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

(Applicable w.e.f. 1st April, 2014)

Govt. of India
Ministry of Social Justice and Empowerment,
Shastri Bhavan
New Delhi

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

#### 1.0 <u>INTRODUCTION</u>

It has been the constant endeavor of the Government to provide the disabled persons with aids/appliance, at minimum costs, which are essential for their social, economic and vocational rehabilitation. Census, 2011 states that there are 2.68 crore Persons with Disabilities (PwDs) in the country. In addition, about 3% of the children below 14 years of age suffer from delayed development. Many of them are mentally retarded and cerebral palsied and require aids/appliances to attain capacity for self-care and independent living. With the application of modern technology, a number of aids have emerged which can reduce the effects of disabilities and enhance the economic potential of the disabled. However, a large number of disabled persons are from the low income groups and are deprived of the benefits of these appliances because of their inability to find funds to acquire them and consequently of dignified independent living.

1.01. In the light of the Governments commitment for enabling and empowering disabled persons, it has been decided to continue and modify ADIP Scheme in such a way that it becomes more user-friendly and the needy are not deprived of necessary aids /appliances for want of means to acquire them together with a transparent mechanism for checks and balances.

#### 2.0 OBJECTIVE

The main objective of the Scheme is to assist the needy disabled persons in procuring durable, sophisticated and scientifically manufactured, modern, standard aids and appliances to promote physical, social, psychological rehabilitation of Persons with Disabilities by reducing the effects of disabilities and at the same time enhance their economic potential. Assistive devices are given to PwDs with an aim to improve their independent functioning, and to arrest the extent of disability and occurrence of secondary disability. The aids and appliances supplied under the Scheme must have due certification.

#### 3.0 **DEFINITIONS**

Definitions of various types of disabilities as given in The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (PwD Act) and National Trust Act, 1999.

#### 4.0 SCOPE

The Scheme will be implemented through the Implementing Agencies as listed in para 5. The Agencies will be given financial assistance for purchase, fabrication and distribution of such standard aids and appliances that are in conformity with objectives of the Scheme. The Implementing Agencies will take care of/ make suitable arrangements for fitting and post-fitting care of the aids and appliances distributed under the Scheme. The Implementing Agencies will give wide publicity of the distribution of such aid and appliances to PwDs. Further, before the camp they will inform the District Collector, BDO, a local public representative, State Government and the Department of Disability Affairs at least one week in advance about the date and the location of the camp. After the camps, they shall provide a list of beneficiaries and the details of aids and assistive devices with the cost incurred to the State Government and the Department of Disability Affairs. The list of beneficiaries shall be prominently displayed in the website of the Implementing Agency.

- 4.01 The Scheme shall also include essential medical/surgical correction and intervention, prior to fitment of aids and appliances, as per the following norms:
  - (i) From Rs.500/- to Rs.1,000/- for hearing & speech impaired.
  - (ii) From Rs.1000/- to Rs.2,000/- for visually disabled.
  - (iii) From Rs.3000/- to Rs.5,000/- for orthopedically disabled

#### 5.0 ELIGIBILITY OF IMPLEMENTING AGENCY UNDER THE SCHEME

The following agencies are eligible to implement the Scheme on behalf of Department of Disability Affairs under Ministry of Social Justice and Empowerment, subject to fulfillment of following terms and conditions:

- i) Societies and their branches, if any, registered separately under the Societies Registration Act, 1860.
- ii) Registered Charitable Trusts.
- iii) Indian Red Cross Societies and other Autonomous Bodies headed by District Collector/Chief Executive Officer/District Development Officer.
- iv) National/Apex Institutes, CRCs, RCs, DDRCs, National Trust, ALIMCO functioning under administrative control of the Ministry of Social Justice and Empowerment/Ministry of Health and Family Welfare.
- v) National/State Handicapped Development Corporation and Section 25 Companies in the Private Sector.
- vi) Local Bodies . Zilla Parishad, Municipalities, District Autonomous Development Councils and Panchayats etc.

