                     |
| 9.     | AYJNIHH, SRC, National Institute for the Mentally Handicapped Campus, Manovikas Nagar, P.O. Bowenpally, Secunderabad. | 1) DSE (HI)  
<pre><code>     |                                                                                     | 2) B.Ed. (HI)                           |
</code></pre>
<p>|        |                                                                                     | 3) B.Sc. (HI)                           |
| 10.    | College of Teachers Education, Andhra Mahila Sabha, Durgabai Deshmukh Vidhyapeethem, Osmania University Campus, Hyderabad – 500 007. | B.Ed. (HI)                             |
| 12.    | Andhra Mahila Sabha (Hyderabad), Osmania University Road Vidy Nagar, Hyderabad –500 044. |                                       |
| 13.    | Anuraag Human Services, Flat No.202, II nd Floor, Ushodaya                         |                                       |</p>
<table>
<thead>
<tr>
<th>No.</th>
<th>Organization Name and Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.</td>
<td>ANURAAG, 505, Nedredmit X Road, Sainikpuri, Opp. Masjid, Secunderabad</td>
</tr>
<tr>
<td>15.</td>
<td>Arun Special Centre, 8-15-5, Shastripuram, Near Mir Alam Filters, Hyderabad</td>
</tr>
<tr>
<td>16.</td>
<td>Assissi Sisters of Mary Immaculate, Karunapuram, Peddapendial, P.O., Distt. Warangal</td>
</tr>
<tr>
<td>17.</td>
<td>Backward Area Rural Development Society, 26/115C Gnanapuram, Nandyal</td>
</tr>
<tr>
<td>18.</td>
<td>Care Land, 18/88-B, Sreenagar Colony, Kurnool –51800</td>
</tr>
<tr>
<td>19.</td>
<td>Chaitanya Mahila Mandali, Near Bharat Nursing Home Addanki –523 201</td>
</tr>
<tr>
<td>20.</td>
<td>Child Guidance Centre, 8-13, Nehru Nagar, Ramanthapur Hyderabad –13</td>
</tr>
<tr>
<td>22.</td>
<td>Devnar Foundation for the Blind, Road No.1, West Marredpally Secunderabad</td>
</tr>
<tr>
<td>23.</td>
<td>Gracy Organisation for Development Services, 1-51/34, Bank Colony, Boargam (P), Nizamabad –503 230</td>
</tr>
<tr>
<td>24.</td>
<td>Handicapped Service Foundation, H.No.5-5-138/12, Mustafa Nagar, Khammam-507 001</td>
</tr>
<tr>
<td>25.</td>
<td>Hellen Keller Memorial Association for the Blind, Shop No.1 Municipal Complex, Subbalaks, Vishakapatnam – 530 016</td>
</tr>
<tr>
<td>27.</td>
<td>ITRRODDD, H.No.5-68, Pedda Amberpet Village Hyatnagar, Mandal, Ranga Reddy Dt</td>
</tr>
<tr>
<td>28.</td>
<td>Indian Red Cross Society (Kakinada), D.No.8-14-39, East Godavari Branch, Red Cross Street, Gandhinagar, Kakinada</td>
</tr>
<tr>
<td>29.</td>
<td>Integrated High School, 3rd Lane, Peddacheruvu, Narasaraopet 522601, Distt. Guntur</td>
</tr>
<tr>
<td>30.</td>
<td>Lakshmi Mahila Mandali, Kothapet Peral-Chirala, Vatepalem, Prakasam Distt</td>
</tr>
<tr>
<td>31.</td>
<td>Lebenshilfeilfe Special School for the Mentally Handicapped, 26, Lawsons Bay, Vishakapatnam –17</td>
</tr>
<tr>
<td>32.</td>
<td>Mahalakshmi Welfare Society, 5-8-10, Dakkini Street, Vizianagaram</td>
</tr>
<tr>
<td>33.</td>
<td>Maharshi Sambamuirty Institute of Social Development Studies, Studies No.8, Sri Nagar Apartments, Srinagar Colony, Kakinada-533 003</td>
</tr>
<tr>
<td>34.</td>
<td>MANASA,2-53/2, Chaitanyapuri, Hyderabad –560060</td>
</tr>
<tr>
<td>35.</td>
<td>Manasika Vikas Kendram, 23-16-17, Park Road, Satyanarayanapuram, Vijayawada</td>
</tr>
<tr>
<td>36.</td>
<td>Mandala Vikalangula Samskshema Sangam, Atchutapuram –</td>
</tr>
<tr>
<td>37.</td>
<td>Mandava Charitable Trust, Venkateswara Complex, Beside RTC Complex Stand, GNT Road, Gannavaram –521 101, Krishna Distt.</td>
</tr>
<tr>
<td>38.</td>
<td>Mother Theresa School for the Blind, Martur, Prakasam-523301.</td>
</tr>
<tr>
<td>40.</td>
<td>Nehru Yuvajan Seva Sangham, Pichatur, Chittoor Distt.</td>
</tr>
<tr>
<td>41.</td>
<td>New Don Bosco Educational Society, H.No.12-12-118, Ravindra Nagar, Seethapalmandi, Secunderabad.</td>
</tr>
<tr>
<td>42.</td>
<td>Omkar Lions School for the Deaf, Lion’s Club of Visakhapatnam &amp; Sri Shanti Ashram, Lawsons Bay, Visakhapatnam-530 017.</td>
</tr>
<tr>
<td>43.</td>
<td>Oral School for the Deaf, 10-1-596/1, West Marredpally, Lane of B.P.L. Servicing Centre, Secunderabad –500 026.</td>
</tr>
<tr>
<td>44.</td>
<td>PAMENCAP(Secunderabad), Plot No.42, H.No.2-23-27, Krishi Nagar, Icrisat Colony, Phase II, Hasmatpet, Secunderabad-500 009.</td>
</tr>
<tr>
<td>45.</td>
<td>PAWMENCAP (HYDERABAD),10-3-16/1, MCH Colony, Humayun Nagar, Hyderabad.</td>
</tr>
<tr>
<td>48.</td>
<td>Radha Institute for Mentally Retarded Children, Kothapet X Road, Dilsukh Nagar, Adjacent to Telephone Exchange, Hyderabad.</td>
</tr>
<tr>
<td>50.</td>
<td>Sahaj Seva Samsthan, 254/3RT Vijayanagar Colony, Hyderabad –500 057.</td>
</tr>
<tr>
<td>51.</td>
<td>Seva Sadanam, Madhira, Khamman –507 203.</td>
</tr>
<tr>
<td>52.</td>
<td>Shantiniketan, Plot No.10, Gouthami Nagar, Vanasthalipuram, Hyderabad.</td>
</tr>
<tr>
<td>53.</td>
<td>Shekinah Institute of Rehabilitation &amp; Welfare of Disabled, 5-37/B, Hayat Nagar, RR District.</td>
</tr>
<tr>
<td>No.</td>
<td>Organization Name &amp; Address</td>
</tr>
<tr>
<td>-----</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>58.</td>
<td>Sri Dakshinya Bhava Samithi, D.No.4-2-16. 4th Line, Lakshmipuram, Guntur-522 007.</td>
</tr>
<tr>
<td>59.</td>
<td>Srinivasa Mahila Mandal, Martur-523 301, Prakasam Distt.</td>
</tr>
<tr>
<td>60.</td>
<td>St. Ann’s Social Service Soceity, Bharatpet, 7th Line, Guntur-522 002.</td>
</tr>
<tr>
<td>61.</td>
<td>St. Marthoma Educational Society, Plot No.76, Shirdhi Sai Nagar, Lane NO.05, Central Hastinapuram, N.Sagar Road, Hyderabad.</td>
</tr>
<tr>
<td>63.</td>
<td>Swayamkrushi, 265, New Vasavi Nagar, Secunderabad –500 015.</td>
</tr>
<tr>
<td>64.</td>
<td>The Karimnagar District Freedom Fighters’ Trust, H.No.10-4-24, Bank Colony, Arepally Road, Karimnagar.</td>
</tr>
<tr>
<td>65.</td>
<td>Uma Manovikasa Kendram (Kakinada), Manovikas Nagar, Behind Teachers Colony, Kakinada-533 005.</td>
</tr>
<tr>
<td>66.</td>
<td>Uma Manovikasa Kendram (Ongole), Near Navabarth Buildings, Kurnool Road, Maruthi Nagar II Line, Ongole –523 002, Prakasam Distt.</td>
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<td>69.</td>
<td>Vegesna Foundation, 2-1-527/5, Nallakunta, Hyderabad –500 044.</td>
