



புதுவை மாநில அரசிதழ்  
LA GAZETTE DE L'ÉTAT DE PONDICHÉRY  
THE GAZETTE OF PONDICHERRY

PART - II

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GOVERNMENT OF PONDICHERRY  
CHIEF SECRETARIAT (WELLIAR)

[G.O. Ms. No. 36/2003-Wel (SW-2), dated 18th September 2003]

NOTIFICATION

The rules for the Scheme for Supply of Invalid Carriages (Motorised Tricycles) to Persons with Disabilities, 2003, as approved by the Lieutenant-Governor, for implementation in the Union Territory of Pondicherry, is hereby notified as appended to this order.

2. This issues with the concurrence of Finance Department, vide their U.O. No. 66227/2003/E5/A2, dated 13-8-2003.

RULES FOR THE SCHEME FOR SUPPLY OF INVALID CARRIAGES  
(MOTORISED TRICYCLES) TO PERSONS WITH DISABILITIES IN THE  
UNION TERRITORY OF PONDICHERY

1. **Short title, commencement and application.**— (i) This scheme may be called the Scheme for Supply of Invalid Carriages (Motorised Tricycles) to Persons with Disabilities Rules, 2003.

(ii) It shall come into force on and from the date of its publication in the official gazette.

(iii) It shall extend to the whole of the Union Territory of Pondicherry.

2. **Object.**— The object of the scheme is to supply invalid carriages (motorised tricycles) at free of cost to persons with disabilities who are engaged in gainful employment or pursuing higher/professional/technical education.

3. **Definitions.**— In this scheme, unless the context otherwise requires,

(i) "Act" means the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995.

(ii) "Department" means the Department of Social Welfare;

(iii) "Director" means the Director of Social Welfare;

(iv) "Disability" means locomotor disability as defined in sub-clause (v) of clause (i) of section 2 of the said Act;

(v) "Persons with disability" means a person suffering from 'locomotor disability' of not less than forty percentage as certified by the competent medical authority;

(vi) "Form" means the form appended to this scheme;

(vii) "Government" means the Administrator appointed by the President of India under article 239 of the Constitution of India;

(viii) "Gainful Employment" means employment under which the person with disability will get salary not exceeding Rs. 35,000 per annum;

(ix) "Medical Authority" means any Medical Officer not below the rank of Specialist Grade-II (Junior Scale) in the field of disability concerned of the Government Hospital;

4. **Eligibility conditions.**— The eligibility conditions for supply of invalid carriages (motorised tricycles) under the scheme are as follows:—

(i) The applicant shall be a person with disability.

(ii) He/She or His/Her parent's or guardian's annual income should not exceed Rs. 35,000 per annum.

(iii) He/She shall be a native/resident of the Union Territory of Pondicherry by birth or by virtue of continuous residence of not less than five years.

(iv) He/She should be certified by the medical authority that he/she is fit for operating the invalid carriage (motorised tricycle) in Form-II appended to the application form, and

(v) He/She should not be in receipt of transport allowance for conveyance from the Department or from any other source.

5. **Type of vehicle to be supplied.**— All eligible persons with disabilities will be supplied with a invalid carriage (motorised tricycle—Standard two wheeler fitted with two side wheels) without gears. The model and make will be decided depending upon the requirements.

6. **How to apply.**— (i) An application should be made to the Department in Form I.

(ii) Applicants belonging to Pondicherry region should submit the duly filled in application direct to the Directorate of Social Welfare.

(iii) Applicants belonging to outlying regions should submit the applications to the Sub-office of the Department in the respective regions.

7. **Documents to be enclosed.**— The following documents should accompany the application:

(i) Attested copy of the Birth Certificate/Age proof.

(ii) Attested copy of the Disability Certificate issued by the competent medical authority.

(iii) Nativity/Residence and Income Certificates obtained from an officer not below the rank of Deputy Tahsildar of the Revenue Department.

(iv) A declaration that he/she is not in receipt of any other assistance for conveyance purpose from the Department or from any other source.

