

UT Administration of Dadra Nagar Haveli and Daman & Diu
Social Welfare Department, Collectorate Campus, Dholar,
Moti Daman,

File No. 8/SOTSP/2021

No. SW/CSS/UT Sch./2020-21/114

Date: 01/03/2021

Read :

- i. Addendum No.SW/CSS/UT Sch./2017-18/227 dated:28.09.2017 issued by Tribal Sub Plan Cell/Social Welfare Dept. Daman.
- ii. Corrigendum No.SW/CSS/UT Sch./2017-18/252 dated 09.10.2017 issued by Tribal Sub Plan Cell/Social Welfare Dept.Daman
- iii. Order No.DPO/SWP/2007/197 dated 20.04.2011 issued by Department of Rural Development,DNH

NOTIFICATION

In view of merger of Union Territories of Dadra & Nagar Haveli and Daman & Diu, the Union Territory Administration of Dadra & Nagar Haveli and Daman & Diu is pleased to amend the "**Pension Scheme to Disabled Persons (Divyangjan)**" under the Department of Social Welfare for implementation of the scheme in the Union Territory of Dadra & Nagar Haveli and Daman & Diu. This Notification is issued in supersession of all earlier notifications on the above matter.

The details of the schemes are as follows :

1. Name of Scheme: **Pension Scheme to Disabled Persons (Divyangjan)**
2. Department: Social Welfare
3. Introduction: Article 41 of the Constitution of India directs the State to provide public assistance to its citizens in the case of unemployment, old age, sickness and disablement and as per the provisions under Chapter V of The Rights of Persons with Disabilities Act, 2016. To cater to basic needs of the Divyangjan, this pension scheme is introduced
4. Objective : To Provide Financial benefit to Divyangjan
5. Target Beneficiaries/Scope: Divyangjan of age between 18-59 years.
6. Eligibility : -
 - a. Divyangjan between the age group of 18 - 59 years.
 - b. The Percentage of Disability should be 80% & above.
 - c. A domicile of districts of Dadra & Nagar Haveli and Daman and Diu respectively.
 - d. Annual income should not be more than Rs. 1.5 lakhs per annum.
 - e. Should not be availing financial assistance under any other schemes of Divyang Pension.
7. Quantum and Nature of Assistance/Benefit : Age 18-59 yrs @ Rs.1000/- per month (including central share if any)
8. Special/General Conditions/Scheme guidelines : In case of non-availability of age proof the beneficiary shall be referred to Medical Board (Government Hospital) of the concerned district for verification of age. After attaining age of 60 years the beneficiary shall be transferred to The Pension Scheme to Old Age Persons (Senior Citizen).
9. Disbursement process :
 - a. Office/Official responsible to process applications : The District Panchayat/Municipal



Council of the concerned district shall be responsible to process the applications through their respective offices in submission of application form (annexure I) with required documents.

- b. Verification of documents & applications: The Chief Executive Officer/Chief Officer of the District Panchayat / Municipal Council resp. shall direct their field level staff for verification of documents and scrutiny of applications for the recommendation of the Approving/Recommending Authority. They shall take life certificate from the beneficiaries every year.
- c. Approving/Recommending Authority: The Chief Executive Officer/Chief Officer of concerned the District Panchayat/Municipal Council shall approve the applications as per the notification.
- d. Record, Reports, Monitoring and Evaluation: The District Panchayat/Municipal Council in the concerned district shall keep thorough record of the applications along with all the documents till the Divyangjan receives pension. The District Panchayat/Municipal Council shall submit monthly reports with details of number of beneficiaries and pension disbursed to the Department of Social Welfare by fifth of every month.

10. Audit/Social Audit of Scheme: As per the financial rules

11. Grievance Redressal & Contact: For any grievance, the aggrieved Divyangjan may approach the Chief Executive Officer/Chief Officer of District Panchayat / Municipal Council resp. in the concerned district or District Collector of the concerned district or Department of Social Welfare.