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<td>70.</td>
<td>Victory India Charitable Tent of Rescue Yacht, 13-161, Palace Extension, Kuppam-517425, Chittor Dist.</td>
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<td>Voice, 69-3-1/e, Rajendra Nagar, Kakinada.</td>
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<td>ARUNACHAL PRADESH</td>
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<td>77.</td>
<td>North Eastern Regional Training Institute for the Mentally Handicapped, Manovikash Kendra, Kahilipara, Guwahati –19.</td>
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DSE (MR)
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<th>No.</th>
<th>Name of the Institution</th>
<th>Address</th>
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<td>82.</td>
<td>Dhule Regional Physical Development Association, P.O. Dhula, Darrang, PIN-784146</td>
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<td>87.</td>
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<td>Deepshika Institute for Child Development &amp; Mental Health, Arya Samaj Mandir, Sharadchand Road, Ranchi – 834 001.</td>
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<td>Bihar Institute of Speech &amp; Hearing Research Centre, Road No.6, Rajendra Nagar, Patna –800 016.</td>
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<td>Koshi Kshetriya Vikalang, Vidhava, Vridh Kalyan Samiti, Kehra (Ward No.4), Bangaon Road, Distt. Saharsa.</td>
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<td>93.</td>
<td>Physical Medicine &amp; Rehabilitation Institute, Rajendra Nagar, Road No.6-B, Patna –800 016.</td>
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<td>Prakritik Arogyashram, Bihar, Rajgir, Nalanda.</td>
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<td>96.</td>
<td>Department of Rehabilitation, Safdarjung Hospital, Ansari Nagar New Delhi – 110 016.</td>
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<td>97.</td>
<td>All India Institute of Medical Sciences Ansari Nagar, New Delhi – 110 016.</td>
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<td>Blind Relief Association, Lal Bahadur Shastri Marg, New Delhi – 110 003.</td>
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<td>NIMH Regional Training Centre Kasturba Niketan, Lajpat Nagar New Delhi – 110 024. P.No. 6831012</td>
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<td>Institute for Special Education, Y.M.C.A.</td>
<td>Balbir Saxena Marg, Hauz Khas, New Delhi – 110 016</td>
<td>Children with Cerebral Palsy &amp; Neurological Handicapped</td>
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<td>Amar Jyoti Rehabilitation and Research Centre</td>
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<td>Armed Forces Medical Services M/o Defence</td>
<td>Armed Forces Medical Services M/o Defence, Delhi, Ministry of Defence, ‘M’ Block, New Delhi –110 001.</td>
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<td>Balwant Rai Mehta Vidya Bhawan</td>
<td>Balwant Rai Mehta Vidya Bhawan, Blocks E,G&amp;H, Masjid Moth, Greater Kailash-II, New Delhi-110 032.</td>
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<td>Dr. Zakir Hussain Memorial Society</td>
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<td>ECLAT Society for the welfare of the mentally Retarded</td>
<td>ECLAT Society for the welfare of the mentally Retarded, 1-3/127, Sector-16, Rohini, Delhi-110 085.</td>
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<td>Foundation for Spastic and Mentally Handicapped (UDAAN),61, Deshabdhu Apartments, Kalkaji, New Delhi –19</td>
<td>Foundation for Spastic and Mentally Handicapped (UDAAN),61, Deshabdhu Apartments, Kalkaji, New Delhi –19</td>
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<td>Hind Kushht Nivaran Sangh</td>
<td>Hind Kushht Nivaran Sangh, 33-34, Northend Complex, R.K. Ashram Marg, Panchkuian Road, New Delhi.</td>
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<td>Janata Adharsh Andh Vidyalaya</td>
<td>Janata Adharsh Andh Vidyalaya, Siri Fort Road, (Behind Bunglow No.4), Sadiq Nagar, New Delhi –110 049.</td>
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<td>National Federation of the Blind(Delhi), 2721, Chowk Sanghtrashan, 2nd Floor, Pahar Ganj, New Delhi-110055.</td>
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<td>SANJIVINI, Society for Mental Health, A-6, Satsang Vihar Marg, Qutub Institutional Area, South of IIT, New Delhi-67.</td>
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<td>The Blind Relief Association, Lal Bahadur Shashtri Marg, (Near Hotel Oberoi), New Delhi –110 003.</td>
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<td>University of Delhi, University Road, Delhi-110 007.</td>
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<td>CARITAS, Altinho, Panjim-403001.</td>
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<td>Lakvishwas Pratisthan’s School for Handicapped Kids, Shantadurga Krupa Ashram, Opp. Mathruchaya, Dhavali, Ponda.</td>
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<td>B.M. Institute of Mental Health Ashram Road, New Nehru Bridge Navrangpura, Ahmedabad –380 009.</td>
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<td>138</td>
<td>Blind Peoples Association, Dr. Vikran Sarabhai Road, Vastrapur Ahmedabad –380 015.</td>
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<td>Training College for Teachers of the Deaf &amp; Blind, Navrangpura, Ashram Road Ahmedabad – 380 009.</td>
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<td>E-459, Bhavnagar.</td>
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<td>Disabled Welfare Trust of India</td>
<td>School for Ortho Handicapped, No.10-11, Amba Nagar, New Bhatar Road, Surat-395007.</td>
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<td>Light House for Blind Girls</td>
<td>Near Manav Mandir, Memnagar, Ahmedabad-52.</td>
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<td>Mata Lachmi Rotary Charitable Soceity</td>
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<td>The Society for the Mentally Retarded</td>
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<td>Kohti No.315, Sector-9D, Chandigarh, Haryana.</td>
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**HARYANA**

