

**ANNEXURE B****PARTICULARS OF RECOMMENDED BEST EMPLOYER FOR PERSON WITH DISABILITIES FOR STATE AWARD**

1.	Name in English(in BLOCK Capital letters) and Bengali			
2.	Postal and telegraphic address of the organization with telephone & fax number.			
3.	Web-site address, if any			
4.	E-mail address, if any			
5.	Whether Government/Public Sector Undertaking/Private.			
6.	Nature of work undertaken by the Organization.			
7.	Total number of employees in the organization	Male	Female	Total
8.	Number of employees with disability in the organization category-wise and sex-wise.	Male	Female	Total
9.	Nature of disability of the employees (if the organization has employees with various disabilities, please indicate the number of employees with each disability)			
10.	Percentage of employees with disability as Compared with the total number of Employees			
11.	Nature of work in which Persons with disability are employed.			
12.	Whether their service conditions are the same as those for others?			
13.	Whether any modifications are made in the machinery and access is provided In the built environment.			
14.	Special effort made to train and employ persons with disability so far and plans for future.			
15.	How does the productivity of Employees with disability compare with that of non-disabled employees?			
16.	Remarks			

Signature of the applicant with date

Signature of the recommending authority with date