12. Application form and list of Documents:

- i. Application form at Annexure "I" shall be dully filled by applicant address to the Chief Executive Officer/The Chief Officer of the concerned District Panchayat/Municipal Council and to be submitted to the Gram Panchayat/ District Panchayat/Municipal council respectively in the concerned district.
- ii. Age Proof (Birth Certificate/School leaving Certificate).
- iii. In case of non-availability of age proof, the beneficiary shall be referred to the Medical Board (Government Hospital) of the concerned district for verification of age.
- iv. Income Certificate issued by the Competent Authority.
- v. Domicile Certificate issued by the Competent Authority.
- vi. Disability Certificate (80% & more) issued by Medical Board (Government Hospital) of the concerned district.
- vii. Copy of Bank Pass Book (Aadhaar linked).
- viii. Copy of Aadhaar Card
- ix. Election Card/Passport/Ration card (any one).
- x. Passport size photographs (2 copies).
- xi. Affidavit (Not getting any pension from any other department) in the prescribed proforma at Annexure II.

13. Budget Head :As decided by the District Panchayat/Municipal Council concerned.

14. Timelines :

- a. Application process: The application may be processed within 30 (thirty) days from the date of receipt.

- b. Payment disbursement: Once the application is approved by the Approving / Recommending authorities, the payment shall be disbursed into the bank account of the Divyangjan by the fifth of every month.
- c. Scheme Validity: Shall be valid until any directions are issued by the Administration.

15. Modalities of Process flow and Fund flow :

- a. District Panchayats/Municipal Councils of concerned districts shall calculate the approximate budget on the basis of the applications received and expenditure incurred in the previous year for the scheme and submit their proposals to the finance department.
- b. The finance department shall directly transfer the funds to the concerned District Panchayats/Municipal Councils.
- c. All the work related to implementation of the scheme like inviting applications, processing, verification etc. shall be done by the District Panchayat/Municipal Council concerned.
- d. The mode of fund transfer shall be Direct Benefit Transfer (DBT).

This notification shall take effect from 1st April, 2021.

This issues with the approval of the Hon'ble Administrator, Dadra & Nagar Haveli and Daman & Diu vide Dairy No.688663 dated: 03.02.2021

By order and in the name of the
Administrator of Dadra & Nagar Haveli
and Daman & Diu



(Rakesh Das, DANICS)
Deputy Secretary (Social Welfare)

Copy to:-

1. PS to Hon'ble Administrator of DNH & DD, Secretariat, Daman.
2. PA to the Advisor to Hon'ble Administrator of DNH & DD, Secretariat, Daman.
3. The Secretary (Finance), DNH & DD, Secretariat, Daman.
4. The Secretary (SWD/WCD), DNH & DD, Secretariat, Daman.
5. The Secretary (PRI & Rural Development), DNH & DD, Secretariat, Daman.
6. The Joint Secretary (Official Language), DNH & DD Secretariat, Daman - with a request to translate the notification in official language.
7. The Joint Secretary (Plng & Statistics), DNH & DD Secretariat, Daman - with a request to kindly publish the notification in official gazette.
8. The Collector, DNH/Daman/Diu.
9. The Chief Executive Officer, District Panchayat, DNH/Daman/Diu
10. The Chief Officer, Municipal Council, DNH/Daman/Diu
11. The SIO, NIC DNH & DD, Secretariat, Daman - with a request to kindly upload the official gazette on official website of DNH & DD.
12. Office copy.



પોર્તુગલ યા અન્ય કિસી ઢી દેશ કી નાગરિકતા પાને કે લિપ મેને કિસી ઢી પ્રકાર કા આવેદન કિયા હે - હા/ના-

I hereby declare that the particulars given above are true and correct to the best of my knowledge and belief. ઉપરની તમામ વિગતો સાચી છે એની હું ખાતરી આપું છું. ઉપર કા સઢી વિવરણ સઢી હે ડસકા મે ઢરોસા દેતા હું।

Signature of the Applicant/Thumb Impression :-

(આવેદક કે હસ્તાક્ષર/અંગૂઠે કા નીશાન)