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**JAMMU & KASHMIR**

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<td>AMH Compound, Officers House Road Near Kidwai Memorial Hospital Bangalore – 560 029.</td>
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<td>The Richmond Fellowship Society (India) Asha, 501, 47th Cross, 9th Main Jayanagar, V Block, Bangalore – 560 041.</td>
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<td>Sheila Kothavala, Institute for the Deaf</td>
<td>Rustam Bagh, HAL Road, Bangalore – 17.</td>
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<td>Shree Ramana Maharshi Academy For the Blind (Regd.) 3rd Cross, 3rd Phase, (Near Ragi Gudda) J.P. Nagar, Bangalore – 78.</td>
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<td>Department of Welfare of Disabled Government of Karnataka, Podium Block V.V.Tower, Dr. Ambedkar Road Bangalore – 560 002.</td>
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<td>Akhila Karanataka Veerashiva Mahasabha, Kalakiran, Burujanahatt, Road, Chitradurga.</td>
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<td>Honnamma Education Society’s Residential School for Dear Children, Near Head Post, Station Road, Dhawrad –50001.</td>
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<td>Sri Shathashrunga Vidya Samsthe</td>
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<td>213.</td>
<td>Uttar Kannada District Disabled Welfare Association</td>
<td>Kursa Compound, Banavasi Road, Sirsi-581401, Uttar Kannada.</td>
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<tr>
<td>216.</td>
<td>AWH Institute for the Mentally Handicapped</td>
<td>Rehmania Special School for the Handicapped, Calicut Medical College</td>
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<td>P.O. Calicut – 673 008.</td>
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<td>217.</td>
<td>Medical Trust Hospital</td>
<td>M.G.Road Cochin – 582 016.</td>
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<td>218.</td>
<td>Nirmala Sadan Teachers Training Centre</td>
<td>Ernakulam (Distt.) Muvuttapuzha Kerala – 686 661.</td>
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<tr>
<td>219.</td>
<td>Central Institute of Medical Retardation</td>
<td>Jagapthy, Thiruvananthapuram-695 014.</td>
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<td>220.</td>
<td>C.S.I. Training Centre for Teachers of the Hearing Impaired</td>
<td>P.O. Valakom Kollam – 691 332.</td>
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<td>221.</td>
<td>Kerala Federation of the Blind Training Centre for the Teachers of V.H.</td>
<td>P.O. Karimpuzha, Palakkad, Kerala – 679 513.</td>
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<tr>
<td>222.</td>
<td>Bala Vikas Teachers Training Centre</td>
<td>Bala Vikas Society, Bala Vikas Building Peroorkada P.O.</td>
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<td>Thiruvananthapuram –695 005.</td>
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<td>223.</td>
<td>National Institute of Speech &amp; Hearing</td>
<td>Palace Road, Poojappura, Trivandrum Kerala – 695 012.</td>
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<td>224.</td>
<td>The School for the Deaf</td>
<td>Enathu P.O. Adoor, Kerala – 691526.</td>
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<td>225.</td>
<td>Faith India, Faith India Bhawan</td>
<td>Puthencruz P.O. Distt. Ernakulam</td>
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<td>No.</td>
<td>Organization Name and Address</td>
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<td>226</td>
<td>Mercy Home Chethipuzha –686 104 Changanassery, Kerala.</td>
<td>MRW (Certificate Course for Multi Purpose Rehabilitation Worker)</td>
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<td>227</td>
<td>Abhaya, Varada, nandavanam, Thiruvananthapuram-695003.</td>
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<td>228</td>
<td>All Kerala Association for Mentally Retarded Children Jagathy, Thiruvananthapuram.</td>
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<td>229</td>
<td>Alphans Social Center, Kidangoor P.O., Angamaly (Via), PIN-683591.</td>
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<td>230</td>
<td>Ashkiran Association for Mentally Retarded Persons, Amlapuri, Calicut-673001.</td>
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<td>231</td>
<td>Ashanilayam Social Service Centre, San Damiano, Puliyanoor P.O., Pala, Kottayam Dt., Kerala –686573.</td>
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<td>233</td>
<td>Association for Welfare of the Handicapped, P.B.No.59, 17/194A, M’Square complex, Pavamani Road, Calicut-673001.</td>
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<tr>
<td>234</td>
<td>Bala Sahaya Samiti, 1/189, Kottayil Road, Kunnamkula,-680503.</td>
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<td>236</td>
<td>Bethania Rehabilitation Centre for Disabled Women, Philip’s Hill, Kumarapuram, medical College P.O., Thiruvananthapuram-695011.</td>
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<td>237</td>
<td>Calicut Islamic Cultural Society, kolathara P.o., Calicut-673655.</td>
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<td>238</td>
<td>Carmel Jyothi Centre for Mentally Retarded Children, Machiplavu P.O., Adimaly-685561, Idduki Distt.</td>
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<td>239</td>
<td>Charitable Society for Welfare of Disabled, Sneha Bhawan, Pirovam-6866</td>
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<td>241</td>
<td>Deepti Center, C/p Alphonsa Jyothi Province, F.C. Provincial House, Aruvithura P.O., 686122.</td>
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<tr>
<td>242</td>
<td>Directorate of Socail Action, Lakkidi-679301, Palakkad Distt.</td>
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<tr>
<td>243</td>
<td>Hellen Keller Institute for Visually Impaired, Mannannur Road, P.O.Vaniamkulam-679522, Distt. Palakkad.</td>
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<tr>
<td>244</td>
<td>Karthika Nair Smarak Samiti, Vallamkulam, P.O. Tiruvalla.</td>
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<td>245</td>
<td>Kerala Federation of the Blind, Kunnakuzhi, Thiruvananthapuram-695037.</td>
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<td>246</td>
<td>Kerala Institute for the Blind, Alpara, Kannara P.O. Thrisur-680652.</td>
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<td>247</td>
<td>Kottayam Social Service Society, Chaithnya, Thellacom P.O., Kottayam-686016.</td>
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<td>No.</td>
<td>Name of the Organization</td>
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<td>248</td>
<td>MADONNA.P.O.Potta, Chalakudy-680722, Thrissur Distt.</td>
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<td>249</td>
<td>Manovikash Special School for Mentally Handicapped,</td>
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<td>Pallisserikkal Post, Sasthamcotta, Kollam.</td>
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<td>250</td>
<td>Marian Service Society, Mary land, Muttilkunghangara, Palakkad</td>
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<td>251</td>
<td>Padma Eductional &amp; Charitable Establishment, P.O.</td>
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<td>Edavilangu, Kodugallur-680671, Thrissur Distt.</td>
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<td>252</td>
<td>Pope John Paul Peace Home, P.O. Peringandoor, Ambalaparam,</td>
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<td>253</td>
<td>Prateeksha Bhawan, Idukki.</td>
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<td>254</td>
<td>Prateeksha Training Centre, Christ Nagar, Irinjalakuda,</td>
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<td></td>
<td>Thrissur Distt.-680125.</td>
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<td>255</td>
<td>Reach-Swasraya, XV-769, Green Park, Peringavu, Trichur-</td>
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<td>256</td>
<td>Rotary Institute for Children in Need of Special Care,</td>
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<td>Vashuthacaud, Thiruvananthapuram.</td>
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<td>257</td>
<td>Sanathana Adwaitha Ashram, Karamana, Thiruvananthapuram-2.</td>
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<td>258</td>
<td>Sanjose Welfare Centre, Kanakkary P.O., Ettumanoor-686632,</td>
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<td>259</td>
<td>Santhi Bhawan Social Centre, Chalakudi-680 307.</td>
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<td>Santhini layam for Handicapped Children, Anthinad P.O.,</td>
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<td>Kottayam, Distt.-686651.</td>
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<td>261</td>
<td>Santimargam Social Welfare Service Society, Snathigiri Health</td>
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<td>Complex, PO HMT Colony, Kalamassery, Ernakulam.</td>
