



**GOVERNMENT OF ODISHA  
DEPARTMENT OF SOCIAL SECURITY & EMPOWERMENT OF  
PERSONS WITH DISABILITIES**

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**NOTIFICATION**

**Bhubaneswar, Dated the 4<sup>th</sup> October, 2018**

No. SSEPD-DA4-DA-0004-2018/ 7648, In exercise of the powers conferred by sub-section (1) and (2) of Section 101 of the Rights of Persons with Disabilities Act, 2016 (49 of 2016), the State Government do hereby issues the following corrigendum to Odisha Rights of Persons with Disabilities Rules, 2018: -

“Form-II” and “Form-III” in Odisha Rights of Persons with Disabilities Rules, 2018, shall be replaced with “Form-II” and “Form-III” annexed herewith respectively.

**FORM - II**  
**[See rule 8(1)]**  
**APPLICATION FOR REGISTRATION OF INSTITUTION WORKING IN THE**  
**FIELD OF DISABILITIES**  
**(To be submitted in duplicate)**

**1. Basic Information**

- 1.1\* Name of the Applicant Organization :
- 1.2\* Complete Postal Address with Contact No. and E- Mail Id :
- 1.3\* Name, Designation and Address of the Nodal Person in the Organization :
- 1.4\* Contact No. of the Nodal Person :
- 1.5\* Date of establishment of the Organization :

**2. Registration Details**

- 2.1\* Registration Details (Act under which registered with registration number and date) **(enclose copies of Certificates and Bye laws/ Constitution)** :

Whether, it is:

- a) An Organization registered under the Societies Registration Act, 1860 (Act XXI of 1860);
  - b) A public trust registered under any law for the time being in force;
  - c) Indian Red Cross Society or its branches;
  - d) Company registered under Section 8 of the Companies Act, 2013;
- 2.2\* PAN number of the Organization :
- 2.3\* Registration number under section 12AA of Income Tax Act, 1961 (attach a copy of the certificate) :
- 2.4 Registration number under section 80G of the of Income Tax Act, 1961 (attach a copy of the certificate) :
- 2.5 FCRA Registration Certificate No. (attach a copy of the certificate) :
- 2.6 Registration No. of the Organization with NITI Aayog NGO Darpan Portal (attach a copy of the certificate) :

### 3. Assets (Movable/ Immovable property)

- 3.1\* **Building (in sq. ft):** :
- i. If the organization owns the building, attach photo of the building, photocopy of the land record and plan of the building
  - ii. If rented, attach photocopy of the lease agreement with the Owner of the building and photo of the building
  - iii. Is the building accessible to the PwDs? :
- 3.2 **Vehicle:** :
- i. No. of vehicles owned by the organisation (specify make and model)
  - ii. No. of vehicles plying on lease in the Organisation (specify make and model)
- 3.3\* **Equipment:** :
- A statement detailing name, type and number of equipment owned by the Organization
- 3.4 If any other (please attach separate sheet) :

### 4. Beneficiaries

- 4.1\* Category-wise number of PwDs being benefitted by the Organization :
- 4.2\* A statement detailing PwD beneficiaries of the Organization in a separate sheet in tabular form with the following information: Name, Parent's Name, Contact No., Address, DoB, Type of disability, Percentage of disability, UDID No., Aadhar No., Resident/ Non-Resident :

### 5. Human Resources

- 5.1\* Bio data of all governing body members/ trustees with their contact details, Aadhar No. and photograph :
- 5.2\* A statement detailing all professionals employed in the Organization in a separate sheet in tabular form with the following information: Name, Address, Contact No., DoB, Aadhar No., Professional expertise, registration number with the Rehabilitation Council of India or any other appropriate body, DoJ in the organization, Full/ Part time (Enclose copies substantiating above information) :

5.3\* A statement detailing persons employed in the :  
Organization in a separate sheet in tabular form with  
the following information: Name, Address, DoB,  
Aadhar No., Qualification, Assigned duty, DoJ in the  
organization, Full/ Part time

## 6. Organization

6.1\* Nature of work by the Organization: (Please indicate :  
precisely whether it is: educational/ vocational/  
training institution/ workshop for the blind, the deaf  
and dumb, the orthopedically handicapped mentally  
retarded persons etc.)

