



Government of West Bengal
Department of Women & Child Development and Social Welfare
SCHEME OF SCHOLARSHIP FOR STUDENTS WITH DISABILITIES
STUDYING BELOW CLASS IX, 2010

NOTIFICATION

No. 6060-SW /1D-39/07, 9th August, 2010.- In exercise of powers conferred by sub-section (d) of section 30 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (Act No. I of 1996), the Governor is pleased hereby to make the following Scheme, namely, the Scheme of Scholarship for Students with Disabilities Studying Below Class IX, 2010 on the grant of scholarship to students with disabilities studying below class IX in normal schools and/or special schools affiliated by the West Bengal Board of Primary Education or the West Bengal Board of Secondary Education or the West Bengal Board of Madrasah Education.

1. OBJECT

The scheme of the scholarship for the children with special needs has been formulated by the Department of Women & Child Development and Social Welfare, Govt. of West Bengal with the intention to extend financial assistance to the students with disabilities studying below class IX at the recognized educational institution of the State. The basic object is to help them to acquire academic skill at the Secondary stage as well as to enable them to go for higher studies.

2. SCOPE

For the purpose of this scholarship the term "Students with Disabilities" shall include categories of the children with special needs viz, i) blindness, ii) low vision, iii) leprosy cured, iv) hearing impairment, v) locomotor disability, vi) mental retardation, vii) mental illness, viii) autism as defined in para-3 below.

3. DEFINITION

In the Scheme, unless the context otherwise required,

- (a) "Government" means the Government of West Bengal in the Department of Women & Child Development and Social Welfare;
- (b) "Act" means the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995;
- (c) "Application" means an application for scholarship for children with special needs;
- (d) "Form" means a form as prescribed by Government in this behalf;
- (e) "Blind" means person who suffers from either 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 of vision subtending an angle of 20 degree or worse;
- (f) "Hearing Impairment" means loss of sixty decibels or more in the better ear in the conversational range of frequencies;
- (g) "Locomotor Disability" means disability in bones, joints or muscles leading to substantial restriction of the movement of the limbs or any form of cerebral palsy;
- (h) "Leprosy Cured" means any person who has been cured of leprosy but is suffering from:-
 - i) loss of sensation in hands or feet as well as loss of sensation and paresis in the eye and in the eye-lid but with no manifest deformity;
 - ii) manifest deformity and paresis but have sufficient mobility in their hands and feet to enable them to engage in normal economic activity;
 - iii) extreme physical deformity as well as advanced age which prevents him from undertaking any gainful occupation;
- (i) "Mental Illness" means any mental disorder other than mental retardation;

- (j) "Mental Retardation" means a condition of arrested or incomplete development of mind of a person which is specially characterized by sub-normality of intelligence;
- (k) "Persons with Low Vision" means 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;
- (l) "Autism" means a condition of uneven skill development primarily affecting the communication of social abilities of a person marked by repetitive and ritualistic behaviour;
- (m) "Disability Certificate" means a certificate towards disability of 40% and above issued by the Medical Board constituted by the Department;
- (n) "Educable and Trainable Children with Mental Retardation" means children having IQ 20-70.

4. ELIGIBILITY CRITERIA

- (a) Subject to the provision of sub-para (b) below a candidate applying for scholarship under these scheme:-
 - (i) shall be a citizen of India and be resident of West Bengal.
 - (ii) shall be children with special needs as defined in para-3 above.
 - (iii) shall ordinarily be below 18 years in age which may be relaxed by the Commissioner for Persons with Disabilities, West Bengal or any other authority which may be prescribed in special circumstances.
 - (iv) shall be studying as a regular student in an institution recognized by the West Bengal Board of Secondary Education or Bodies of similar status or recognized under the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995.
 - (v) shall preferably be pre-school students of Anganwadi Centres.
 - (vi) must not be in receipt of any regular financial help either from the State Government or Government of India. Provided that he/she signs a declaration to forego such facilities availing if sanctioned by the Department of Women & Child Development and Social Welfare.
 - (vii) students with Mental Retardation, Mental Illness and Autism should be educable and trainable.
- (b) the total income of both parents/guardian of the candidate must not exceed Rs 36,000/- (Rupees thirty six thousand) per annum.