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<td>262</td>
<td>Seva Niketan, Changanacher-686104, Distt. Kottayam.</td>
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<td>263</td>
<td>Sneha Sadan Special School for the Mentally Retarded,</td>
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<td>Angamaly, Ernakulam Distt.-683572.</td>
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<td>264</td>
<td>Snehabhavan Society 76/74, Fr. Dismas Road, Irnjalakuda-</td>
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<td>265</td>
<td>Snehaniliyam Special School, Kakkanad, Kochi, Ernakulam</td>
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<td>Distt. 682030.</td>
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<td>266</td>
<td>Sneham Training Centre, Bund Road, Manalur, Distt.</td>
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<td>Thrissur, Kerala.</td>
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<td>268</td>
<td>Social Welfare Centre, W/61, Arch Bishop’s House, Thrissur-</td>
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<td>680005, Kerala.</td>
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<td>269</td>
<td>Sravana Samsara School, West Yakkara, Palakkad-678001.</td>
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<td>270</td>
<td>St.Camillus Training Centre for the Disabled, P.O.</td>
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<td>Chungakunnu-670674, Via Kelakam, Distt. Kannur.</td>
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<td>271</td>
<td>St. Joseph’s Social Centre, Sanjoe Sadan, S.Thuravoor P.O.,</td>
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<td>Cherthalai(Via), Allapuzha Distts.-688532.</td>
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<td>272</td>
<td>Vikas Social Service Society, P.O. Payam, Kannur Distt.</td>
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<td>Vimala Mahila Samajam, F.C.C. Provincial House, Nirmala</td>
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<td>Bhawan, P.P.Muvattupuzha-686661.</td>
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<td>274</td>
<td>Women’s Welfare Centre, Martha Bhawan, Poozhikol P.O.,</td>
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<td>No.</td>
<td>Organization Name and Address</td>
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<td>275.</td>
<td>Young Women’s Christian Association, Vikas Bhawan, YWCA, Kollam-601 001.</td>
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<td>276.</td>
<td>Digdarshika Institute of Rehabilitation &amp; Research, Red Cross Bhawan, Shivaji Nagar Bhopal – 462 016.</td>
<td>MADHYA PRADESH</td>
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<td>277.</td>
<td>Lions Charitable Trust, Sector –2 Bhilai – 490 001.</td>
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<td>278.</td>
<td>Mahesh Dristiheen Kalyan Sangh Scheme No.54, Behind Satya Sai Vidyala Vihar, A.B.Road, Indore.</td>
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<td>282.</td>
<td>Welfare Association for the Disabled, 8, Ram Baugh, Indore-452 002.</td>
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<td>283.</td>
<td>National Association for the Welfare of the Physically Handicapped Near amravati University, Gate No.3 Mardi Road, Amravati Campus Amravati – 444 602.</td>
<td>MAHARASHTRA</td>
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<tr>
<td>284.</td>
<td>All India Institute of Physical Medicine &amp; Rehabilitation, Haji Ali Park, Khadye Marg Mahalaxmi, Mumbai –400 034.</td>
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<td>286.</td>
<td>Topoiwala National Medical College and BYL Nair Charitable Hospital, Dr. A.L.Nair Road Mumbai – 400 008.</td>
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<td>287.</td>
<td>N.I.M.H. Western Regional Training Centre AYJNIHH Campus, K.C. Marg, Bandra Reclamation Bandra (W), Mumbai –400 050.</td>
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<td>288.</td>
<td>Mind’s College of Education Research Society for the Care Treatment and Training of Children in Need of Social Care, Sewri Hills, Sewri Road, Mumbai – 400 033.</td>
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<td>289.</td>
<td>The Central Institute of Teachers of the Deaf 3rd Floor, Municipal School Building, Opp. YMCA Swimming Pool Farook S.Umarbhoy Path, Agripada, Mumbai – 400 011.</td>
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<td>290.</td>
<td>Jeevan Vikas Partishtan Mook Badhir</td>
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<td>No.</td>
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<td>291</td>
<td>Prabodhini Trust, Old Pandit Colony</td>
<td>Sharanpur Road, Nashik – 422 002,.</td>
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<td>293</td>
<td>Lt.B.N. Saoji Academy</td>
<td>Mehar Prasad Complex, 22-A Central Bazar Road, Ramdaspeth, Nagpur.</td>
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<td>Methar Prasad Complex</td>
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<td>Matoshri Late Jankidevi Atkar Special Teachers’</td>
<td>Zingabai Takli Road, Geeta Nagar, Ward No.1, Nagpur – 440030.</td>
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<td>Training Centres</td>
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<td>295</td>
<td>Deaf and Dumb Industrial Institute</td>
<td>North ambazari road, Shankar Nagar Nagpur – 440 010.</td>
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<td>296</td>
<td>The Poona School &amp; Home for the Blind</td>
<td>Teachers Training Centre, 14-17, Koregaon, Park, Dr.S.R. Machave Road</td>
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<td>Poona – 411 001,</td>
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<td>297</td>
<td>V.R. Ruia Mook Badhir Vidyalaya</td>
<td>Pune –30.</td>
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<td>298</td>
<td>Tilak College of Education</td>
<td>Pune – 411 030.</td>
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<td>299</td>
<td>Wai Akshar Institute</td>
<td>401, Ganpati Ali, wai District, Satara – 412 803.</td>
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<td>300</td>
<td>Kamyan Parshikshan and Sanshodhan Society</td>
<td>270/B, Gokhale Nagar, Pune –16.</td>
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<td>301</td>
<td>Maharashtra Samaj Seva Sangh,C/o Rachna Vidyalaya</td>
<td>Saranpur, Nashik –2(MS)</td>
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<td>302</td>
<td>S.N.D.T. Women’s University</td>
<td>Department of Special Education</td>
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<td></td>
<td></td>
<td>Sir Vithaldas Vidyavihar, Juhu Road Santacruz (W), Mumbai – 400 049.</td>
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<td>303</td>
<td>Dilkush Teachers Training in Special Education</td>
<td>Church Road, Juhu Mumbai – 400 049.</td>
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<td>304</td>
<td>Hashu Advani College of Special Education</td>
<td>64-65, Collector’s Colony,Chembur Mumbai – 400 049.</td>
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<td>305</td>
<td>Shrud B.Ed. (HI) College</td>
<td>805, Smruti Bhandarkar Road Pune-4.</td>
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<td>306</td>
<td>Ayodhya Charitable Trust</td>
<td>Near SRP. Gate No.2, Vikas Nagar, Wahowadi Village Pune 411 040.</td>
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<td>307</td>
<td>Hellan Kellar Inst. For the Deaf&amp; Dumb Blind</td>
<td>Municipal Secondary School, South Wing, Ground Floor, S.Bridge, N.M.Joshi Marg</td>
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<tr>
<td>No.</td>
<td>Organization Name</td>
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<td>308</td>
<td>National Association for the Blind</td>
<td>11, Khan Abdul Gaffar Khan Road Worli Seaface, Mumbai –25.</td>
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<tr>
<td>309</td>
<td>Apang Jivan Vikas Sanstha</td>
<td>Bhumiputra colony, Near congress nagar, Amravati.</td>
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<td>310</td>
<td>Ayodhya Charitable Trust</td>
<td>S.No.51/2, Near S.R.P., Gate No.2, Vikas Nagar, Wanowadi Village, Pune-411040.</td>
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<tr>
<td>311</td>
<td>Bhagyashali Bahuddeshiya Kalyankari Sanstha (Bori)</td>
<td>Tah. Aheri, Distt. Gadchiroli.</td>
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<tr>
<td>312</td>
<td>Bombay Leprosy project</td>
<td>Vidnyan Bhawan, 11, V.N. Purav Marg, Sion-Chunabhatti, Mumbai-400 022.</td>
</tr>
<tr>
<td>313</td>
<td>Indian Association for the Visually Handicapped</td>
<td>87-B, Noortuddin Chambers, 4th Floor, Broach Street, Masjid (E), Mumbai-400 009.</td>
</tr>
<tr>
<td>314</td>
<td>Parents Teachers Association</td>
<td>c/o Sanskradham Vidyalaya for the hearing Impaired, Unnat nagar, Off.MG Road, Goregaon (W), Mumbai-90.</td>
</tr>
<tr>
<td>315</td>
<td>Poona District Leprosy Committee</td>
<td>Manisha Terrace, 2nd Floor, Flat No.35, 2-A, Moledina Road, Pune-411 001.</td>