- vii) Hospitals registered as separate entity, as recommended by State/UT/Central Govt.
- viii) Nehru Yuva Kendras.
- ix) Any other organization as considered fit by Department of Disability Affairs, Ministry of SJ&E.
- 5.01 Grant-in-aid under the Scheme will not be given for commercial production or supply of aids/appliances.
- 5.02 While approving new implementing agencies, preference would be given to those Agencies.
  - (i) Which employ professional/technical expertise, in the form of professionally qualified staff (from RCI recognized courses) for identification, prescription of the required artificial aids/appliance, fitment and post-fitment care of the beneficiaries as well as the aid/appliance.
  - (ii) Possess infrastructure in the form of machinery/equipment for the fabrication, fitment and maintenance of artificial aid/appliance to be given to a disabled person under ADIP Scheme and which develop capacity to produce ISI standard Aids and Appliances and ISO Certification.

#### 6.0 **ELIGIBILITY OF THE BENEFICIARIES**

A person with disabilities fulfilling following conditions would be eligible for assistance under ADIP Scheme.

- i. An Indian citizen of any age.
- ii. Holds a 40% Disablement Certificate.
- iii. Has monthly income from all sources not exceeding Rs. 20,000/- per month.
- iv. In case of dependents, the income of parents/guardians should not exceed Rs. 20,000/- per month.
- v. Who have not received assistance during the last 3 years for the same purpose from any source. However, for children below 12 years of age, this limit would be one year.

Note:- Income certificate of beneficiaries staying in orphanages and half-way homes etc. may be accepted on certification of District Collector or Head of the organization concerned. Such beneficiaries will be provided aids & appliances under this Scheme by ALIMCO.

#### 7.0 QUANTUM OF ASSISTANCE

(i) For aids and appliances costing upto Rs. 10,000/-.

Aids/appliances which do not cost more than Rs. 10,000/- are covered under the Scheme for single disability. However, in the case of SwDs, students beyond IX class, the limit would be raised to Rs.12,000/-

In the case of multiple disabilities, the limit will apply to individual items separately in case more than one aid/appliance is required.

(ii) For providing modern assistive devices for all categories of PwDs both physical and mental and multiple disability impaired groups, e.g. Daisy Book players and other Talking Devices, Net Book Laptop and Digital Magnifiers for visual impairment and Behind the Ear (hearing aid) for hearing impairment, the items will be decided by an Expert Committee constituted in the Department of Disability Affairs with the approval of Minister for Social Justice & Empowerment. The extent of financial support would be limited to Rs. 10,000 for each disability and Rs. 12,000 for students with disabilities in respect of devices costing upto Rs. 20,000. Further, all expensive items costing above Rs. 20,000, except cochlear implant, eligible for assistance under the scheme, subject to income ceiling, would be listed out. Government of India shall bear 50% of cost of these items thus listed by the Committee and the remainder shall be contributed by either the State Govt. or the NGO or any other agency or by the beneficiary concerned subject to prior approval of Ministry on case to case basis; limited to 20% of the Budget under the Scheme.

#### (iii) Cochlear implant

Ministry of Social Justice and Empowerment will recognize an Institute of national stature from each zone to recommend children eligible under the Scheme for cochlear implant, with a ceiling of Rs.6.00 lakh per unit to be borne by the Government. Ministry will also identify and recognize the Institutes in the zones wherein the surgery will be undertaken. Ministry will identify suitable agencies for providing cochlear implant (500 children per year) under the Scheme. Income ceiling for the beneficiaries will be same as for other aids/appliances.

**Note:** - Beneficiaries will be linked with Aadhar number or Ration Card or Voter Icard from 2014-15 and with Aadhar number from 2015-16.

#### 7.01 The amount of assistance will be as follows:-

| Total Income  | Amount of Assistance   |
|---|--|
| (i) Upto Rs. 15,000/- per month<br>(ii) Rs.15,001/- to Rs. 20,000/- per | <ul><li>(i) Full cost of aid/appliance</li><li>(ii) 50% of the cost of aid/appliance</li></ul> |
| month   | , ,  |

- 7.02 Travelling cost would be admissible separately to the PwD and one escort limited to bus fare or railway, subject to a limit of Rs. 250/- each person, irrespective of number of visits to the centre. 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 travel cost for travelling outside the Region till such facilities become available within the North Eastern Region.
- 7.03 Further, boarding and lodging expenses at the rate of Rs. 100/- per day for maximum duration of 15 days would be admissible, only for those patients whose total income is upto Rs.15, 000/- per month and the same will be allowed to attendant/escort. Boarding and lodging expenses will be admissible for the following:-

#### i) Locomotor:

- a) Corrective/reconstructive surgery
- b) Cases requiring stay for fitment of artificial limb/caliper
- ii) **Hearing:** Cases requiring stay for earmould fabrication/fitment
- iii) Visual: Cataract surgery

Implementing agencies will, as far as possible, avail the facilities of boarding and lodging available in the Dharamshalas attached to Hospitals.