Dated:-

Required Document- આવશ્યક દસ્તાવેજ- આવશ્યક દસ્તાવેજ :-

Old Age Pension (60 years & above) વૃદ્ધ પેન્શન- વૃદ્ધ પેન્શન	Widow Pension (18- 59 years) વિધવા પેન્શન- વિધવા પેન્શન	Disabled Pension (18- 59 years) વિકલાંગ પેન્શન- વિકલાંગ પેન્શન
<ol style="list-style-type: none"> 1. Age Certificate - જન્મનું પ્રમાણપત્ર- જન્મ કા પ્રમાણપત્ર 2. Income Certificate Below 1.5 lakh. - આવકની દાખલો 1.5 લાખની નીચે - આય કા પ્રમાણપત્ર 1.5 લાખ કે નીચે 3. Domicile Certificate - સ્થાયી રહેઠાણનું પ્રમાણપત્ર - સ્થાયી નિવાસ કા પ્રમાણપત્ર 4. Copy of Bank Pass Book (Aadhaar linked) બેન્ક પાસબૂકની કોપી (આધાર લિંક્ડ), બેંક પાસબૂક કી નકલ (આધાર લિંક્ડ). 5. Aadhaar Card- આધારકાર્ડ- આધારકાર્ડ. 6. Election Card, Ration card, Passport (any one), ચુંટણી કાર્ડ, રાશન કાર્ડ, પાસપોર્ટ (કોઈ એક), વોટીંગ કાર્ડ, રાશન કાર્ડ, પાસપોર્ટ (કોઈ એક) 7. Photo (2 Copy) - ફોટો (02 કોપી) ફોટો (2 નકલ) 8. Affidavit (Not getting any pension from any other Department) - એફિડેવિટ (અન્ય વિભાગમાંથી પેન્શન નથી મળતું નથી)-એફિડેવિટ (અન્ય વિભાગ સે પેન્શન) નહીં મિલતા) 	<ol style="list-style-type: none"> 1. Age Certificate - જન્મનું પ્રમાણપત્ર- જન્મ કા પ્રમાણપત્ર 2. Death Certificate of Spouse (for Widow) - પતિ ના મૃત્યુનું પ્રમાણપત્ર- પતિ કે મૃત્યુ કા પ્રમાણપત્ર (વિધવા કે લિપ) 3. Income Certificate Below 1.5 lakh. - આવકની દાખલો 1.5 લાખની નીચે - આય કા પ્રમાણપત્ર 1.5 લાખ કે નીચે 4. Domicile Certificate - સ્થાયી રહેઠાણનું પ્રમાણપત્ર - સ્થાયી નિવાસ કા પ્રમાણપત્ર 5. Copy of Bank Pass Book (Aadhaar linked) - બેન્ક પાસબૂકની કોપી (આધાર લિંક્ડ)- બેંક પાસબૂક કી નકલ (આધાર લિંક્ડ). 6. Aadhaar Card- આધારકાર્ડ- આધારકાર્ડ. 7. Election Card, Ration card, Passport (any one), ચુંટણી કાર્ડ, રાશન કાર્ડ, પાસપોર્ટ (કોઈ એક), વોટીંગ કાર્ડ, રાશન કાર્ડ, પાસપોર્ટ (કોઈ એક) 8. Photo (2 Copy) - ફોટો (02 કોપી) ફોટો (2 નકલ) 9. Affidavit (Not getting any pension from any other Department) - એફિડેવિટ (અન્ય વિભાગમાંથી પેન્શન નથી મળતું નથી)-એફિડેવિટ (અન્ય વિભાગ સે પેન્શન) નહીં મિલતા) 	<ol style="list-style-type: none"> 1. Age Certificate - જન્મનું પ્રમાણપત્ર- જન્મ કા પ્રમાણપત્ર 2. Income Certificate Below 1.5 lakh. - આવકની દાખલો 1.5 લાખની નીચે - આય કા પ્રમાણપત્ર 1.5 લાખ કે નીચે 3. Domicile Certificate - સ્થાયી રહેઠાણનું પ્રમાણપત્ર - સ્થાયી નિવાસ કા પ્રમાણપત્ર 4. Disabled Certificate (80 % and above) - અપંગતાનું પ્રમાણપત્ર (80% અને વધુ) - વિકલાંગતા કા પ્રમાણપત્ર (80% એવં જ્યાદા). 5. Copy of Bank Pass Book (Aadhaar linked) - બેન્ક પાસબૂકની કોપી (આધાર લિંક્ડ)- બેંક પાસબૂક કી નકલ (આધાર લિંક્ડ). 6. Aadhaar Card- આધારકાર્ડ- આધારકાર્ડ. 7. Election Card, Ration card, Passport (any one) - ચુંટણી કાર્ડ, રાશન કાર્ડ, પાસપોર્ટ (કોઈ એક) - વોટીંગ કાર્ડ, રાશન કાર્ડ, પાસપોર્ટ (કોઈ એક) 8. Photo (2 Copy) - ફોટો (02 કોપી) - ફોટો (2 નકલ) 9. Affidavit (Not getting any pension from any other Department) - એફિડેવિટ (અન્ય વિભાગમાંથી પેન્શન નથી મળતું નથી)-એફિડેવિટ (અન્ય વિભાગ સે પેન્શન) નહીં મિલતા)

Handwritten signature

Application forms for the Grant of Financial Assistance to, Old Age Pension, Widow Pension and Disabled Persons (Divyangjan).

