NOTIFICATION

Whereas the State Government has deemed it expedient to frame rules for providing Subsistence Allowance to the Persons with Disabilities in the State;

Now, therefore, the State Government is pleased to hereby makes the following rules regulating grant of Subsistence Allowance to the persons with Disabilities, namely:-

Short title and commencement

1. (1) These rules may be called the Sikkim Grant of Subsistence Allowance to the persons with Disabilities, Rules, 2014.

(2) They shall come into force at once.

2. In these rules, unless the context otherwise requires:-

(a) “Department” means the Social Justice, Empowerment and Welfare Department;

(b) “Form” means the form appended to these rules;

(c) “Government” means the Government of the State of Sikkim;

(d) “Local resident” means a person belonging to Bhutia, Lepcha or Nepali Community possessing Sikkim Subject Certificate or Certificate of Identification;

(e) “Poor and Needy” means a person having no regular source of income of his/her own, no financial support from family members, Below Poverty Line Certificate holder or Income Certificate issued by Gram Vikash Adhikari of respective locality and is non-recipient of any other pension from the State Government/Central Government or any other sources.

(f) “Secretary” means the Secretary of the Social Justice Empowerment and Welfare Department;

(g) “Persons with Disabilities” means a poor and needy persons who has attained the minimum age of 1 (one) year in case of Locomotor Impairment, Visual Impairment and Hearing Impairment and 3 (three) years for Cerebral palsy, Autism and Mental Retardation.
(h) “Disability” means the disability as referred to clause (i) of sub-section (1) of section 2 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 having the following disabilities; namely:–

- Blindness (visual impairment);
- Low vision;
- Leprosy cured;
- Hearing impairment;
- Locomotors disability;
- Mental retardation;
- Mental illness;

(i) “Disability Screening Board” means the Board consisting of Doctors and Specialists at the level of Primary Health Centers, Community Health Centers, District Hospitals and STNM Hospital in the related specialty as constituted by the Government from time to time.

(j) “Form” means the form appended to these rules;

Amount of subsistence 3. The amount of Subsistence Allowance payable to each beneficiary shall be as such as may be notified by the Government from time to time.

Selection Committee 4. There shall be a Selection Committee for the purpose of selection of beneficiaries consisting of the following members, namely:-

(1) Secretary, Social Justice, Empowerment and Welfare Department -Chairperson;

(2) Joint Secretary, Social Welfare Division -Member;

(3) Social Welfare Officer or any Senior Officer in the Social Welfare Division -Member;

Cessation of subsistence allowance 5. (1) The Subsistence Allowance shall be ceased from the date of the death of beneficiary. The amount due up to the corresponding month of his/her death shall be paid to the immediate member of the beneficiary and the passbook is to be surrendered to the Department.

(2) In case of permanent migration of the beneficiary outside Sikkim, the subsistence allowance shall cease to be payable from the date of his/her migration. In such event the Panchayat or family member of the beneficiary shall surrender the pass book to the Department.

(3) Each beneficiary shall submit “Life Certificate” in the prescribed format in the month of November every year failing which it will be presumed that the beneficiary has either died or migrated outside Sikkim and the payment of Subsistence Allowance shall be stopped forthwith without further notice.

Authority Competent to sanction subsistence allowance 6. The Authority Competent to sanction subsistence allowance shall be the Secretary.
Procedure for application 7. Application for grant of Subsistence Allowance shall be made in the Form appended to these rules which can be obtained free of cost and shall submit along with 3(three) passport size photographs, Sikkim Subject Certificate or Certificate of Identification, Below Poverty Line Certificate or Income Certificate issued by Gram Vikash Adhikari of respective locality, attested copy of date of birth or Electoral Photo Identity Card and Disability Certificate duly certified by the concerned authority.

Procedure for Grant of 8. (1) On receipt of the application in the prescribed form, the Committee shall scrutinize the age, Sikkim Subject Certificate or Certificate of Identification, Below Poverty Line Certificate or Income Certificate, etc. and after scrutinization of the complete documents, approval shall be accorded by the Secretary.