8. **Method of selection and sanction.**— (i) On receipt of the application, the Director shall enquire or cause an enquiry to be conducted about the genuineness of the application and prepare a list of applicants with relevant details and forward the same to the Medical Superintendent, General Hospital for issue of Physical Fitness/Medical Certificate as appended to the application form and recommendation about the eligibility of the applicant for receiving the invalid carriage (motorised tricycle).

(ii) On receipt of the required recommendation from the Medical Superintendent, General Hospital, the same will be sent to the Transport Commissioner, Transport Department for conduct of driving test and issue of learner's licence/ permanent licence, as the case may be.

(iii) On receipt of the above two clearances and payment of the vehicle fees and tax are exempted and on production of the Insurance Policy by the Department, the registration of the vehicle will be done and thereafter the Director has to arrange for the supply of invalid carriage (motorised tricycle), to the physically handicapped person as recommended by the Medical Superintendent, General Hospital and the Transport Commissioner, Transport Department.

(iv) As regards payment of motor vehicle tax, necessary exemption shall be given by the Transport Department.

9. **Powers of Director.**— (i) If it is found that a motorised tricycle has been issued on mistaken grounds, the Director may without any notice collect back the same or collect the amount equivalent to the cost of the vehicle from the beneficiary.

(ii) If it is found that a beneficiary has indulged in any malpractice to get the invalid carriage (motorised tricycle) from the Department, the Director may cancel the sanction after giving the beneficiary an opportunity of being heard either in person or in writing.

10. **Appeal.**— Any person aggrieved by the decision of the Director may appeal to the Secretary to Government in-charge of the Department of Social Welfare within thirty days from the date of communication received from the Department. Appeals preferred after the prescribed time limit will not be considered and liable to be rejected.

11. **Interpretation and clarification.**— If any doubt arises as to the interpretation of the rules while implementing this scheme, the same should be referred to Government for clarification, which will be the final one.

12. **Budget.**— The expenditure towards the implementation of the scheme should be debited to the budget of the Department of Social Welfare under the welfare programmes for the disabled.

**APPENDIX**

**Form—I**

Affix here a  
recent  
passport size  
photograph

**APPLICATION FOR ISSUE OF MOTORISED TRICYCLE TO  
PERSONS WITH DISABILITIES**

1. Name of the applicant and I.D. Card No : \_\_\_\_\_
2. Name of the father/guardian : \_\_\_\_\_
3. Address for communication : \_\_\_\_\_
4. Date of birth/age : \_\_\_\_\_  
(Certificate to be enclosed).
5. Sex : \_\_\_\_\_ Male/Female
6. Nationality : \_\_\_\_\_
7. Details of any other benefits availed so far : \_\_\_\_\_  
from this Department.
8. Nature of disability : \_\_\_\_\_
9. Annual income : \_\_\_\_\_
10. Details of any other benefits availed/ : \_\_\_\_\_  
availing from this Department.
11. Whether he/she belongs to SC/ST : \_\_\_\_\_  
(Caste Certificate to be enclosed).
12. Anganwadi Centre name with Code : \_\_\_\_\_  
number near to your residence.

**DECLARATION BY THE APPLICANT/PARENT/  
GUARDIAN**

I, \_\_\_\_\_ hereby declare that the particulars furnished above are correct and true to the best of my knowledge and that I have not received any financial assistance for conveyance purpose from the Department of Social Welfare or from any other source. I have not suppressed any material information that makes me ineligible to receive this motor-cycle. I understand that the sanction to be issued on the strength of the above information is liable to be cancelled if it is found that the information furnished by me is proved to be incorrect and false.

Signature of the applicant.

Signature of the parent/guardian.

**Form-11**

(To be obtained from the Revenue Department)

**NATIONALITY/COMMUNITY/RESIDENCE/INCOME CERTIFICATE**

This is to certify that :

(i) Thiru/Tmt./Selvi ..... son/wife/daughter  
of ..... residing  
at ..... is a native/resident  
of the Union Territory of Pondicherry by virtue of his/her birth/continuous  
residence of not less than five years.

(ii) He/She belongs to Scheduled Caste/Scheduled Tribe Community

(iii) His/Her or His/Her parent's annual income is Rs. ....