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<tr>
<td>316</td>
<td>Shree Trust</td>
<td>Deolipada, Kharodi Naka, Bolinj-Virar (West)-401303, Maharashtra.</td>
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<td>317</td>
<td>Swami Vivekananda Dhyan Prasarak Mandal</td>
<td>Bori, Ta Mulchera Distt. Gadchiroli.</td>
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<td>318</td>
<td>The Research Society for the Care, Treatment and Training of Children in Need of Special Care</td>
<td>Near Kala Chowki Police Station, Opp.Abhyudaya Nagar, Building No.12, Tank Road, Mumbai-400 033.</td>
</tr>
<tr>
<td>319</td>
<td>Vijay Merchant Rehabilitation Centre for the Disabled</td>
<td>‘Sunderdham’, ‘B’ wing, Flat No.007, Gr. Floor, Rambaugh Lane, Borivali (W), Mumbai –400 092.</td>
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<td>320</td>
<td>All Manipur Mentally Handicapped Persons Welfare Organisation</td>
<td>Keishmthong Top Leirak, Imphal-797001.</td>
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<td>321</td>
<td>Centre for Mental Hygiene</td>
<td>Sangaiprou Airport Road, Imphal-795001.</td>
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<td>322</td>
<td>Institute of Social Development for Weaker Section</td>
<td>Wahengbam Leikai, Khongnang Hogaibi, New Cochar Road, Imphal-795001.</td>
</tr>
<tr>
<td>323</td>
<td>Kangchup Area Tribal Women Society</td>
<td>Sherwood, 5th Avenue, Deaulalane, Imphal.</td>
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<td>324</td>
<td>Montford Centre for Education</td>
<td>Danakgre Tura, Meghalaya – 794 101.</td>
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<tr>
<td>325</td>
<td>Bethany Society</td>
<td>Arai Mile, New Tura, West Garo Hills-794 101.</td>
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<tr>
<td>No.</td>
<td>Name of the Organization</td>
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<td>326.</td>
<td>Dwar Jingkrymen School for Children in Need of Special Education, Stonyland, Shillong.</td>
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<td>327.</td>
<td>Society for the Welfare of the Disabled, Lady Veronica Lane, St. Edmund’s Campus, Litumkhrah, Shillong-793003.</td>
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<td>328.</td>
<td>Society for Rehabilitation of Spastic Children, Aizawal-796001.</td>
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<td>329.</td>
<td>Society for Rehabilitation of Spastic Children, Ch.Chhunga Building, Saron Veng, Aizawal-796 001.</td>
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<td>331.</td>
<td>Rural Community Services Post Box 199, Khermahal, Dhimapur-797112.</td>
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<td>332.</td>
<td>Training Centre for Teachers of the Visually Handicapped, S.I.R.D. Campus, Unit –VII Bhubaneswar – 12.</td>
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<td>333.</td>
<td>Chetna Institute for the Mentally Handicapped Teachers Training Centre, A/3 Nayapalli, Bhubaneswar.</td>
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<td>335.</td>
<td>Training Centre for Teachers of the Deaf (A Joint Project of State Govt. &amp; AYJNIHH) S.I.R.D Campus, Unit-8 Bhubaneswar –751 012.</td>
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<td>337.</td>
<td>Arun Institute of Rural Affairs, At-Aswakhola, P.O., Karamul, Via-Mahimagadi, Distt. Dhenkanal-759014.</td>
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<td>342.</td>
<td>Nehru Seva Sangh, P.O. Banpur-752031., Dt. KHURDA.</td>
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<td>344.</td>
<td>Orissa Multipurpose Development Center, 4/14. MIG II, DDA Colony, Chandrashekarpur, Bhubneswar-16.</td>
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<td>345</td>
<td>Red Cross School for the Blind, City Hospital Road, Berhampur –760 001, Distt. Ganjam.</td>
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<td>346</td>
<td>SEVA, Nayagarh –752 070.</td>
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<td>Shanta Memorial Rehabilitation Centre, 108-D, Master Canteen Building, Station Square, Unit-III, Bhubaneswar –751 001.</td>
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<td>348</td>
<td>Sidhaanta Institute of Vocational Training, 2132/5155, Nageswar Tangi, Bhubaneswar –751 002., Khurda.</td>
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<td>350</td>
<td>Union for Learning, Training and Reformative Activities, P.O. Sagarguan, Via Blogarh-752066, Distt. Khurda.</td>
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<td><strong>PUNJAB</strong></td>
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<td>Dr. Satya Pal Khosla Charitable Memorial Trust, Shaheed Udham Singh Nagar, Opp., T.V. Studio, Jalandhar –144 001.</td>
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<td>Indian Red Cross Society (Faridkot), District Branch, Red Cross Bhawan, Sadiq Chowk, Faridkot –151203.</td>
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<td>354</td>
<td>Institute for the Blind, Lohgarh Gate, Amritsar.</td>
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<td>355</td>
<td>Navjivini School of Special Education, Sular, Patiala –147 001.</td>
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<td>356</td>
<td>Red Cross School for Deaf &amp; Dumb, G.T. Road, Jalandhar.</td>
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<td>358</td>
<td>Vocational Rehabilitation Training Centre, Haibowal Road, Opp.kitchlu Nagar, Ludhiana-141 001.</td>
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<td><strong>RAJASTHAN</strong></td>
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<td>359</td>
<td>Regional Training Centre, Department of Social Welfare, Government of Rajasthan Sethy Colony, Jaipur.</td>
<td>DSE (MR)</td>
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<td>360</td>
<td>L.K.C. Sri Jagdamba Andh Vidyalaya Samiti Hanumangarh Road Sriganga Nagar –335 001.</td>
<td>DSE (VH) Primary Level</td>
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<td>361</td>
<td>Rajasthan Institute for Training Teachers of the Deaf run by Badhir Bal Kalyan vikas Samiti Kuwada Road, Sanganer Colony Bhilwara – 331 001.</td>
<td>DSE (HI)</td>
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<tr>
<td>362</td>
<td>Badhir Bal Kalyan Vikas Samiti, Chatur Clinic, M.G. Hospital Road, Bhilwara-311 001.</td>
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<td>363</td>
<td>Chetna Samvardhan Samiti, Surya Marg, Tilak Nagar, Jaipur.</td>
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<td>Navdisha Vikas Samiti, C-6, Hasan Khan, Mewati Nagar, Alwar.</td>
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<td>Society for Welfare of Mentally Handicapped,36-A, Suraj Nagar (East), Civil Lines, Jaipur.</td>
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<td>367</td>
<td>Sona Viklang Punarwas Avam Shodh Sansthan, Ashok Nagar,</td>
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<td>368</td>
<td>Schieffeline Leprosy Research and Training Centre, Karigiri, S.L.R. Sanatorium</td>
<td>P.O. North Arcot Distt, Tamil Nadu – 632 106.</td>
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</table>
2. Senior Diploma in Teaching the Deaf. |
| 371 | The Clarke School for the Deaf “Sadhana”                                        | No.3, 3rd Street, Dr. Radhakrishna Road, Mylapore, Chennai – 600 004. | 1. DSE (MR)  
2. DSE (HI) |
| 372 | Regional Training Centre, C/o Govt. Hr. Sec. School for the Blind, Poonamalle     | Chennai –600 056.                                                      | DSE (VH) Primary Level.                                               |
| 373 | Spastic Society of Tamil Nadu, Opp. TTTI, Taramani Road                           | Chennai –600 113.                                                      | B.D.T. Course for Children with Cerebral Palsy & Neurological Handicapped. |
| 374 | Madras Institute to Habilitate Retarded Afflicted                                 | 802, R.V. Nagar, Anna Nagar, Chennai – 600 010.                        | MRW.                                                                |
| 375 | Bala Vihar Training School, Halls Road,                                          | Kilpauk Garden, Chennai –600 010.                                     | DSE (MR)                                                            |
| 376 | Government Institute of Rehabilitation Medicine                                   | K.K. Nagar, Chennai – 600 083.                                        | D.P.O.E.                                                            |
| 377 | Navjyoti Trust, A-916, Poonamallee High Road                                     | Chennai –600 084.                                                      | DVTE (MR)                                                           |
M.R.Sc.  
DSE (MR) |
| 380 | Christian Medical College, P.O. Torapudi                                         | Vellore – 632 002.                                                    | D.P.O.E.                                                            |