#### 8.0 TYPES OF AIDS/APPLIANCES

The following aids and appliances may be allowed for each type of disability. However, any other item as notified from time to time by the Ministry of Social Justice and Empowerment for the purpose will also be allowed.

#### 8.01 LOCOMOTOR DISABLED

- a) All prosthetic and orthotic devices, mobility aids, surgical foot wears, MCR chappals, all types of devices for ADL (activity of daily living) as recommended by expert committee from time to time.
- b) Motorized tricycles and wheelchairs for severely disabled and for Quadriplegic (SCI), Muscular Dystrophy, Stroke, Cerebral Palsy, Hemipeligia and any other person with similar conditions, where either three/four limbs or one half of the body are severely impaired. Extent of subsidy would be Rs.25,000/-. This will be provided to the persons of age of 18 years and above, once in ten years.

## 8.02 <u>VISUALLY DISABLED INCLUDING DEAF BLIND AND WITH OTHER DISABILITIES.</u>

- i. Accessible Mobile Phone to visually impaired students of the age 18 years and above only, once in five years and to provide Laptop, Braille Note Taker and Brallier to school going disabled students (10<sup>th</sup> and above), once in 10 years.
- ii. Learning equipments.
- iii. Braille writing equipments.
- iv. Communication equipments, Braille attachments for telephone for deafblind persons.
- v. Low vision aids.
- vi. Special mobility aids for visually disabled people with muscular dystrophy or cerebral palsy like adapted walkers as recommended by expert committee from time to time.

#### 8.03 **HEARING DISABLED**

- i. Various types of hearing aids, including BTE etc.
- ii. Educational kits.
- iii. Assistive and Alarm devices.

#### 8.04 MENTALLY DISABLED

Any suitable device /kit/learning material as advised by expert committee from time to time

## 8.05 <u>MULTIPLE DISABILITY, INCLUDING LEPROSY CURED WHEREVER</u> <u>REQUIRED</u>

Any suitable device as advised by expert committee from time to time.

#### 8.06 Periodic revision of aids/appliances

List of assistive devices may be revised periodically by the Department of Disability Affairs, without seeking the approval of Cabinet Committee on Economic Affairs, within the financial ceiling prescribed. Department may also issue further guidelines in pursuance of aims & objective of the Scheme.

#### 8.07 Research & Development

1% of Budget under the Scheme may be used for Research in aids & assistive devices and seeking accreditation with international bodies of equivalent standard of ISI. Details to be worked out by expert committee in the Department from time to time.

## 9.0 PROCEDURE FOR RECEIPT OF GRANT-IN-AID BY AN IMPLEMENTING AGENCY.

The organizations will submit their application in the prescribed format (Annexure-I & II) to the Department of Disability Affairs through concerned State Government/UT Administration in respect of new case and through State Government/UT/National Institute under Department of Disability Affairs for ongoing cases.

The application should be accompanied with following documents/information (duly attested).

- a. A copy of Registration Certificate u/s 51/52 of Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation Act (PwD Act), 1995.
- b. A copy of Registration Certificate under Societies Registration Act, 1860 and their branches, if any, separately or Charitable Trust Act.
- c. Names and details of the Members of Management Committee of the Organization (Annexure-III)
- d. A copy of Rules, Aims and Objectives of the Organization.
- e. A copy of Certified Audited Accounts and Annual Report for the previous year (showing that the organization is financially sound).
- f. The Implementing Agencies already receiving grant-in-aid under the Scheme should also furnish the list of beneficiaries assisted from the grant-in-aid released to them in the previous year, as per proforma given in Annexure-IV in CD in Excel programme and summary of beneficiaries covered in hard copy not exceeding two pages.
- g. Utilization Certificate as per Annexure-V may be given.
- h. The Implementing Agencies shall provide one year free maintenance of the aids & assistive devices supplied by them.
- i. The organization will provide reservation to SC/ST/OBC and disabled persons in accordance with instructions issued by Govt. of India from time to time if its employees are more than 20 persons on a regular basis.
- j. Implementing agency should also maintain a website and upload details of grants received, utilized and list of beneficiaries alongwith photo and Ration Card Number/voter ID Number/Adhar Card Number, as the case may be.

