

MOST URGENT



OFFICE OF THE CONTROLLER OF DEFENCE ACCOUNTS

NO.1 STAFF ROAD, SECUNDERABAD-500 009

TELEPHONE NO.040-27843385, FAX NO.040-27817275

No AN/1/1177/NM Awards/2018

Date: 14-08-2018

CIRCULAR

(Through website)

1. The CDA, IT & SDC, Secunderabad.
2. The Addl. CDA I/c, PAO(ORs)EME, Secunderabad.
3. The ACDA I/c, PAO(ORs)AOC, Secunderabad.
4. All Sub-Offices of CDA Secunderabad located in Secunderabad / Hyderabad/Medak/Suryalanka/Vizag
5. All GOs of Main Office
6. All the Sections in Main Office.

Sub: "National Awards for the Empowerment of Persons with Disabilities on Persons/Institution /State/Districts" inviting application -Reg

It has been intimated by HQrs Office that a Scheme entitled "National Awards for the Empowerment of Persons with Disabilities on Persons/Institution /State/Districts" is being implemented by Ministry of Social Justice & Empowerment for the Empowerment of Persons with Disabilities for their exemplary work in this field.

In this connection, please find enclosed Government of India , Ministry of Social Justice & Empowerment, Department of Empowerment of Persons with Disabilities OM bearing No.5-2/2018-NA Cell dated 23.07.2018 received under MoD D(JCM) ID No.1226/D(JCM) dated 07.08.2018 on the subject cited above for information and necessary action please. As per the Scheme nominations are inter-alia, invited from Ministries/Department of Government of India /State Government & Persons who have received the awards earlier. Addressees are requested to complete in all respects in the prescribed nomination form along with a brief of the nominee giving details of the exemplary achievement /distinguished services rendered by the nominee for the empowerment of Persons with disabilities duly approved by the competent authority.

Applications in the prescribed proforma (enclosed annexures) should be accompanied by the following:-

- Two passport sized photographs (in the case of individuals).
- Bio-data along with summary of achievements and documents in support thereof; and
- Draft citation (not exceeding one page)

The nominations may kindly be sent latest by **14th of August 2018 (FN)** for onwards transmission to HQrs Office.

The SAO I/C, AAO (Army) is further requested to circulate this letter to all the sub-offices located in Vizag under this organization and forward the nominations, if any duly scrutinized keeping in view the parameters / guidelines enclosed along with this Circular.


A 'NIL' report may also be sent.


(SIVA SANKAR BANDI)
DCDA(AN)

Encl: As above

Copy to:
The EDP Centre
(Local)

for uploading in the website please.


(L PadmaPani)
Sr. ACCOUNTS OFFICER(AN)

APPLICATION FORM FOR CATEGORY I**PARTICULARS OF RECOMMENDED EMPLOYEE/SELF-EMPLOYED WITH DISABILITIES FOR NATIONAL AWARD.**

1.	Name: (a) in English (in BLOCK Capital letters)	
	(b) in Hindi	
2.	Address: (a) Residential	
	(b) Office	
3.	Telephone numbers: (a) Residential	
	(b) Office	
4.	FAX Number: (a) Residential	
	(b) Office	
5.	E-mail address, if any	
6.	Sex	
7.	Date of Birth/Age	
8.	Nature/Category of disability	
9.	Percentage of disability(Certificate of competent authority to be attached)	
10.	Qualification: (a)Academic	
	(b) Technical	
	Qualifications acquired after onset of disability should be clearly indicated. (Certificate and testimonial should be attached)	
11.	Trainings received, if any:	
	(a) Name of the Institution/ Organization	
	(b) Name of the Course	
	(c) Duration of the course	
12.	Details of experience gained informally	
13.	Whether employee or self- employed	
14.	If employee :	
	(a) Name of the Employer	
	(b) Designation or Post held	
	(c) Scale of pay and salary drawn	
	(d) Nature of work engaged on	

	(e) How does his/her productivity compare to that of his non- disabled counterparts in percentage of 10% more or less.	
	(f) Relations with fellow-employees	
	(g) Independence in work (encircle the grading option)	Very Good Good Poor
	(h) Mobility and self-care remarks including a brief life sketch of about 200 words of the candidate highlighting his struggle against the disadvantage created by his disability (encircle the grading option)	Very Good Good Poor
	(i) Punctuality and regularity in attendance(encircle the grading option)	Very Good Good Poor
	(j) Whether any incentive/reward/ certificate given to the employee by the employer for his work during last three years. If yes, details thereof	
	(k) General assessment of the employee for last three years(encircle the grading option)	Very Good Good Poor
15.	If self-employed :	
	(a) Trade/Profession with which associated	
	(b) Monthly Income(Attach copy of last Income Tax Return filed/Income Certificate)	
	(c) How far you have upgraded your skill in that trade/profession with a view to absorb yourself fully as a self-employed entrepreneur?	
	(d) Socio-economic problems/ constraints being faced in the existing trade/profession to become a sustainable self-employed entrepreneur	

	(e) (i) Whether taken loan from any bank/financial institution of State/Central Government(give full details)	
	(ii) If yes, indicate the balance amount of loan to be repaid	
	(f) Have you ever been declared to be a defaulter to any nationalised bank/financial institution/cooperative bank	
16.	If any National or State level Award received during last five years, then please mention: (a) Name of the Award (b) Conferring Agency (c) Year of conferment	

(Signature of the Applicant with date)

NOTE

1. In case of self-employed persons with disabilities, the particulars may be duly certified by a Gazetted Officer of the Central/State Govt./Member of Parliament/Member of State Legislature/Municipal Councilor of Municipal Corp. etc.
2. Three copies of the photographs clearly showing disability of recommended employees/self-employed with disabilities, with bio-data been closed.
3. Application should be supported by a Medical certificate indicating the degree of total disability.

Signature of the recommending authority with date