Pension Scheme:-

☐ **OLD AGE**

☐ **WIDOW**

☐ **DISABLED**

Passport Size
Photo
પાસપોર્ટ સાઈઝ
ફોટો

1. Name:- _____

નામ: નામ:-

2. Father / Husband Name:- _____

પિતાનું / પતિનું નામ:-

પિતા કા નામ / પતિ કા નામ :-

3. Son / Daughter of (for Disabled):- _____

પુત્ર/પુત્રી નું નામ (અપંગો માટે):-

લડકા/લડકી કા નામ (વિકલાંગો કે લિય):-

4. Address:- _____

સરનામું: પતા:-

5. Name of Panchayat:- _____

પંચાયતનું નામ: પંચાયત કા નામ:-

6. Age:- _____ **Date of Birth:-** _____

જન્મ દિનાકદ:-

7. Male:- _____ **Female:-** _____

પુરુષ: પુરુષ

સ્ત્રી: સ્ત્રી

8. Category:- SC/ST/OBC/Minority/General _____

જાતિ: જાતિ:-

9. If Disability Pension, Type of Disability:- _____

અપંગતાનો પ્રકાર:- વિકલાંગતા કા પ્રકાર :-

Percentage of Disability:- _____

કેટલા % અપંગતા છે? કિતને % વિકલાંગ છે?

10. Applicant Family Annual Income :- _____

અરજી કરનાર પરિવારની વાર્ષિક આવક: આવેદક કી પરિવાર કી વાર્ષિક આય:-

11. Are you in received of Financial Assistance from any other agency? Yes / No:-

સરકારી, અર્ધસરકારી કે કોઈપણ ઇતર સંસ્થા તરફથી આર્થિક સહાય મળે છે? હા/ના? _____

સરકારી, અર્ધસરકારી કે કિસી બી શાખા કી ઓર સે આર્થિક સહાય મિલતી છે? હા/ના? Which?:- _____

પ્રકાર:- પ્રકાર :-

12. Contact No. _____

સંપર્ક નંબર: સંપર્ક નંબર:-

13. Name of Bank:- _____ **A/c No.** _____

બેંકનું નામ: બેંક કા નામ:-

ખાતા નંબર: ખાતા નંબર:-

IFSC CODE:- _____

14. Aadhaar Card Number:- _____

આધાર કાર્ડ નંબર :- આધાર કાર્ડ નંબર :-

15. Have you applied for Portugal or any other Passport? Yes/No? _____

પોર્ટુગલ કે બીજા કોઈપણ દેશની નાગરિકતા મેળવવા મે કોઈપણ પ્રકારની અરજી કરેલ છે? હા / ના ?

(Signature)

UNDERTAKING

_____ aged about _____ years, resident of H. no _____
district _____

hereby declare That the above/ following information is true to the best of my knowledge And belief and nothing has been concealed there in . I am well aware of the Fact that if the information given by me is proved false/not true, I will Have to face the punishment as per the benefit availed by me shall be summarily withdrawn.

That I have applied to the Social Welfare Department, Daman, for getting benefit of Old Age / Widow Pension / Disable Pension for myself and the information furnished in the prescribed application form are true and correct and nothing has been concealed and mis-presented in it.

That I state that I am not receiving of any Financial Assistance from any other agency of the same kind or not availing any other benefits from the other Department from the U. T. Administration of Dadra & Nagar Haveli and Daman & Diu or any part of India. I and my family are originally native and permanent resident of _____ District since _____

--- : 2 : ---

That myself / Father / mother / Husband / Wife is the head of the family.

That we are having / Not Having our own residential house in the above said address.

That the applied Declaration / affidavit is for Old Age / Widow / Handicap / Disable Pension Purpose.

This is to certify that I have read and understood the provision of Section 199 and 200 of the Indian penal code.

PLACE :

DATED : DD /MM/YYYY .

REG. No. _____

DEPONENT