#### 10.0 RECOMMENDATION

The State Government/UT Administration/National Institute/Any other agency authorized by the Ministry should send its recommendation to the Department of Disability Affairs. However, no recommendation is required in case of National Institute and ALIMCO and other organizations working under the administrative control of Ministry of Social Justice and Empowerment.

#### 11.0 SANCTION/RELEASE OF GRANT-IN-AID

The Implementing Agencies will be sanctioned grant-in-aid in a particular financial year after receiving recommendations from State Government/UT Administration/National Institute/any other agency authorized by Department of Disability Affairs. The subsequent financial assistance would be sanctioned after receipt of Utilization Certificate as prescribed.

Third party evaluation shall be done for the implementing agency. Expert Committee shall also be the Monitoring Committee and shall appoint the third party evaluation agencies. The Committee shall sit at least twice a year.

- 11.1 The recommending authority shall conduct sample checking of beneficiaries regarding utilization of grant-in-aid by the Implementing Agency. The sample checking would cover at least 15% (in case of GIA upto Rs. 10.00 lakh) and 10% (in case of GIA exceeding Rs. 10.00 lakh).
- 11.2 The grant-in-aid would normally be released in one installment if GIA is less than Rs. 10 lakh. However, this limit will not apply for special camps held with the approval of Department of Disability Affairs. Quantum of 1<sup>st</sup> and 2<sup>nd</sup> installment will be decided by the Department keeping in view the provisions under General Financial Rules and also in consultation with Integrated Finance Division.
- 11.3 Implementing agencies shall use 5% of the grant-in-aid as administrative/overhead expenses for conducting awareness, assessment and follow-up camps.

#### 12.0 CONDITIONS FOR ASSISTANCE

- i) The Implementing Agency shall obtain a certificate from the concerned competent authority regarding monthly income of beneficiaries.
- ii) The Implementing Agency will maintain a register in the prescribed proforma (Annexure-VI) about the beneficiaries assisted under the Scheme.
- iii) The Implementing Agency shall maintain a separate account of funds received and utilized from the Ministry of Social Justice and Empowerment under the Scheme. The fund should be kept in a separate bank account, to be operated under ADIP Scheme duly certified by C.A.

- iv) A certificate from the Head of the Implementing Agency to the effect that the funds have been utilized. A list of beneficiaries as per proforma given in Annexure-IV assisted by the organization that the funds given by the Ministry will be furnished along with the yearly application as per procedure indicated in para 9 in CD in Excel programme.
- v) The final accounts for a financial year will be rendered through utilization certificate and audited accounts signed by Chartered Accountant within six months of the close of the financial year along with bill & vouchers.
- vi) The Implementing Agency will obtain an undertaking from the beneficiary that he/she has not obtained such aid from any other agency/source during the last three years and that he/she will keep it for his/her bona fide use.
- vii) The Implementing Agency will be open to inspection by an officer/third party agency authorized by Union Ministry of Social Justice and Empowerment or the State Government/UT Administration/National Institutes/DRCs etc.
- viii) When the Government of India has reasons to believe that the sanction is not being utilized for the approved purpose the amount would be recovered from the implementing agency with interest and no further assistance would be given to the agency. Ministry will be at liberty to blacklist such organization and to take legal action as per law.
- ix) The implementing agencies would not incur any liability under the Scheme, unless the funds have been sanctioned to them, except in the case of an implementing agency who has distributed approved aids and devices as per norms/cost ceiling under the Scheme against loan as certified by Chartered Accountant and such money to be operated from a separate account limited to amount of last years grant-in-aid. Department of Disability Affairs will not bear interest burden on the loan amount.
- x) Reservation for SC/ST/OBC beneficiaries under the Scheme as per the Government norms and at least 25% of the overall beneficiaries need to be girl child/women.
- xi) All camps will display the details of the Scheme & assistance received there under and the website of the Ministry (<a href="www.socialjustice.nic.in">www.socialjustice.nic.in</a>). Photos of the camps held will also be uploaded on the website of the Implementing Agency.

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## Application for Central Scheme of Assistance to Disabled Persons for Purchase/Fitting of Aids/Appliances

| From: | Date: |
|-------|-------|
|       |       |

Tο

The Secretary to the Government of India Department of Disability Affairs Ministry of Social Justice and Empowerment Shastri Bhavan, New Delhi.