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<td>384.</td>
<td>Ajay Memorial Foundation, 6, Officer’s Colony, Annanagar, West Extension, Chennai.</td>
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<td>385.</td>
<td>All India Blind Progressive Association, No.141, Kabali Vanabojana Thottam, Raja Annamalipuram, Chennai-600028.</td>
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<td>386.</td>
<td>Amar Seva Sangam, P.B.No.001, Sulochana Garden, 10-4-104B, (Tenkari Road), Ajikudi-627852, Tirunveli Distt.</td>
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<td>387.</td>
<td>Andhra Mahila Sabha, 10, Dr. Durgabai Deshmukh Road, Chennai-600 028.</td>
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<td>Arivalayam, Kailsapuram, Thiruchirapalli-620004.</td>
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<td>Cheshire Home India (Chennai), 28, Casa Major Road, Egmore, Chennai-600008.</td>
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<td>392.</td>
<td>Christian Foundation for the Blind, CFBI Service Complex, 2 Officers Lane, GST Road, Pallavaram, Chennai-600 008.</td>
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<td>393.</td>
<td>Donor’s Rehabilitation Home, 3/19, Muthupillai Mandapam, Sakot Tai Post, Kumbakonam-612 401, Thanjavur Dist.</td>
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<td>394.</td>
<td>E.K.R. Kalvi Sangam, Subramani Nagar, Uthangaraj Main Road, Harur (P.O. &amp;TK), Dharampuri Dt.</td>
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<td>397.</td>
<td>Indian Association for the Blind, Sundarajanpatti, Arumbanoor Post, Madurai-625 104.</td>
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<td>398.</td>
<td>Indian Council of Child Welfare, No.5,3rd Main Road, West Shenoy Nagar, Chennai-600 030.</td>
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<td>399.</td>
<td>Indian Leprosy Eradication and Rehabilitation Mission Trust, 18, Jeeva Street, Indira Colony, Samayapuram Post, Tiruchirapalli Distt.</td>
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<td>400.</td>
<td>Jaya Balwadi Educational Society, Aravakurichi Patii Village, Asoor (Post), Trichy-620015.</td>
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<td>401.</td>
<td>Life Aid Centre, 16, Gandhi Street, Manavala Nagar, Tiruvallur Dist.</td>
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<td>Madhuram Narayan Centre for Exceptional Children, 126, G.N. Chetty Road, T.Nagar, Chennai.</td>
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<td>404.</td>
<td>Satya Jyoti Little Flower School for the Blind, Extension Work Department, 127, G.N. Road, Chennai-600 006.</td>
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<td>405.</td>
<td>St. Anne’s Rehabilitation Center for the Handicapped, Singanallur PO-Coimbatore-641 005.</td>
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<td>407.</td>
<td>Tamil Nadu Association of the Blind, P.B.No.5520, Rettaikuli Street, Tondiarpet, Chennai-600 081.</td>
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<td>408.</td>
<td>The School for Young Deaf Children (Bal Vidyalaya), 14, 1st Cross Street, Shastri Nagar, Chennai –600 020.</td>
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<td>410.</td>
<td>Vidya Sagar, No.1 Ranjit Road, Kottupuram, Chennai-600085, Tamilnadu.</td>
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<td>Vijay Human Services, 6, Lakshmipuram Street, Royapettah, Chennai-600 014.</td>
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<td>413.</td>
<td>Viklang Kendra, 13, Lukerganj, Allahabad</td>
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<td>U.P. Institute for the Hearing Handicapped, 4-6, Malviya Road, George Town, Allahabad – 211 002.</td>
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<td>417.</td>
<td>Training College for Teachers of the Deaf, Aishbagh (Tilak Nagar), Lucknow –226 004.</td>
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<td>Nav. Vani School for the Deaf, Village Koirajpur, Post Haruhua Varanasi –221 105.</td>
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<td>Government Inter College for the Blind Mohan Road, Lucknow.</td>
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<td>Aligarh Muslim University, Aligarh, U.P.</td>
<td>P.G. Diploma in Rehabilitation Psychology.</td>
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<td>422.</td>
<td>Adarsh Janta Shiksha Samiti, VPO-Pirhi, Karchhana, Annahabad.</td>
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<td>Adarsh Khadi Garudyog Vikas Samiti, Kailsa Road, Amroha, Distt. J.P.Nagar.</td>
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<td>Akhil Bharatiya Viklang Kalyan Samiti, Tulsi Nagar, Ayodhya, Faizabad Distt.</td>
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<td>426.</td>
<td>Allahabad Gram Swasthya Seva Samiti, 54/42, Darbhanga Castle, Moti Lal Nehru Road, Allahabad-211 002.</td>
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<td>Anand Training Centre, Mariam Nagar, Meerut Road, Ghaziabad-201 003.</td>
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<td>Bharatiya Samajothan Seva Sansthan, Nehru Nagar, (Chakiawa), Deoria.</td>
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<td>Chitragupta Shikshan Sansthan, Sakalpur, Sevapuri, Varanasi.</td>
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<td>Deaf and Dumb School, Race Course Road, Meerut Cantt.</td>
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<td>Jahangir Memorial Charitable Hospital, Station Road, Naini, Allahabad-211 008.</td>
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<td>Jan Kalyan Shiksha Samiti, Via Fazil Nagar, Distt. Kusinagar.</td>
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<td>KSJ High School, Ratanpur Khurd, PO Behtakhas, Block Bihari, Distt. Moradabad.</td>
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<td>N.C. Chaturvedi School for Deaf, Aish Bagh, Tilak Nagar, Lucknow.</td>
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<td>National Fellowship Rehabilitation Centre for the</td>
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<td>Nav Vani School, Koirajpur, P.O., Harahua, Varanasi.</td>
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<td>Noor Mohammad Memorial Charitable Society, 612, Bahadurganj, Allahabad.</td>
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<td>Paohari Smriti Parishad, Station Road, Ghazipur –233 001.</td>
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<td>Pradeshik Alpasankhya Hairjan Evam Pichhra Varg Sangathan, Shastri Niwas, G.T. Road, Chandpur, Industrial Estate, Varanasi.</td>
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<td>Prag Narain Mook Badhir Vidyalaya Samiti, Sasnii Gate, Aligarh.</td>
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<td>Saraswati Badhir Sewa Samiti, 273/54, Rajendra Nagar, (In front of Navyug Degree College), Lucknow.</td>
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<td>Sarva Kalyan Sansthan, 564/44, Gurunanak Nagar, Kanpur Road, Lucknow.</td>
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<td>Shri Vrindaban Andh Mahavidyalaya, Radha Niwas, Gurukul Marg, Vrindavan, Mathura.</td>
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<td>Sri Hanuman Prasad Poddar Andh Vidyalaya, Durgakund, Varanasi-221010.</td>
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<td>468</td>
<td>Uttar Pradesh Deaf &amp; Dumb Institute, 4/7, Malviya Road, George Town, Allahabad.</td>
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<td>469</td>
<td>Viklang Kendra (Rotary Sponsored Crippled Youth 7 Welfare Society), 13, Lukerganj, Allahabad-211001.</td>
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<td>Viklang Seva Samiti, Basupar Bankat, Sagadi, Azamgarh.</td>
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**UTTARANCHAL**