(2) A copy of the order for the grant and payment of Subsistence Allowance shall be endorsed to the District Collector, Sub-Divisional Magistrate, Gram Vikas Adhikari of respective Locality and Panchayat where the applicant actually resides and the applicant himself/herself.

Payment of Subsistence Allowance 9. (1) The Secretary shall be the competent authority to make payment of Subsistence Allowance.

(2) The Subsistence Allowance shall be disbursed through Direct Benefit Transfer or any other means as decided by the Sanctioning/Competent Authority from time to time.

(3) The details of the beneficiary/maintenance of accounts etc. shall be maintained by the Department.

Verification 10. If required, concerned officer of the Department shall make tour to village and verify the existence of the beneficiary and other relevant particulars.

Intimation of death of the beneficiary 11. In the event of death of the beneficiary, the family member/Panchayat shall immediately report and also surrender the passbook to the Department.

Penalty 12. The authority competent to grant subsistence allowance shall have the right to recover payments made on the basis of false or mistaken information, if any, about eligibility and death of beneficiaries.

By order and in the name of the Governor.

(G.P. UPADHYAYA) IAS
Principal Secretary to the Government
Social Justice, Empowerment and Welfare Department.
File No: GOS/SJE&WD/2013/7 (1)
Copy for information to:-

1. All Secretaries/Heads of Department
2. Additional Secretary, Home Department with soft copy for publication in the Sikkim Government Gazette
3. All District Collectors
4. Pr. P.S. to the Chief Secretary
5. All Officers of the Department
6. All Sub- Divisional Magistrates
7. All Gram Vikash Adhikaris
8. Deputy Director (SWD)
9. Social Welfare Officer (South and West)
10. File
11. G. file

(K.B. PRADHAN)

JOINT SECRETARY TO THE GOVERNMENT
SOCIAL JUSTICE, EMPOWERMENT AND WELFARE DEPARTMENT
(SOCIAL WELFARE DIVISION)
GOVERNMENT OF SIKKIM
SOCIAL JUSTICE, EMPOWERMENT AND WELFARE DEAPRTMENT
(SOCIAL WELFARE DIVISION)
GANGTOK
APPLICATION FORM FOR GRANT OF SUBSISTENCE ALLOWANCE FOR DISABLED PERSONS,
(see rule 7)

1. Name of Applicant

2. Father's/Husband’s Name

3. Age (Date of birth)

4. Constituency.

5. Panchayat Unit and Ward, Post Office and Police Station

6. Sub-Division

7. District

8. Sikkim Subject/Certificate of Identification.

9. UID/Aadhar Card No.

10. Nearest Nationalised Bank with full address

11. Account Number of the applicant

12. Whether the applicant is recipient of any other assistance from Government or other Sources?

13. Type and percentage (%) of disability as assessed by Medical Authorities

To the best of my belief and knowledge, the information given above are true. If any of the information given are found to be incorrect subsequently, I agree to discontinue the assistance under the Scheme.

SIGNATURE OR THUMB IMPRESSION OF THE APPLICANT

Enclosures:-

1. 3 recent passport size photos;
2. Attested copy of Sikkim Subject Certificate/Certificate of Identification as the case may be;
3. Attested photo copies of Vikas Patrika/Income Certificate/BPL Certificate as the case may be;
LIFE CERTIFICATE
(See rule 5(3))

Certified that I have seen the beneficiary Shri/Smt

Son of/Wife of/daughter of __________________________ Age ________________
Resident of __________________________

(Full address)
District __________________________ and that he/she is alive on date.

Signature __________________________
Name __________________________
Panchayat President of GPU (Seal)
Place __________________________
Date __________________________

Signature __________________________
Name __________________________
Designation of the authorized officer viz;
Gram Vikash Adhikari/Sub-Divisional Magistrate or
any other Group 'A' and 'B' Officer of the State
Government.
Seal __________________________

Affix recent P.P. size
Photograph duly attested by
Gram Vikash Adhikari/Sub-
Divisional Magistrate or Group
'A' and 'B' Officer of the State
Government.