Subject: Assistance under the Central Scheme of Assistance to Disabled Persons for purchase/fitting of aids/appliances (ADIP Scheme).

I submit herewith an application for a grant for the yearõ õ õ õ õ õ õ õ o under the Scheme of Assistance to Di sabled Persons for purchase/fitting of Aids/Appliances. I certify that I have read the rules and regulations of the Scheme and I undertake to abide by them on behalf of the Management. I further agree to the following conditions:

- (a) All assets acquired wholly or substantially out of the Central grant shall not be encumbered or disposed off or utilized for purpose other than those for which the grant is given. Should the Institution/Organization cease to exist at any time, such properties shall revert to the Government of India.
- (b) The accounts of the grant thus given shall be properly and separately maintained. The accounts shall always be open to check by an officer deputed by the Govt. of India or the State Government. They shall also be open to a test check by the Comptroller and Auditor General of India at his discretion.
- (c) If the State or the Central Govt. have reasons to believe that the grant is not being utilized for approved purpose, the Govt. of India may stop payment of further installments and recover earlier grants in such a manner as they may decide.
- (d) The Institution shall exercise reasonable economy in the implementation of the Scheme.
- (e) The Organization will obtain an undertaking from the beneficiaries as required under the scheme, before fitting/giving of aids/appliances.

(f) The Institution will implement the Scheme in the Districts under banner of Ministry of Social Justice & Empowerment in the manner prescribed and after making wide publicity and information to District Magistrate office, State Government, local M.P. and M.L.A.

Yours faithfully,

(Signature)

(Designation) (Office Stamp)

## Annexure-II

## **Ministry of Social Justice and Empowerment**

## **Department of Disability Affairs**

| ١ | Name | of th | e Sch | neme |
|---|------|-------|-------|------|
|   |      |       |       |      |

| 1 Talli | o or tire           | Concine.   |   |          |
|---------|---------------------|--|---|----------|
| 1.      | Orga                | nisation   |   |          |
|         | Nam<br>Addr         | e<br>ess (Office)<br>(Project)   | : |          |
|         | Phor                | ne (Office)<br>(Project)   | : |          |
|         |                     | (Office)<br>(Project)  | : |          |
|         | E-ma                | ail (Office)<br>(Project)  | : |          |
| 2.      | (i)<br>(ii)         | Attested copy of Societies Registration under Societies Registration Act and PwD Act. Registration No. and date of Registration                |   |          |
| 3.      | _                   | stration under Foreign<br>ribution Act   | : | (Yes/No) |
| 4.      |                     | orandum of Association<br>Bye-laws.  | : |          |
| 5.      | List                | of Documents to be attached:   |   |          |
| (a)     | Previous the band p | by of the Annual Report for the fous year which should contain alance sheet (including receipt payment accounts), Income and enditure Account. |   |          |

- (b) Name & address of the Members :
   of the Board of Management/
   Governing Body
   (As per format at Annexure-VI)
- 6. Details of the project for which the Grant-in-aid is being applied.
- 7. Details of beneficiaries from previous years grant in the following format.

No. of aids and appliances distributed

| S.N | Nam    | No. of     | Mobilit  | Prosthe  | Hearin | Aids    | MR      | Correcti |
|-----|--------|------------|----------|----------|--------|---------|---------|----------|
| Ο.  | e of   | beneficiar | y aids   | tic and  | g aid  | and     | related | ve       |
|     | Distri | ies        | like     | orthotic | and    | assisti | assisti | surgerie |
|     | ct     |            | tricycle | devices  | other  | ve      | ve      | S        |
|     |        |            | ,        |          | device | device  | device  |          |
|     |        |            | wheel-   |          | s for  | s for   | S       |          |
|     |        |            | chair,   |          | hearin | blind,  |         |          |
|     |        |            | crutch   |          | g      | deaf-   |         |          |
|     |        |            | es,      |          | disabl | blind & |         |          |
|     |        |            | walker   |          | ed     | low     |         |          |
|     |        |            | s, etc.  |          |        | vision  |         |          |
|     |        |            |          |          |        |         |         |          |
|     |        |            |          |          |        |         |         |          |
|     |        |            |          |          |        |         |         |          |
| Tot |        |            |          |          |        |         |         |          |
| al  |        |            |          |          |        |         |         |          |