6.2\* Operational reach of the Organization (whether it is :  
working in a National/ State/ District level)

6.3 Brief history of the organization, its objectives and :  
activities

6.4\* A statement indicating details of assistance/ grant-in- :  
aid (in terms of year, purpose, amount) received  
during the last five years from the Central/ State  
Government, PSUs, Local Bodies or any other Quasi-  
Government institutions

6.5\* Audited statement and details of grant received :  
(if any) duly audited by a Chartered Accountant or a  
Government Auditor for the last three years

6.6\* Income Tax Returns of the organization for last three :  
years

6.7\* Annual Reports of the organization for the last three :  
years

6.8 List of additional papers, if any :

6.9 List of additional information, if any :

- Fields marked with astreik (\*) are mandatory.

## **DECLARATION**

I have read the provisions of the Rights of Persons with Disabilities Act, 2016 and Rules there under and undertake to abide by all the conditions of the Act/ Rules. My Organization will be responsible to provide such facilities and maintain such standard as may be prescribed by the State Government from time to time. The Competent Authority declared by the State Government for the purpose may de-recognize and cancel certificate of registration of my institution in case of any information submitted herein are found to be incorrect or deviation of provisions of the Act and Rules thereunder.

## **SIGNATURE OF THE APPLICANT**

Name:

Date:

(SEAL OF THE ORGANISATION)

**FORM - III**  
**[See rule 10(1)]**  
**APPLICATION FOR RENEWAL OF REGISTRATION OF INSTITUTION**  
**WORKING IN THE FIELD OF DISABILITIES**  
**(To be submitted in duplicate)**

**1. Basic Information**

- 1.1\* Name of the Applicant Organization :
- 1.2\* Complete Postal Address with Contact No. and E- Mail Id :
- 1.3\* Name, Designation and Address of the Nodal Person in the Organization :
- 1.4\* Contact No. of the Nodal Person :
- 1.5\* Date of establishment of the Organization :

**2. Registration Details**

- 2.1\* Registration No. under Rule-8 of ORPwD Rule, 2018 and date of expiry (Please enclose original Certificate of Registration) :
- 2.2 Registration number under section 80G of the Income Tax Act, 1961 (attach a copy of the certificate) :
- 2.3 FCRA Registration Certificate No. (attach a copy of the certificate) :
- 2.4\* Registration number of the Organization with NITI Aayog NGO Darpan Portal (attach a copy of the certificate) :

**3. Assets (Movable/ Immovable property)**

- 3.1\* **Building (in sq. ft):** :
- i. If the organization owns the building, attach photo of the building, photocopy of the land record and plan of the building.
- ii. If rented, attach photocopy of the lease agreement with the Owner of the building and photo of the building
- iii. Is the building accessible to the PwDs? :
- 3.2 **Vehicle:**
- i. No. of vehicles owned by the Organisation (specify make and model) :
- ii. No. of vehicles plying on lease in the Organisation

(specify make and model)

3.3\* a) **Equipment:**  
A statement detailing name, type and number of :  
equipment owned by the Organization

3.4 b) If any other (please specify)

#### **4. Beneficiaries**

4.1\* Category-wise number of beneficiaries being served :  
by the Organization

4.2\* A statement detailing PwD beneficiaries of the :  
Organization in a separate sheet in tabular form with  
the following information: Name, Parent's Name,  
Contact No., Address, DoB, Type of disability,  
Percentage of disability, UDID No., Aadhar No.,  
Resident/ Non-Resident

#### **5. Human Resources**

5.1\* Bio data of all governing body members/ trustees :  
with their contact details and photo

5.2\* A statement detailing all professionals employed in :  
the Organization in a separate sheet in tabular form  
with the following information: Name, Address,  
Contact No., DoB, Aadhar No., Professional expertise,  
registration number with the Rehabilitation Council of  
India or any other appropriate body, DoJ in the  
organization, Full/ Part time (Enclose copies  
substantiating above information)