5. SCALES OF SCHOLARSHIP

The rate of various types of Scholarship for students with disabilities reading upto Class I-VIII standard will be as under:-

- (i) in case of each individual student with all categories of disabilities as defined in para-3 above, scholarship should be fixed up at the rate of Rs 300/- per month;
- (ii) in case of an educable child with special needs having severe locomotor disabilities and/or mental retardation and/or mental illness and/or autism, who cannot travel without assistance of an escort, an additional allowance of Rs 150/- per month may be sanctioned based on careful scrutiny of medical records and specific recommendations of the Head of the Institution as provided under sub-section (a) of section 30 of the said Act;
- (iii) in case of students with blindness or low vision, an additional amount of Rs 100/- per month may be sanctioned as reader's allowance based on certificate of the Head of the Institution that the student has continuously engaged a reader during the period in question as provided under section 31 of the said Act;
- (iv) in case of each student with any type of disability, an additional amount of Rs 500/- per annum may be sanctioned as a grant for the cost of teaching & learning materials as provided under sub-section (c) of section 30 of the said Act.

6. TENURE OF SCHOLARSHIP

The scholarship will be usually tenable for the academic year of study and other conditions remaining the same, will be renewable only on successful completion of the period of study for which such scholarship was sanctioned.

7. SUBMISSION OF APPLICATION

- a. Application should be made in the prescribed form (*Appendix-A*) through the Head of the Institution where the candidate has been admitted as a student.
- b. Each application shall be accompanied by the following documents:
 - (i) Declaration in the prescribed form (*Appendix-B*).
 - (ii) Admission certificate from the Head of the Institution /Anganwadi Centre in the prescribed form (*Appendix-C*).
 - (iii) A recent photograph of the candidate attested by the Head of the Institution where the applicant has been admitted as a student.
 - (iv) Certificate of Age – any of the following documents may be accepted as satisfactory evidence of age:
 1. Birth Certificate issued by the Registrar of Births of Municipality/Panchayat, as the case may be.
 2. An affidavit sworn in before the Notary Public or a First Class Magistrate by the parent/guardian.
 3. A certificate from the Head of the Institution.
 - (v) Attested copies of mark sheets/score sheets obtained at the previous annual examination(s)/evaluation, if any.
 - (vi) Income Certificate – a certificate from the employer or an /MLA/Councilor/Gram Panchayat Pradhan or a Gazetted Officer of the Central or the State Government indicating clearly the total monthly income of both the parents/guardian of the candidate in the prescribed form (*Appendix-D*).
 - (vii) Medical Certificate issued by the Medical Board concerned.

8. AWARD OF SCHOLARSHIP

Applications for scholarship will be initially received for processing and consideration by the Commissioner for Persons with Disabilities, West Bengal for Kolkata Municipal Corporation area and Executive Officer for Panchayat area and Sub-Divisional Officer (Relief) for other than Panchayat area in the Districts.

9. SANCTIONING AUTHORITY

Sanction will be given by the Commissioner for Persons with Disabilities, West Bengal for KMC area and the District Magistrate & Additional Commissioner for Persons with Disabilities for the District and the scholarship money will be drawn and disbursed by the designated DDO of the concerned office.

10. GENERAL CONDITIONS REGARDING PAYMENT

The scholarship will generally be available for current academic year from the month of admission. In case of renewal, the scholar must be promoted from preceding class or grade.

11. MODE OF DISBURSEMENT

The Commissioner for Persons with Disabilities, West Bengal and the District Magistrate & Additional Commissioner for Persons with Disabilities, will remit the scholarship in advance, in half-yearly installments, to the Head of the Institution who will disburse it to the candidate within the first ten days of each month.

12. QUARTERLY PROGRESS REPORT

The Head of the Institution shall forward a quarterly progress report in the prescribed form (*Appendix-E*) in respect of each recipient of scholarship in his/her charge to the Commissioner for Persons with Disabilities, West Bengal/ District Magistrate & Additional Commissioner for Persons with Disabilities, as the case may be.