- (a) No. of SC/ST/girl child/women (category-wise) out of total beneficiaries.
- (b) Proposed number of disabled expected to be covered during current financial year.
- 8. Details of staff available :
- 9. Details of GIA received under other Schemes of -

State Governmentõ õ õ õ õ õ õ õ õ õ õ õ . Central Governmentõ õ õ õ õ õ õ õ õ õ õ . Other sourcesõ õ õ õ õ õ õ õ õ õ õ õ õ õ

- 10. I have read the scheme and fulfill the requirement and conditions of the Scheme. I undertake to abide by all the conditions of the Scheme. I also undertake that:
- (a) The funds will not be utilized for any other purposes.
- (b) A separate account will be maintained for the funds received from the Ministry under the Scheme.
- (c) The organization will provide post-distribution care to the beneficiaries as well as aids/appliances, on demand.

| Signature | <br> | <br> |
|-----------|------|------|
| Name      | <br> | <br> |
| Address   |      |      |
|           | <br> | <br> |
|           | <br> | <br> |
| <br>Date  | <br> | <br> |
| (Seal)    | <br> | <br> |

Note: Wherever not applicable, specially in case of New Organisation, please write: N.A.

## **Ministry of Social Justice and Empowerment**

## **Department of Disability Affairs**

#### Name of the Scheme:

sanction items of grant.

(ii)

| 1. APPLICATION FOR | W FOR THE 2ND | ) INSTALLMENT |
|--------------------|---------------|---------------|
|--------------------|---------------|---------------|

|                           | Organisation                                |           |                                      |
|---------------------------|---|-----------|--------------------------------------|
|                           | Name<br>Address (Office)<br>(Project)       | :         |                                      |
|                           | Phone (Office)<br>(Project)                 | :         |                                      |
|                           | Fax (Office)<br>(Project)                   | :         |                                      |
|                           | E-mail (Office)<br>(Project)                | :         |                                      |
| 2.                        | Grant-in-aid (in Rs.)                       |           |                                      |
| Total:                    |   |           |                                      |
| A.                        | Applied in current year                     | :         |                                      |
| В.                        | Received as 1 <sup>st</sup> Installment     | :         |                                      |
| C.                        | Applied for 2 <sup>nd</sup> Installment     | :         |                                      |
| 3.<br>1 <sup>st</sup> Ins | The applicant organization shoul stallment. | d enclos  | e the Utilisation Certificate of the |
| (i)                       | Utilisation Certificate by C.A. with        | n item-wi | se expenditure as per the            |

Details of beneficiaries along with compliance of reservation.

- (iii) Assets acquired wholly or substantially out of government grants under GFR 19.
- (iv) Any other information considered necessary by the organization or as asked for.
- (v) Test check report in the prescribed proforma, duly signed and countersigned by the competent authority.
- (vi) Proof of purchase for aids/appliances (copies of bills/voucher to be enclosed duly authenticated by the Implementing Agency).

| Signature |       | <br>      |   | • |
|-----------|-------|-----------|---|---|
| Name      |       | <br>      |   |   |
| Address   |       | <br>      |   |   |
|           |       |           |   |   |
|           |       |           |   |   |
| •••••     |       |           |   |   |
|           |       |           |   |   |
| Date      | ••••• | <br>••••• | • | • |
| (Seal)    |       | <br>      |   |   |

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

## STATEMENT SHOWING COMPOSITION OF THE MANAGING COMMITTEE

NAME AND POSTAL ADDRESS OF THE

| ORGAI  | NISATION:  |                |                              |                      |   |  |
|--------|--|----------------|------------------------------|----------------------|---|--|
|        | _  |                |                              |                      |   |  |
| SI.No. | Name of the Member of the Managing Committee   | S/o D/o<br>W/o | Complete residential address | Nature of occupation | Status in<br>the<br>Managing<br>Committee |  |
| (1)    | (2)  | (3)            | (4)                          | (5)                  | (6)                                       |  |
|        |  |                |                              |                      |   |  |
|        |  |                |                              |                      |   |  |
|        |  |                |                              |                      |   |  |
| NOTE:  |  |                |                              |                      |   |  |
| (1)    | Certified that the coraccordance with the Association of the organization  | ne approve     |                              |                      |   |  |
| (II)   | (II) Certified that the above Managing Committee was elected by General Body in its meeting held The life of the Committee |                |                              |                      |   |  |
|        | from   |                | to                           |                      | •   |  |
|        |  |                |                              |                      |   |  |
|        |  |                |                              |                      | Signature                                 |  |
|        | Nar  | me of Presic   | lent/Secretar                | y (in CAPITA         | L LETTERS)                                |  |
|        |  |                | Office S                     | Stamp of the C       | Organisation.                             |  |
|        |  |                |                              |                      |   |  |

