

Application forms for the State Awards for Empowerment of Persons with Disabilities under the prescribed categories of the State Awards, 2019

Annexure A

PARTICULARS OF RECOMMENDED EMPLOYEE/SELF-EMPLOYED WITH DISABILITIES FOR STATE AWARD

1.	Name: (a) in English (in BLOCK Capital letters)	
	(b) in Bengali	
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