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<td>Indira Rashtriya Chetna Evam Samajothan Sansthan, Hoshiari Mandir, Riwala, Distt. Dehradun.</td>
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<td>Jan Jagaran Samiti, Leprosy Hone, Baldoti, Almora –263 601.</td>
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<td>473</td>
<td>Jyoti School for Handicapped, Haridwar Road, Rishikesh, Dehradun-249201.</td>
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<td>Nanhi Duniya Badhir Vidyalaya</td>
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<td>National Institute for the Orthopaedically Handicapped</td>
<td>Bon-Hooghly, B.T.Road Calcutta –700 090.</td>
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<td>477</td>
<td>Society for Mental Health Care</td>
<td>P.O. &amp; Village-Khjurdihi, Via-Katwa Burdwan.</td>
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<td>478</td>
<td>Alakendu Bodh Niketan Residential</td>
<td>F-1/4-1 C.I.T. Scheme, VIIM, VIP Road Kankurgachi, Calcutta. 700 054.</td>
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<td>NIMH, Regional Training Centre NIOH</td>
<td>Campus, Bon-Hooghly, B.T. Road, Calcutta-700 090.</td>
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<td>480</td>
<td>AYJNIHH, Regional Training Centre</td>
<td>NIOH Campus, Bon-Hoogyly, B.T.Road, Calcutta-700 090.</td>
</tr>
<tr>
<td>481</td>
<td>Indian Institute of Cerebral Palsy, Spastic Society of Eastern India</td>
<td>P-33/1, Taratolla Road, Kolkata-700 088.</td>
</tr>
<tr>
<td>482</td>
<td>Ramakrishna Mission Blind Boy’s Academy</td>
<td>Narendrapur – 743 508.</td>
</tr>
<tr>
<td>483</td>
<td>Manovikas Kendra, Rehabilitation and Research Institute for the Handicapped</td>
<td>482, Madudah, Plot 1-24, Sec-J, Eastern Metropolitian Bypass, Calcutta –700 078.</td>
</tr>
<tr>
<td>484</td>
<td>Vivekananda Mission Asram</td>
<td>Midnapore West Bengal.</td>
</tr>
<tr>
<td>485</td>
<td>Training College for the Teachers of the Deaf</td>
<td>293, Acharya Prafulla Chandra Road Calcutta –09.</td>
</tr>
<tr>
<td>486</td>
<td>Anand Niketan Society for the Mental Heal Care</td>
<td>P.O. &amp; Village Khajurdihi, Via Katwa, Distt. Burdwan.</td>
</tr>
<tr>
<td>487</td>
<td>Ananda Bhawan</td>
<td>Village Jagatpur, P.O. Brindhabanpur, Distt. Howrah-711316.</td>
</tr>
<tr>
<td>488</td>
<td>Asansol Anandam</td>
<td>St. Vincent School Campus, S.B. Gorai Road, Asansol.</td>
</tr>
<tr>
<td>489</td>
<td>Basirhat Re-life Handicapped Welfare Society</td>
<td>North 24 Paraganas, P.O. Basirhat-743411.</td>
</tr>
<tr>
<td>490</td>
<td>Bharat Scouts &amp; Guides</td>
<td>I Palace Court, Hyd Street, Kolkata-700 016.</td>
</tr>
<tr>
<td>491</td>
<td>Bikash Bharati Welfare Society</td>
<td>20/1B, Lal Bazar Street, Kolkata-700 001.</td>
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<tr>
<td>492.</td>
<td>BIKASHAYAN, 140/6, South Sinthee Road, Kolkata –700 050.</td>
<td></td>
</tr>
<tr>
<td>494.</td>
<td>HOPE, H.F.C. Township, Durgapore –713212.</td>
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</tr>
<tr>
<td>496.</td>
<td>Jatiya Jardhi Sansad, 57/1A, Beltala Road, Kolkata-25.</td>
<td></td>
</tr>
<tr>
<td>498.</td>
<td>Korak Pratibandhi Kalyan Kendra, 125, Gorak Dhabari Road, Nager Bazar, Kolkata.</td>
<td></td>
</tr>
<tr>
<td>501.</td>
<td>North Bengal Handicapped Rehabilitation Society, Nivedita Market, Hospital Road, Siliguri –734401.</td>
<td></td>
</tr>
<tr>
<td>503.</td>
<td>Parents Own Clinic for Deaf Children, 16A, D.L. Das Street, Kolkata–700 006.</td>
<td></td>
</tr>
<tr>
<td>504.</td>
<td>Paripurnata Half Way Home, 5 B, Maharani Swarnamoyee Road, Kolkata –700 009.</td>
<td></td>
</tr>
<tr>
<td>505.</td>
<td>Pratibandhi Kalyan Kendra, Abinash Mukherjee Road, Hooghly –712 103.</td>
<td></td>
</tr>
<tr>
<td>506.</td>
<td>Ramakrishna Mission Seva Pratishthan, 99, Sarat Bose Road, Kolkata–700 026.</td>
<td></td>
</tr>
<tr>
<td>507.</td>
<td>REACH, 18/2/A/3, Udai Sanker Sarani, Calcutta.</td>
<td></td>
</tr>
<tr>
<td>508.</td>
<td>Rehabilitation India, P-91, Hellen Keller Sarani, Kolkatta.</td>
<td></td>
</tr>
<tr>
<td>509.</td>
<td>SEVAC, 135A, Vivekananda Sarani, Thakurpura, Kolkata-700 063.</td>
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</tr>
<tr>
<td>510.</td>
<td>SHIRC, Mandevilla Garden, Calcutta.</td>
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<tr>
<td>511.</td>
<td>Spastic Society of Cooch Behar, 117, Rajendra Narayan Road, Cooch Behar.</td>
<td></td>
</tr>
<tr>
<td>512.</td>
<td>Sri Sri Ramakrishna Satyananda Education &amp; Charity Trust, P.O. Rampurhat, Birbhum-731 224.</td>
<td></td>
</tr>
<tr>
<td>513.</td>
<td>Srirampur Child Guidance Centre, 16, Raja K.L. Goswami Street, Shrirampur, Hooghly.</td>
<td></td>
</tr>
<tr>
<td>514.</td>
<td>The Society for Comprehensive Rehab. Service (SCRS), 36, Ballygunge Circular Road, Calcutta –700 019.</td>
<td></td>
</tr>
</tbody>
</table>
ANNEXURE-V