### **Annexure-IV**

List of beneficiaries assisted by the agencies implementing the Scheme of Assistance to Disabled for purchase/fitting of aids/appliances to be furnished to Ministry of Social Justice & Empowerment, Department of Disability Affairs.

|    | Name of beneficiary |    | Male/<br>female |    | Income | Type of aid(given |    |    | Fabrication/<br>Fitment<br>charges |
|----|---------------------|----|-----------------|----|--------|-------------------|----|----|------------------------------------|
| 1. | 2.                  | 3. | 4.              | 5. | 6.     | 7.                | 8. | 9. | 10.                                |

| Total cos | Subsidy  | Travel cost  | Board   | Whether      | Total of | No.of  | Whether |
|-----------|----------|--------------|---------|--------------|----------|--------|---------|
| of aid    | provided | paid to out- | and     | any surgical | 12+13+   | days   | accom-  |
|           |          | station bene | expense | correction   | 14+15    | for    | panied  |
|           |          | ficiary      | paid    | undertaken   |          | which  | by      |
|           |          |              |         |              |          | stayed | escort  |
| 11.       | 12.      | 13.          | 14.     | 15.          | 16.      | 17.    | 18.     |

## Reservation

## Annexure-V

## Scheme of Assistance to Disabled for purchase/fitting of aids/appliances

#### **UTILISATION CERTIFICATE**

(See Government of India's Decision (1) below Rule 150)

| Sl. No.   | Letter number and date  | Amount   |   |
|---|---|--|---|
|   |   |  |   |
|   |   |  |   |
|   |   |  |   |
| the year Ministry/Deport of unspent bathe purpose balance of Rs surrendered | ed that out of Rsin favour artment letter No. given in the lance of the previous year, a ofremaining to Government (vide No | ofe margin and Rs/-hasum of Rs/-hasum of Rs/-hasum of was sancti un-utilised at the end of | under this/-on account as been utilized for oned and that the the year has been |
| aid was sanct   | ed that I have satisfied mysel ioned have been dully fulfilled checks to see that the monganitioned.                        | I/are being fulfilled and th   | nat I have exercised  |
| Kinds of checl  | ks evernised  |  |   |
| 1.  | S CACICISCO   |  |   |
| 2.  |   |  |   |
| 3.  |   |  |   |
| 4.  |   |  |   |
| 5.  |   |  |   |
|   |   | Signature  |   |
| Duly certified  | •   |  |   |
|   | countant/Auditor  |  |   |
| Designation   |   |  |   |

### **Annexure-VI**

# Register to be maintained by the agencies implementing the Scheme of Assistance to Disabled for purchase/fitting of aids/appliances

| SI. | Name of     | Address | Male/  | Age | Income | Type of    | Date on   | Cost o | Fabrication/ |
|-----|-------------|---------|--------|-----|--------|------------|-----------|--------|--------------|
| No  | beneficiary |         | female |     |        | Aid(given) | Which giv | aid    | Fitment      |
|     |             |         |        |     |        |            |           |        | charges      |
|     |             |         |        |     |        |            |           |        |              |
| 1.  | 2.          | 3.      | 4.     | 5.  | 6.     | 7.         | 8.        | 9.     | 10.          |

| Ī | Total cost | Subsidy  | Travel cost   | Board    | Whether      | Total of | No.of  | Signature | Whether |
|---|------------|----------|---------------|----------|--------------|----------|--------|-----------|---------|
|   | of aid     | provided | paid to out-  | and      | any surgical | 12+13+   | days   | of bene-  | accom-  |
|   |            |          | station bene- | expenses | correction   | 14+15    | for    | ficiary   | panied  |
|   |            |          | ficiary       | paid     | undertaken   |          | which  |           | by      |
|   |            |          |               |          |              |          | stayed |           | escort  |
|   | 11.        | 12.      | 13.           | 14.      | 15.          | 16.      | 17.    | 18.       | 19.     |