Place:

Signature of the Tahsildar/Deputy Tahsildar,  
with office seal.

Date:

Note: Please strike out which is not applicable.

**Form—III**  
[See rule (5)(2)]

APPLICATION-CUM-DECLARATION AS TO PHYSICAL FITNESS

- 1 Name of the applicant :
- 2 Son/Wife/Daughter of :
- 3 Permanent address :
- 4 Temporary address (if any) :
- 5 Identification marks : (1)  
(2)

DECLARATION

- (a) Do you suffer from epilepsy or from sudden attacks or loss of consciousness or giddiness from any cause? : Yes/No
- (b) Are you able to distinguish with each eye (or if you have held a driving licence to drive a motor vehicle for a period of not less than five years and if you have lost the sight of one eye after the said period of five years and if the application is for driving a light motor vehicle other than a transport vehicle fitted with an outside mirror on the steering wheel side) or with one eye at a distance of 25 metres in good daylight (with glasses if worn) a motor-car number plate? : Yes/No

- (c) Have you lost either hand or foot or : Yes/No  
are you suffering from any defect or  
muscular power of either arm or leg?
- (d) Can you readily distinguish the : Yes/No  
pigmentary colours, red and green?
- (e) Do you suffer from night blindness? : Yes/No
- (f) Are you so deaf as to be unable to : Yes/No  
hear (and if application is for driving  
a light motor vehicle, with or without  
hearing aid) the ordinary sound signal?
- (g) Do you suffer from any other disease : Yes/No  
or disability likely to cause your  
driving of a motor vehicle to be a source  
of danger to the public if so give details?

I hereby declare that to the best of my knowledge and belief, the particulars above and the declaration made therein are true.

Signature or thumb-impression of the  
applicant.

Note: (1) An applicant who answers 'Yes' to any of the questions (a), (c), (e), (f) and (g) or 'No' to either of the questions (b) and (d) should amplify his answers with full particulars and may be required to give further information relating thereto.

(2) This Declaration is to be submitted invariably with medical certificate in Form III-A.



## Form-III-A

[See rules 5 (1), (3), 7, 10(a), 14(d) and 19(d)]

## MEDICAL CERTIFICATE

[To be filled in by a registered Medical Practitioner appointed for the purpose by the State Government or person authorised in this behalf by the State Government referred to under sub-section (3) of section 8].

1. Name of the applicant :
2. Identification marks : (1)  
(2)
3. (a) Does the applicant to the best of your judgment suffer from any defect of vision? If so, has it been corrected by suitable spectacle? : Yes/No
- (b) Can the applicant to the best of your judgment readily distinguish the elementary colours, red and green? : Yes/No
- (c) In your opinion is he able to distinguish with his eyesight at a distance of 25 metres in good daylight, a motor car number plate? : Yes/No
- (d) In your opinion does the applicant suffer from a degree of deafness which would prevent his hearing the ordinary sound signals? : Yes/No
- (e) In your opinion does the applicant suffer from night blindness? : Yes/No
- (f) Has the applicant any defect or deformity or loss of member which would interfere with the efficient performance of his duties as a driver? : Yes/No  
If so, give your reasons in detail?

## OPTIONAL

- (A) Blood Group of the applicant (If the applicant so desires that the information may be noted in his driving licence).
- (B) Rh-factor of the applicant (If the applicant so desires that the information may be given in his driving licence).

Declaration made by the applicant in Form-III as to his Physical Fitness is attached.

I certify that I have personally examined the applicant the applicant, I have directed special attention to the distance vision and hearing ability, the condition of the arms, legs, hands and joints of both extremities of the candidate and to the best of my judgment, he is medically fit/not fit to hold a driving licence.

The applicant is not medically fit to hold a licence for the following reasons:-



Signature

1. Name and designation of the Medical Officer/Practitioner.  
(Seal)
2. Registration number of the Medical Officer.
3. Signature or Thumb-impression of the candidate.

Date:

Note : The Medical Officer shall affix his signature over the photograph affixed in a manner that part of his signature is upon the photograph and part on the certificate.

(By order of the Lieutenant-Governor)

V. KANNABIRAN,  
Under Secretary to Government (Welfare).