LIST OF SPECIAL EMPLOYMENT EXCHANGES FOR PHYSICALLY HANDICAPPED

The Regional Employment Officer
Special Employment Exchange for Physically Handicapped
Azamabad, Hyderabad-500 020.
ANDHRA PRADESH.

The Employment Officer
Special Employment Exchange for Physically Handicapped
Visakhapatnam
ANDHRA PRADESH

The Assistant Director
Special Employment Exchange for Physically Handicapped
Naharlagun
ARUNACHAL PRADESH

The Employment Officer
Special Employment Exchange for Physically Handicapped
Guwahati
ASSAM.

The Employment Officer
Special Employment Exchange for Physically Handicapped
Jorhat
ASSAM.

The Employment Officer
Special Employment Exchange for Physically Handicapped
Combined Building Labor
Bailey Road
Patna – 800 001.
BIHAR.

The Employment Officer
Special Employment Exchange for Physically Handicapped
Salajosi Cross Road
Opp: S V College
Ahmedabad –380 001.
GUJARAT.

The Sub-Regional Employment Officer
Special Employment Exchange for Physically Handicapped
Kothi Building
Baroda
GUJARAT

The Employment Officer
Special Employment Exchange for Physically Handicapped
Mehsana
GUJARAT

The Sub-Regional Employment Officer
Special Employment Exchange for Physically Handicapped
Kooasiwala Bungalow
Junction Plot
Rajkot,
GUJARAT

The Sub-Regional Employment Officer
Special Employment Exchange for Physically Handicapped
Multistory Building
Nanpura
Surat,
GUJARAT

The Employment Officer
Special Employment Exchange for Physically Handicapped
1282, Section 13-C
CHANDIGARH – 160 018.

The Employment Officer
Special Employment Exchange for Physically Handicapped
Stock Palace
Shimla - 171 002
HIMACHAL PRADESH

The Employment Officer
Special Employment Exchange for Physically Handicapped
Jammu
JAMMU & KASHMIR

The Employment Officer
Special Employment Exchange for Physically Handicapped
No.5 Crescent Road
High Grounds, West
Bangalore – 560 020.
KARNATAKA.
The Employment Officer
Special Employment Exchange for Physically Handicapped
Mysore
KARNATAKA.

The Employment Officer
Special Employment Exchange for Physically Handicapped
Kozikoda
KERALA.

The Employment Officer
Special Employment Exchange for Physically Handicapped
Ernakulam
KERALA.

The Employment Officer
Special Employment Exchange for Physically Handicapped
Kollam
KERALA.

The Employment Officer
Special Employment Exchange for Physically Handicapped
Nandavanam Road
Palayam, Trivandrum
KERALA.

The Employment Officer
Special Employment Exchange for Physically Handicapped
965, Wright Town
Jabalpur – 482 001
MADHYA PRADESH.

The Special Employment Officer
Special Employment Exchange for Physically Handicapped
Merchantile Chambers
3rd Floor, Graham Road
Ballard Estate, Bombay – 400 001.
MAHARASHTRA.

The Employment officer
Special Employment Exchange for Physically Handicapped
Nagpur
MAHARASHTRA.

The Employment officer
Special Employment Exchange for Physically Handicapped
Pune
MAHARASHTRA.

The Employment Officer
Special Employment Exchange for Physically Handicapped
Thane
MAHARASHTRA.

The Employment Officer
Special Employment Exchange for Physically Handicapped
Imphal, MANIPUR.

The Employment officer
Special Employment Exchange for Physically Handicapped
Flat No: 367, Shahid Nagar
Bhubneshwar
ORISSA – 751 007.

The Sub-Regional Employment Officer
Special Employment Exchange for Physically Handicapped
Block No:2, Gill Road
Ludhiana,
PUNJAB.

The Assistant Director
Special Employment Exchange for Physically Handicapped
Ajmer
RAJASTHAN.

The Assistant Director
Special Employment Exchange for Physically Handicapped
Alwar,
RAJASTHAN.

The Employment Officer
Special Employment Exchange for Physically Handicapped
Jaipur – 302 001.
RAJASTHAN.

The Assistant Director
Special Employment Exchange for Physically Handicapped
33, Mount Road, Nandanam
Madras – 600 035
TAMIL NADU.

The Employment Officer
Special Employment Exchange for Physically Handicapped
Agartala
TRIPURA.

The Regional Employment Officer
Special Employment Exchange for Physically Handicapped
Agra,
UTTAR PRADESH.

The Regional Employment Officer
Special Employment Exchange for Physically Handicapped
Aligarh,
UTTAR PRADESH.

The Regional Employment Officer
Special Employment Exchange for Physically Handicapped
Allahabad
UTTAR PRADESH.

The Regional Employment Officer
Special Employment Exchange for Physically Handicapped
Bareilly
UTTAR PRADESH.

The Regional Employment Officer
Special Employment Exchange for Physically Handicapped
Ghaziabad,
UTTAR PRADESH.

The Regional Employment Officer
Special Employment Exchange for Physically Handicapped
Gorakhpur
UTTAR PRADESH.

The Employment Officer
Special Employment Exchange for Physically Handicapped
G.T Road
Kanpur
UTTAR PRADESH.

The Regional Employment Officer
Special Employment Exchange for Physically Handicapped
Lucknow
UTTAR PRADESH.

The Regional Employment Officer
Special Employment Exchange for Physically Handicapped
Mathura
UTTAR PRADESH.

The Regional Employment Officer
Special Employment Exchange for Physically Handicapped
Varanasi
UTTAR PRADESH.

The Special Employment Officer
Special Employment Exchange for Physically Handicapped
67, Bentina Street
3rd Floor
Calcutta
WEST BENGAL.

The Employment Officer
Special Employment Exchange for Physically Handicapped
Union Territory of Chandigarh
CHANDIGARH

The Employment Officer
Special Employment Exchange for Physically Handicapped
Barack Non:1/E.5, Block A,
Curzon Road
NEW DELHI – 110 001.

The Employment Officer
Special Employment Exchange for Physically Handicapped
Trans Yamuna
DELHI.