



GOVERNMENT OF SIKKIM
SOCIAL JUSTICE, EMPOWERMENT AND WELFARE DEPARTMENT
GANGTOK.

No. 5/8763WD

Dated the 27/8/13

NOTIFICATION

Whereas the State Government has deemed it expedient to frame rules for providing payment of grant to the transgender;

Now, therefore, the State Government is hereby pleased to make the following rules regulating the payment of grant to the transgender, namely:-

*Short title and
Commencement*

1. (1) These rules may be called the Sikkim payment of grant to the Transgender Rules, 2013.
(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 either Bhutia, Lepcha or Nepali Community possessing Sikkim Subject Certificate or Certificate of Identification;
 - e) "medical committee" means the committee constituted to scrutinize and authenticate the status of the beneficiaries vide notification no: 365/HC, HS and FW dated: 20/05/2013 and is to issue the medical certificate to the beneficiaries;
 - f) "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 and is non-recipient of any other pension from the State Government/Central Government or any other sources;
 - g) "Secretary" means the Secretary of the Social Justice Empowerment and Welfare Department;
 - h) "Transgender" means that person who is examined and authenticated as the transgender by the Committee Constituted vide notification no: 365/HC, HS and FW dated: 20/05/2013;

Amount of Grant 3. The amount of grant payable to each transgender shall be 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 the beneficiaries on the basis of medical certificate issued by the Medical Committee consisting of the following members, namely:-

- (1) Secretary/ Social Justice
Empowerment and Welfare Department - Chairperson;
- (2) Joint Secretary/ Social Justice
Empowerment and Welfare Department - Member;
- (3) Social Welfare Officer/ Social Welfare Division - Member;

Cessation of Grant 5 (1) The payment of grant to the transgender shall cease from the date of the death of beneficiary. The amount due up to the corresponding month of death shall be paid to the immediate members of the beneficiary and the passbook shall be surrendered to the Department.

- (2) In case of permanent migration of the beneficiary outside Sikkim, the payment of grant shall cease to be made from the date of her/his migration. In such event the family/ Panchayat of the beneficiary shall surrender the pass book to the Department.

Authority competent to sanction payment of grant. 6. The Authority Competent to sanction payment of grant shall be Secretary.

Procedure for an Application 7. Application for payment of grant shall be made in the form appended to these rules free of charge, along with (three) passport size photographs, Sikkim Subject Certificate or Certificate of Identification, Below Poverty Line Certificate, date of birth certificate and medical certificate issued by the committee constituted for the purpose.

Medical Certificate 8. The beneficiary shall produce medical certificate issued by the committee as defined under clause (e) of rule 2.

Procedure for payment of grant 9(1) On receipt of any application in the prescribed form the Selection Committee shall scrutinize the Sikkim Subject Certificate/or Certificate of Identification, Below Poverty Line Certificate and medical certificate etc. and after scrutinization of the complete documents, approval shall be accorded by the Secretary.

- (2) A copy of the order for the payment of grant shall be endorsed to the District Collector, Sub-Division Magistrate, Revenue Officer and Panchayat where the applicant actually resides and the applicant himself/herself.
- Payment of Grant* 10 (1) The Secretary shall be the competent authority to make payment of grant.
- (2) The payment of grant shall be disbursed to the office of the Block Development Officer or through direct benefit transfer as the case may be.
- (3) The details of the beneficiary/ maintenance of accounts etc. shall be maintained by the Social Justice, Empowerment and Welfare Department.
- Verification* 11. If required, concerned officer of the Social Justice, Empowerment and Welfare Department shall make tour to village to verify the continued existence of the beneficiary and other relevant particulars.
- Intimation of death of the Beneficiary* 12. In the event of death of the beneficiary, the family member/ Panchayat shall immediately make report and also surrender the passbook to the Social Justice, Empowerment and Welfare Department.
- Penalty* 13. The Authority competent to make payment of grant 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)
Social Justice, Empowerment and Welfare Department

FORM
(See Rules 7 and 9)
GOVERNMENT OF SIKKIM
SOCIAL JUSTICE, EMPOWERMENT AND WELFARE DEPARTMENT
APPLICATION FORM FOR PAYMENT OF GRANT TO TRANSGENDER.

1. Name of Applicant.....
2. Father's Name.....
3. Date of Birth.....
4. Gram Panchayat Unit No. and Name.....
5. Name of Ward.....
6. Constituency
7. Sub-Division
8. District
9. UID (Adhaar Card no.)
10. Name of the nearest Bank Or Post Office:
11. Account no. of Bank or Post Office:

The informations given above are true to the best of my belief and knowledge. Further, if at any time the Department finds that the informations given are/ is incorrect, I agree to surrender the passbook issued to me under these rules.

Signature or thumb impression of the Applicant.

Documents to be enclosed:-

1. 3 recent passport size photographs;
2. Attested Photocopy of Sikkim Subject Certificate/Certificate of Identification;
3. Attested photocopy of Below Poverty Line Certificate;
4. Birth Certificate or Elector's Photo Identity Card or any other valid document having recorded the date of birth or age as proof of age.
5. Medical Certificate issued by the Medical Committee.

PANCHAYAT RECOMMENDATION

It is certified that the applicant isyears old and is poor and needy person. Hence, his/ her application for payment of grant to the Transgender is hereby recommended.

Signature.....

Full Name

Seal

M. L. A's RECOMMENDATION

Application of the applicant is hereby recommended

Signature

Seal

FOR OFFICIAL USE ONLY

Application received along with the following documents

- 1) 3 recent passport size photographs.
- 2) Attested photocopy of Sikkim Certificate/ Certificate of Identification.
- 3) Attested photocopy of Below Poverty Line Certificate (Photocopy); birth certificate of any documents in SI. No 4 above.
- 4) Medical Certificate issued by Medical Committee

Full Name

Designation

Date

Observation:

This certificate is required and allowed in the following manner as per the following rules:

Signature of the four members of the Medical Committee (to be written in official seal)

Signature/Thumb impression of the patient

Signature/Thumb impression of the doctor
Supervisor/In-charge



MEDICAL CERTIFICATE

NAME AND ADDRESS OF THE INSITIUTE/HOSPITAL

Certificate No _____

Dated: _____

CERTIFICATE FOR THE TRANSGENDER.

This is to certify that Son/daughter of Shri..... resident of Age....., Registration No..... is a case of Transgender (.....)

(Specify the type of transgender)

Observation:

1. This condition is examined and screened by the medical committee as constituted for the said purpose.

1. _____

2. _____

3. _____

4. _____

(Signature of the four members of the Medical Committee/ Authorized Signatories with their official seal)

Signature/Thumb impression of the patient.

Countersigned by the medical Superintendent/Chief Medical Officer (with seal)

Recent attested photograph showing the disability may affixed here.