



सत्यमेव जयते

File No: A/346/2022-STW

THE ADMINISTRATION OF UNION TERRITORY OF LADAKH
Department of Social & Tribal Welfare
Civil Secretariat, Ladakh

Notification

Ladakh, the 12th of May, 2022

S.O. 69.— In exercise of powers conferred by section 23 of the Jammu and Kashmir Reservation Act, 2004, the Rights of Persons with Disabilities Act, 2016 (49 of 2016), and all other enabling provisions in this behalf, the Administrator of Union territory of Ladakh, hereby makes the following amendments in the Jammu and Kashmir Reservation Rules, 2005, namely,—

Forms.- In the said rules,-

(a) for **FORM 'VI'** the following form shall be substituted, -

"FORM 'VI'

Application for Obtaining Certificate of Disability by Persons with Disabilities

(1) Name : _____
(Surname) (First Name) (Middle Name)

(2) Father's Name: _____ Mother's Name: _____

(3) Date of Birth : _____/_____/_____
(Date) (Month) (Year)

(4) Age at the time of application : _____ years

(5) Sex: Male/Female/Transgender: _____

(6) Address:

(a) Permanent address

(b) Current Address(i.e.for communication)

(c) Period since when residing at current address: _____

(7) Educational Status (please tick as applicable)

- (i) Post Graduate
- (ii) Graduate
- (iii) Diploma
- (iv) Higher Secondary
- (v) High School
- (vi) Middle
- (vii) Primary
- (viii) Non-literate

(8) Occupation: _____

(9) Identification marks: (i) _____ (ii) _____

(10) Nature of disability:

(11) Period since when disabled: From Birth/since year _____

(12) (i) Did you ever apply for issue of a certificate of disability in past (Yes/No)

(ii) If yes, details:

(a) Authority to whom and district in which applied: _____

(b) Result of application: _____

(13) Have you ever been issued a certificate of disability in the past? If yes, please enclose a true copy.

Declaration: I hereby declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further state that if any in-accuracy is detected in the application, I shall be liable to for forfeiture of any benefits derived and other action as per law.

(signature or left thumb impression of person
with disability, or of his/her legal guardian
in case of persons with intellectual disability,
autism, cerebral palsy and multiple disabilities, etc)

Date:

Place:

Enclosures:

1. Proof of residence (Please tick anyone, as applicable).

- (a) Ration card,
- (b) Voter identity card,
- (c) Driving license,
- (d) Bank pass book,
- (e) PAN card,
- (f) Passport,
- (g) Telephone, electricity, water and any other utility bill indicating the address of the applicant,
- (h) A certificate of residence issued by a Panchayat ,municipality, cantonment board, any gazetted officer, or the concerned Patwari or Head Master of a Government school,
- (i) In case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill, and other disability, a certificate of residence from head of such institution.
- (j) Aadhaar number or Aadhaar enrollment number,if any.

2. Two recent passport size photographs

(For office use only)

Date:

Place:

Signature of issuing authority
Stamp

(b) for **FORM 'XIII'** the following forms shall be substituted,-

“FORM ‘XIII-A’
Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport
size attested
photograph
(Showing face only)
of the person with
disability

Certificate No.

Date:

This is to certify that I have carefully examined Shri/Smt./Kum. _____ son/wife/daughter of Shri _____ Date of Birth (DD/MM/YY) _____ Age _____ years, male/female _____ registration No. _____ permanent resident of House No. _____ Ward/Village/Street _____ Post Office _____ District _____ State _____, whose photograph is affixed above, and am satisfied that:

(A) he/she is a case of:

locomotor disability

dwarfism

blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is:

He/she has _____% (in figure) _____percent (in words) permanent locomotor disability/ dwarfism/ blindness in relation to his/her _____(part of body) as per guidelines (_____number and date of issue of the guidelines to be specified).

2. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorised Signatory of
Notified Medical Authority)

Signature/thumb
impression of the
person in whose
favour certificate of
disability is issued

“FORM ‘XIII-B’
Certificate of Disability

(In cases of multiple disabilities)

(Name and Address of the Medical Authority issuing the Certificate)

Certificate No.

Date:

Recent passport
size attested
photograph (Showing
face only)of the
person with
disability.

This is to certify that we have carefully examined Shri/Smt./Kum.....
son/wife/daughter of Shri..... Date of Birth (DD/MM/YY)...../...../..... Age
..... years, male/female, Registration No..... permanent resident of House
No..... Ward/Village/Street..... Post Office.....District.....
State....., whose photograph is affixed above, and satisfied that:

(A) he/she is a case of Multiple Disability. His/her extent of permanent physical
impairment/disability has been evaluated as per guidelines (.....number and date of issue
of the guidelines to be specified) for the disabilities ticked below, and is shown against the
relevant disability in the table below:

S.No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in%)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosycured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid attack Victim			
7.	Low vision	#		
8.	Blindness	#		
9.	Deaf	£		
10.	Hard of Hearing	£		
11.	Speech and Language disability			
12.	Intellectual Disability			

13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			
15.	Mental illness			
16.	Chronic Neurological Conditions			
17.	Multiple sclerosis			
18.	Parkinson's disease			
19.	Hemophilia			
20.	Thalassemia			
21.	Sickle Cell disease			

@ e.g. Left/right/both arms/legs

e.g. Single eye

£ e.g. Left/Right/both ears

(B) In the light of the above, his/her overall permanent physical impairment as per guidelines (.....number and date of issue of the guidelines to be specified), is as follows: - In figurespercent, In words.....percent.

2. This condition is progressive/non-progressive/ likely to improve/not likely to improve.

3. Reassessment of disability is:

(i) Not necessary, or

(ii) Is recommended/after..... years.....months, and therefore this certificate shall be valid till...../...../..... (DD)/ (MM)/ (YY)

4. The applicant has submitted the following document as proof of residence:-

Nature of document	Date of issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority.

Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson

Signature/thumb impression of the person in whose favour certificate of disability is issued.

**“FORM ‘XIII-C’
Certificate of Disability**

(In cases other than those mentioned in Form XIII A and Form XIII B)

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport
size attested
photograph
(Showing face
only)of the person
with disability.

Certificate No.

Date:

This is to certify that I have carefully examined Shri/Smt/Kum.....
son/wife/daughter of Shri..... Date of Birth (DD/MM/YY).....Age.....years,
male/femaleRegistrationNo.....permanent resident of House No.....
Ward/Village/Street..... Post Office..... District..... State....., whose
photograph is affixed above, and am satisfied that he/she is a case of..... disability.
His/her extent of percent age physical impairment/disability has been evaluated as per
guidelines (.....number and date of issue of the guidelines to be specified) and is shown
against the relevant disability in the table below:-

S.No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability(in%)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision	#		
7.	Deaf	€		
8.	Hard of Hearing	€		
9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			

13.	Mental illness			
14.	Chronic Neurological Conditions			
15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Hemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

(Please strike out the disabilities which are not applicable)

@-eg.Left/Right/both arms/legs

#-eg.Single eye/both eyes

€-eg.Left/Right/both ears

2. The above condition is progressive/non-progressive/ likely to improve/not likely to improve.

3. Reassessment of disability is:

(i) Not necessary, or

(ii) Is recommended/after.....years.....months, and therefore this certificate shall be valid till (DD/MM/YY)/...../.....

4. The applicant has submitted the following document as proof of residence:-

Nature of document	Date of issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)

(Name and Seal)

Counter signed

{Counter signature and seal of the Chief Medical Officer/Medical Superintendent/Head of Government Hospital, in case the Certificate is issued by a medical authority who is not a Government servant (with seal)}

Signature/thumb impression of the person in whose favour certificate of disability is issued
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Note.-In case this certificate is issued by a medical authority who is not a Government servant, it shall be valid only if counter signed by the Chief Medical Officer of the District."

By the order of the Hon'ble Lieutenant Governor, Union territory of Ladakh

**(Padma Angmo) IIS
Commissioner/Secretary,
Social & Tribal Welfare Department**

Copy to the:

1. Joint Secretary MHA, Jammu, Kashmir and Ladakh.
2. All the Administrative Secretaries UT Ladakh.
3. Inspector General of Police Ladakh.
4. Deputy Commissioner/CEO, LAHDCs Leh/Kargil.
5. All Divisional Head of the Departments.
6. OSD to Hon'ble Lieutenant Governor, Union Territory of Ladakh for information of Hon'ble Lieutenant Governor.
7. Private Secretary to Advisor to Hon'ble Lieutenant Governor for kind information of the Advisor.
8. District Informatics Officer, NIC, Ladakh for uploading on the UT Website.
9. I/C Archives, Archaeology and Museums.
10. Office/Order File.