Provided that if the Head of the Institution is not satisfied with the conduct and general progress of the recipient, he/she will caution the scholar to the effect that the scholarship is likely to be cancelled unless improvement is shown. If such warnings remain unheeded and the Head of the Institution is satisfied that no progress is likely to be achieved, he/she will stop payment of scholarship money and refer the case with comments immediately to the disbursing authority for necessary direction.

13. CHANGE OF COURSE/INSTITUTION

No change of course of study or Institution will be allowed unless there are valid reasons.

14. CANCELLATION OF SCHOLARSHIP

- (a) If, at any stage, it is detected that the candidate has furnished incorrect information or has suppressed material fact, the scholarship will be cancelled forthwith and the parent/guardian be asked to refund the amount already paid besides such other action as the authority may consider necessary.
- (b) Action as enumerated above may also be initiated on receipt of information in terms of para-13 above.

15. EXTENSION OF SCHOLARSHIP

The Commissioner for Persons with Disabilities, West Bengal may, extend the sanction of scholarship for such a period, as may be deemed expedient where such extension becomes necessary due to recipient's failure in terminal examination on account of reasons beyond his/her control. Such extension shall be based on the report and advice of the Head of the Institution where the recipient is enrolled.

16. REPEAL

Government reserves the right of amendment to this scheme for award of scholarship prescribed hereto above at any time in the interest of the Children with Special Needs of the State.

By order of the Governor,

Rinchen Tempo
Principal Secretary to the
Government of West Bengal

**Government of West Bengal
Office of the Commissioner for Persons with Disabilities,
45, Ganesh Chandra Avenue, Kolkata-700 001**

APPENDIX-'A'

PART-I

Application for granting scholarship for students with disabilities studying below class IX.

(Duly filled up application form must be submitted to the Head of the Institution. Scrutinizing the form, the Head of the Institution shall submit it with his/her notes and comments to the Commissioner for Persons with Disabilities, West Bengal, 45, Ganesh Chandra Avenue, Kolkata-700 013 in case of Kolkata Municipal Area and to the concerned District Magistrate through concerned BDO or Chairman of concerned Municipality. Application is better to submit in the first quarter of the year. Incomplete or lately submitted prayer shall not be accepted.)

1. Name of applicant: (a)
First name Middle name Surname

(b) Address:

(c) Date of Birth:
DD MM YY

(d) Actual age on the date of application:
YY MM DD

2. Nature of disability of the applicant:
01 02 03 04 05 06 07 08 09

(Blind/Low Vision 01,
Hearing Impaired 02,
Locomotor Disability 03,
Mental Retardation 04,
Mental Illness 05,
Autism 06,
Cerebral Palsy 07,
Leprosy cured 08
and Multiple Disabilities 09)

[Please (v) tick in the appropriate box]

3. (a) Father/Mother's Name :
(i) Address :

(ii) Profession :

(b) Name of Legal Guardian:

(i) Relationship :

(ii) Address :

(iii) Profession :

4. Citizenship details [Please (v) tick in the appropriate box]

(i) Whether applicant is Indian:
Y N

(ii) Whether applicant is SC/ST/OBC:
SC ST OBC

5. Monthly income of Parents or Legal Guardian of the applicant: Rs.

6. If any financial aid is received from any other sources by the applicant:

- (i) Source of aid (Govt / Non- Govt.):
- (ii) Reason of financial help:
- (iii) Quantity of Monthly financial aid :

APPENDIX-'B'

PART-II

DECLARATION

(Fill up any one of the following two declarations)

I do hereby solemnly declare that all particulars as given above are true to the best of my knowledge and belief.

(i) I have been receiving at present a sum of Rs(Rupees.....
.....) only from.....since.....as
monthly scholarship of Rs..... (Rupees.....) only.

I do also declare that I will not apply for any other scholarship after receipt of this scholarship.

(ii) At present I have not received any scholarship from any State Govt /Central Govt. I do hereby declare that on the basis of this application if I am allowed to get students' scholarship, I will not receive financial aid from State Govt / Central Govt. anymore.