5.3\* A statement detailing persons employed in the :  
Organization in a separate sheet in tabular form with  
the following information: Name, Address, DoB,  
Aadhar No., Qualification, Duty assigned, DoJ in the  
organization, Full/ Part time

#### **6. Organization**

6.1\* A statement indicating details of assistance/ grant-in- :  
aid (in terms of year, purpose, amount) received  
during the last five years from the Central/ State  
Government, PSUs, Local Bodies or any other Quasi-  
Government institutions

- 6.2\* Audited statement and details of grant received (if :  
any) duly audited by a Chartered Accountant or a  
Government Auditor for the last five years
- 6.3\* Income Tax Return of the organization for last five :  
years
- 6.4\* Annual Reports of the organization for the last three :  
years
- 6.5 If any other information, please specify and attach  
supporting document

- Fields marked with astreik (\*) are mandatory.

### **DECLARATION**

I have read the provisions of the Rights of Persons with Disabilities Act, 2016 and Rules there under and undertake to abide by all the conditions of the Act/ Rules. My Organization will be responsible to provide such facilities and maintain such standard as may be prescribed by the State Government from time to time. The Competent Authority declared by the State Government for the purpose may de-recognize and cancel certificate of registration of my institution in case of any information submitted herein are found to be incorrect or deviation of provisions of the Act and Rules thereunder.

### **SIGNATURE OF THE APPLICANT**

Name:

Date:

(SEAL OF THE ORGANISATION)

By order of the Governor

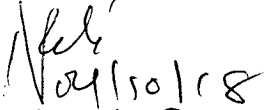
*U. Chandu*

Principal Secretary to Government



Memo No. 7649/ Bhubaneswar Dated 4<sup>th</sup> October, 2018

Copy forwarded to All Departments of Government/ All Heads of Departments/ All Collectors/ All DSSOs for information and necessary action.

  
Under Secretary to Government

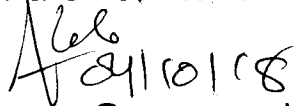
Memo No. 7650/ Bhubaneswar Dated 4<sup>th</sup> October, 2018

Copy forwarded to Registrar, Orissa High Court, Cuttack/ Registrar, Odisha Administrative Tribunal, Bhubaneswar/ Secretary, Odisha Public Service Commission/ Secretary, Odisha Staff Selection Commission, Bhubaneswar/ Secretary, Odisha Sub-ordinate Staff Selection Commission, Bhubaneswar/ Commissioner, State Commission for Persons with Disabilities, Bhubaneswar for information and necessary action.

  
Under Secretary to Government

Memo No. 7651/ Bhubaneswar Dated 4<sup>th</sup> October, 2018

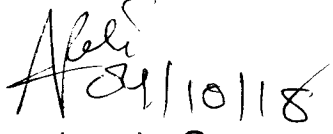
Copy along with copy in softcopy format forwarded to Odisha Gazette in-charge, Odisha Gazette Cell, C/O- Commerce Department for information with request to please publish the notification in the extraordinary issue of the Odisha Gazette for information of general public. He is requested to please furnish 10 copies of the notification to this Department.

  
Under Secretary to Government

Memo No. 7652/ Bhubaneswar Dated 4<sup>th</sup> October, 2018

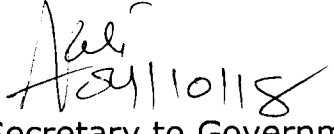
Copy forwarded to all sections of SSEPD Department/ Employment Officer, Special Employment Exchange for Physically Handicapped/ National Career Service Centre for Differently Abled, Government of India, Pokhariput, P. O. Khandagiri, Bhubaneswar/ General Manager, State Institute of Disability Rehabilitation, Capital Hospital Campus,

Unit-6, Bhubaneswar/ Secretaries of all state level associations for persons with disabilities for information and necessary action.

  
Under Secretary to Government

Memo No. 7653/ Bhubaneswar Dated 4<sup>th</sup> October, 2018

Copy forwarded to Registrars of all Universities for information and necessary action.

  
Under Secretary to Government