Signature/L.T.I. of Parents/Legal Guardian
of the applicant

(Applicant's Signature)

Name:

Date:

Date:

The following papers must be enclosed with this application:-

1. Income certificate of Father/Mother/Legal Guardian.
2. Attested copy of disability certificate issued by any Govt. Hospital or any Specialist Doctor of related discipline.
3. Passport size photograph of applicant duly attested by the Head of the Institution
4. Attested copy of mark obtained in the last annual examination.

Part-III
ADMISSION CERTIFICATE

(To be filled up by the Head of the Institution)

1. Full name of Institution:
(In Block Letters)
Full Address:
Whether affiliated:

2. Name of the applicant:

Date of Birth:
DD MM YY

Present age:
YY MM DD

**Passport
Photograph
of Applicant
duly attested
by Head of
the Institution**

3. Educational details:

- (i) Present Class :
(ii) Admission from class in the year
(iii) Brief of present syllabus :

4. If the applicant applied earlier for scholarship :

(i) Date of application :
DD MM YY

(ii) Scholarship sanctioned in: class on
for total
MM

5. (a) Free Residency in Institution:
[Please (v) in appropriate box) Y N

(b) Monthly cost for Residential accommodation: Rs.....

6. Details of aid received from Institution or otherwise:

7. For student with locomotor disability, details of assistive device:

- (a) Type of device :
(b) Distance of Institution from residence :
(c) Essentiality of such device for the applicant :
Y N

(d) Monthly cost for use of such device: Rs.

8. For student with visual disability, details of scribe:

(a) Help of scribe since :

| | | |
|--|--|--|
| | | |
|--|--|--|

DD MM YYYY

(b) Monthly remuneration for such scribe: Rs.....

(c) Name of scribe :

Address:

Qualification:

(d) Essentiality of the help of scribe:

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| Y | N |

9. (a) I do hereby declare -

- (i) that all the above statements are true to the best of my knowledge and belief ;
- (ii) that my school is affiliated by the District Primary School Council ,or the West Bengal Board of Secondary Education or the West Bengal Board of Madrasah Education;
- (iii) that Curriculum/Training of this school is recognized by the Govt. of West Bengal / West Bengal Board of Secondary Education / West Bengal Board of Madrasah Education / District Primary School Council.;
- (iv) that statements furnished by the applicant at Part-I are true to the best of my knowledge and belief.

(b) I do hereby declare that I shall furnish a Quarterly Progress Report in the form prescribed at *Appendix-E* to the Commissioner for Persons with Disabilities, West Bengal/District Magistrate & Additional Commissioner for Persons with Disabilities, as the case may be, in regard to any financial assistance granted from the State Govt. /Central Govt. to the applicant through my School.

Dated,

.....

Signature of Head of the Institution

Full Name:

Seal:

PART-IV

Family Income Certificate of the student with disability studying upto class VIII.
(To be filled up by Father/Mother/Legal Guardian of Applicant)

1. I am Sri/Smt

Total number of family member is.....

The applicant, Sriman / Km.....is my.....and is solely dependent on me.

My monthly income accumulated from all sources is Rs (Rupees
.....) only.

2. I do hereby solemnly declare that I will be liable to draw the notice of the Commissioner for Persons with Disabilities, West Bengal, if any change of my income is found at the period before/after submission of the application.

.....
Signature of Applicant

Date:

.....
Signature/L.T.I of

Father/Mother/Legal Guardian

Full Name:

Working Place:

Address:

Profession:

.....
Counter Signature

Date:

(Counter Signature is to be done by M.P./M.L.A. or Gazetted Officer of State Govt./Central Govt. or employer of Parents/Legal Guardian of applicant.).

DECLARATION

I do hereby declare that monthly income from all sources of parents / Legal Guardian of the applicant, Sri / Smt.....as mentioned above is Rs.....

(Rupees.....) only.

Date:

Signature:

Full Name:

Designation:

Stamp:

PART-V

QUARTERLY PROGRESS REPORT

Term: From.....to....., 201 .

| Name of the Student | Type of Disability | Class | Fund Received | Whether disbursed | Remarks |
|----------------------------|---------------------------|--------------|----------------------|--------------------------|----------------|
| | | | | | |

Dated:

.....

(Signature of the Head of the Institution)

Name of the School: