

GUIDELINES ON

MANAGEMENT OF REHABILITATION & THERAPEUTIC CENTERS FOR CHILDREN WITH INTELLECTUAL DISABILITIES and DEVELOPMENTAL DISORDERS



DEPARTMENT OF SOCIAL SECURITY AND EMPOWERMENT OF PERSONS WITH DISABILITIES

GOVERNMENT OF ODISHA

REHABILITATION & THERAPEUTIC CENTERS FOR
PERSONS WITH INTELLECTUAL DISABILITIES

1. **Introduction:** Rehabilitation and therapeutic services provide effective services to persons with intellectual disabilities and assist in their reintegration into community life. Voluntary organizations will be assisted in providing such services, necessary for rehabilitation of persons with intellectual disabilities including early intervention, development of daily living skills, therapeutic intervention, education, skill-development oriented towards employability, training and awareness generation.

2. Definition:

2.1 Intellectual disability, a condition characterized by significant limitation both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior which covers a range of every day, social and practical skills, including—

- a. "specific learning disabilities" means a heterogeneous group of conditions wherein there is a deficit in processing language, spoken or written, that may manifest itself as a difficulty to comprehend, speak, read, write, spell, or to do mathematical calculations and includes such conditions as perceptual disabilities, dyslexia, dysgraphia, dyscalculia, dyspraxia and developmental aphasia;
- b. "autism spectrum disorder" means a neuro-developmental condition typically appearing in the first three years of life that significantly affects a person's ability to communicate, understand relationships and relate to others, and is frequently associated with unusual or stereotypical rituals or behaviors.

2.2 *Mental behavior,— "mental illness" means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behavior, capacity to recognize reality or ability to meet the ordinary demands of life, but does not include retardation which is a condition of arrested or incomplete development of mind of a person, specially characterized by sub-normality of intelligence.*

3. **Objectives:** SSEPD department will provide financial support to selected NGOs working in the field of rehabilitative & therapeutic services to children / persons with intellectual disabilities such as Intellectual disability, Cerebral Palsy / Spasticity, Autism Spectrum Disorder, Mental Illness, ADHD, Specific Learning disabilities and multiple disabilities. Children with emotional trauma or disorders that are detrimental to the child's growth like delinquency, truancy, anti-social behavior and conduct disorders etc.

3.1 To expand the range of opportunities available for persons with Intellectual Disabilities including Autism Spectrum Disorder, Cerebral Palsy, Intellectual disability and Mental Illness and to ensure equal opportunities, equity, social justice & empowerment of persons with intellectual disabilities.

3.2 To create an enabling environment with focus on encouraging voluntary action for ensuring expansion of outreach activities for persons with intellectual disabilities by providing high-tech rehabilitation and care services.

3.3 To promote integration of people with intellectual disabilities in the larger community and to create mass awareness on rights of persons with intellectual disabilities.

4. Eligibility of PIAs: Following organizations/ institutions shall be eligible for assistance under this scheme:

4.1 Should be registered either under the Societies Registration Act, 1860 or the Indian Trusts Act, 1882 or Section 8 of the Companies Act, 2013 or any other appropriate Act as may be notified by the Government of Odisha from time to time;

4.2 Should be registered under Section 139A & 12AA of the Income tax Act, 1961;

4.3 Should be registered under the NGO Darpan Portal of Government of India;

4.4 Should be registered under Section 50 of the Rights of Persons with Disabilities Act, 2016 and/or Section 65 of the Mental Health Care Act, 2017;

4.5 Preferably be registered under Section 12 of the National Trust for the Welfare of Persons with Autism, Cerebral Palsy Mental Retardation and Multiple Disabilities Act, 1999;

4.6 Should ordinarily have existed for a period of three years and have resources, facilities and experience for undertaking the program.

4.7 One year experience in providing similar services to intellectually disabled children/ persons.

4.8 Should not discriminate against any person or group of persons on the grounds of sex, religion, caste, creed or disability; and

4.9 Should not have been blacklisted by any central or state Government agencies.

5. Procedure of application

5.1 Eligible PIAs shall apply for grant-in-aid in prescribed form (Annexure 1) to the Collector concerned along with requisite documents by using the departmental web portal (www.ssepd.gov.in).

5.2 The DSSO concerned shall inspect the organization, record his/ her findings and place the proposal for consideration of DLPAC. DLPAC may decide on recommending the proposal to SSEPD department.

5.3 On receipt of the application the Department will process the application and consider for sanction and approval thereof will be communicated to the PIA under intimation to district administration.

6. Beneficiaries

6.1 Intellectual Disability

6.2 Autism Spectrum Disorder

6.3 Cerebral Palsy

6.4 Mental Health – Specifically should be limited to children.

7. Scope:

7.1 Intellectual Disabilities: Early Therapeutic Intervention consists of multidisciplinary services provided to children from birth to 7 years of age to promote child health and well-being, enhance emerging competencies, minimize developmental delays, remediate existing or emerging disabilities, prevent functional deterioration, promote adaptive parenting and overall family functioning. These goals are accomplished by providing individualized developmental, educational and therapeutic services for children in conjunction with mutually planned support for their families. Early therapeutic Intervention will focus on 4 aspects of development:

7.1.1 PHYSICAL— ECI fosters and facilitates physical development and inhibits the negative physical outcomes of disability. It targets areas like improving birth outcomes, reducing incidence of infectious diseases, reducing the challenges related to disability and improving the physical conditions of the child.

7.1.2 COGNITIVE— The earlier the interventions begin, better is the cognitive development of a child. ECI fosters development of cognitive abilities of a child, his/her speech, functional academic abilities, logical and analytical thinking, decision- making and higher order cognition.

7.1.3 SOCIAL AND EMOTIONAL — Social Skills and Emotional Regulation are some of the core skills that children with disabilities are trained through ECI techniques. ECI also work on the prevention of mental health issues, emotional problems, enhancing self— esteem and positivity.

7.1.4 BEHAVIOURAL— At times behavioral issues crop up in children with special needs. Through ECI, efforts are made to train children with adaptive behaviors, prevent self- harming behaviors, self-regulation and so on.

Developmental Milestones - Indicators of Early interventions: Innovations and techniques developed for Early Childhood Intervention (ECI) need to be worked out on a baseline of developmental milestones of the child with special needs. This developmental milestone baseline would be a marker for initiating the intervention and charting out the progress of the child across different stages of interventions.

Age Criteria: Those who are in early intervention stage i.e. 0-3 years have better prognosis of developing age appropriate functional skill for integration in the mainstream. Those who cross the critical age of 7 years can still be provided need based therapies along with orientation towards developing vocation related skills.

7.2 Mental Illness: Integrated primary mental health services are complementary with tertiary and secondary level mental health services, e.g. general hospital services (short stay wards, and consultation-liaison services to other medical departments), which can manage acute episodes of mental illness quite well but do not provide a solution for people with chronic disorders who end up in the admission—discharge— admission (revolving door syndrome) unless backed up by comprehensive primary healthcare services or community services.

Formal community mental health services include a wide array of settings and different levels of care provided by mental health professionals and paraprofessionals, i.e. people who work alongside professionals in an auxiliary capacity. These services include community-based rehabilitation services, hospital diversion programmes, mobile crisis teams, therapeutic and residential supervised services, home help and support services, and community-based services for special populations such as trauma victims, children, adolescents and the elderly.

8. Services

8.1 Diagnostics

8.1.1 Diagnostic tools for the assessment of intelligence, behavioral disorders, and communication disorders as well as problem specific approved tools like ISAA tools for Autism should be available at the centre. The affected person may have more than one disorder (i.e. simultaneously ADHD & Learning Disability, Autism etc. Cerebral Palsy with Seizure disorder).

8.1.2 Diagnostic tools for assessment of mental illness, physical examination, lab tests and psychological evaluation (IDEA test).

8.1.3 Registration of all PwD beneficiaries under UDID portal and certification thereof.

8.2 Therapeutics:

8.2.1 Mainstream therapies include Speech Language Therapy, Physiotherapy, Occupational Therapy, Psychotherapy Behavioral Modification, Special Education, Audio logical Rehabilitation.

8.2.2 Suggested alternate therapies include Play Therapy, Music Therapy, Art and Craft Therapy, Hydro Therapy; Animal assisted Therapy, Social Integration Therapy.

8.2.3 The Traditional remedies include Yoga, Pranayama and Ayurvedic treatment. The dietary intervention plays an important role in many of these children.

8.2.4 Most of the professional therapies may be done on one to one basis except for special Education and alternate therapies.

8.3 Counselling & Psychotherapy

8.3.1 Counselling is the helping approach that highlights the emotional and intellectual experience of a client, how a client is feeling and what they think about the problem they have sought help for.

8.3.2 Psychotherapy is based in the psychodynamic approach—it encourages the client to go back to their earlier experiences and explore how these experiences affect their current 'problem'.

8.4 Skill Training

8.4.1 Skill training for the adult PwDs for acquiring vocational skills that would help the PwDs to earn employment or self-employment in suitable and viable trades.

8.4.2 Pre-vocational training to PwDs in the age group of 14-18 years after assessment of skill interest and capacity.

8.5 Referral & Follow-up

8.5.1 Referral of cases for different services including education, linkage for pension, self-employment assistance and other support services.

8.5.2 Follow-up on post discharge status of PwDs and community visits to ensure better environment for the PwD beneficiaries at family and community settings.

8.5.3 Home based therapeutic management and guidance for PwDs wherever essential.

8.5.4 Parent training programs should be organized for the management of children at home.

9. Infrastructure & Equipment: The building infrastructure should be having dedicated space for the professional intervention like Physiotherapy, Speech Therapy, Occupational Therapy and the range of alternate therapies and traditional remedies. For Therapeutic services infrastructure should include electro therapy and exercise therapy equipment, Sensory integration, Motor integration, Vestibular stimulation gadgets, Speech Language therapy materials which includes Vernacular Languages.

List of the tools to be used in the Therapeutic Center:

| | | |
|---|----------------------|--|
| 1 | Special Education | Remedial teaching materials |
| 2 | Speech Therapy | Language Concept TM; Doctor Speech; Tongue depressor; Mirror; Articulation drill books; Educational toys |
| 3 | Occupational Therapy | Sensory Integration gazettes; Motor integration; Vestibular stimulation; ADL activities |
| 4 | Physiotherapy | Electrotherapy equipment; Exercise therapy equipment; Manual therapy facility |
| 5 | Psychotherapy | Behavior modification; Psychometric tests; Special Education; Remedial testing materials |

10. Manpower: Qualified professionals in respective disciplines with required license/registration from statutory authorities (Like RCI) is mandatory. They will perform the assessment followed by the therapeutic intervention required by the persons with intellectual disabilities. Professionals who are playing a major role are:

- 10.1 Social Worker —cum- Coordinator
- 10.2 Occupational Therapist
- 10.3 Clinical / Rehab Psychologist
- 10.4 Speech Language Pathologist
- 10.5 Special Educator ID/ ASD
- 10.6 Multipurpose Rehabilitation Assistant
- 10.7 Physiotherapist

11. Records & Registers: Following records shall be maintained at the project level:

11.1 Admission / Enrolment Register of beneficiaries

11.2 Case Record of Beneficiaries (containing Case History, Photographs, Diagnostic Assessment Reports, Periodic Therapy plan with short term & long term goals, Progress Card of students)

11.3 Staff Records (Service Records of the staff, Attendance Register of staff)

11.4 Accounts Records (Cash Book & Ledgers, Remuneration payment/Acquaintance Register, Voucher Register, Stock and Store Register, Bank Account etc.)

11.5 Other records (Meeting Resolutions Register, Parent counselling register, Progress Report file, and such other records prescribed)

11.6 Pre rehabilitation intervention video and video at the time of discharge should be recorded.

11.7 The rehabilitated children should be followed up in mainstream school for any possible remedial intervention.

12. Duties of the Management: The management of the project/ programme shall:

12.1 Provide adequate accessible space for operation of the centre.

12.2 Create minimum required infrastructure including furniture, fixture, equipment and other physical facilities as may be required for operation of the project activities.

12.3 Recruit and engage qualified staff required for operating services for the targeted beneficiaries.

12.4 Comply with the conditions of grant-in-aid including submission of reports, utilization certificates and such other requirements as per Annexures III and IV.

12.5 The Organisation should have a formal standard operating procedure to render the rehabilitation services for the development of domain specific functional skills.

12.6 Access to the parents/ guardians: The organization must provide complete transparency and visibility to the parents so that they can see their wards being treated/ guided in the premises.

13. Release of Grant-in-Aid:

13.1 Institutions will be released grant-in-aid at the rate of Rs. 3,000/- per beneficiary per month for non-residential and at the rate of Rs. 4,000/- per beneficiary per month for residential inmates. This will meet all expenses of the centre including staff remuneration, nutrition, contingencies and such other expenses as may be required. The first half-yearly instalment of grant-in-aid will be released in advance to the managing institution during the month of April after uploading of all beneficiary information with Aadhaar numbers. The second half-yearly installment will be released during September in advance directly to the managing institution after receipt of (a) Utilization Certificate for first six months, (b) inspection reports from the District Social Security Officer, (c) Submission of half-yearly progress report, and (d) updation of beneficiary status with Aadhaar details.

13.2 Equipment for providing therapeutic services will be provided to the Organization in phases. Rs 10 lakh will be budgeted for the same.

13.3 One time grant @ Rs 1.00 lakh will be provided for procurement of furniture

13.4 Annual grant of Rs 1.00 lakh will be provided for procurement of teaching/ learning equipment.

14. Audit & UC

14.1 The accounts of the grant receiving institution will be audited from time to time by the Internal Audit Organization of the SSEPD Department or by such other agency as Government may specify.

14.2 The audit reports for the grants received during any financial year shall be submitted during the first quarter of the next financial year.

14.3 Utilization Certificate in triplicate in Form O.G.F.R.7-A shall be submitted for each half-yearly grant received from the Government.

15. Withholding of Grant-in-Aid: Government may withhold Grant-in-aid to an institution if:

- 15.1 Mis-utilize any part of the assistance received for the program
- 15.2 Fails to submit Utilization Certificate for the grant received
- 15.3 Fails to submit reports and information as called for
- 15.4 Blacklisted by any Central/ State Government Departments/agencies
- 15.5 Any other contravention as reported by the Collector of the district.

16. Monitoring:

16.1 All information will be made available in the online portal of Department of SSEPD.

16.2 The DSSOs shall ensure that list of beneficiaries, with necessary particulars, are maintained properly and category-wise in respect of their districts concerned.

16.3 At least one annual inspection by Collector/ ADM/ Municipal Commissioner/ Sub-collector and another by the DSSO concerned. This will be included in the annual inspection program of the concerned officer by the respective authority.

17. Litigations: Any litigation on matters arising out of this scheme will be subject to the sole jurisdiction of the courts situated in Bhubaneswar.

18. Change in Scheme Provisions: Social Security & Empowerment of Persons with Disabilities Department, Government of Odisha may, at its discretion, make necessary changes in the provisions of this scheme, as and when felt necessary, with the approval of Commissioner-cum- Secretary of that Department in consultation with the Financial Adviser concerned.

19. Review of Scheme: Social Security & Empowerment of Persons with Disabilities Department, Government of Odisha may, at its discretion, undertake a review of the scheme as and when required.

BENEFICIARY REGISTRATION FORM

| | | | | |
|-----------------------------|----------------------------------|----------------------------|------------|--|
| Registration No: | | Date: | | |
| Referred By | | | | |
| General Information: | | | Full Photo | |
| 1 | Beneficiary Name | | | |
| 2 | Gender | Male/ Female/Transgender | | |
| 3 | Date of Birth/ Age | | | |
| 4 | Category | SC/ ST/ OBC/ GC/ Oth | | |
| 5 | Mother Tongue | | | |
| 6 | Father's Name | | | |
| 7 | Mother's Name | | | |
| 8 | Present Address | | | |
| 9 | Beneficiary's Aadhaar No | | | |
| 10 | Beneficiary's UDID No | | | |
| 11 | Mobile No. | | | |
| Medical History: | | | | |
| A | Birth History | | | |
| 1 | Birth Time | Normal/ Premature/ Delayed | | |
| 2 | Place of Birth | Home/Hospital | | |
| 3 | Type of Delivery | Breech/Caesarean/Normal | | |
| 4 | Birth Weight | | | |
| 5 | Birth Cry | Normal/Feeble/Delay | | |
| B | Diagnosis & Treatment | | | |
| 1 | General complaint | | | |
| 2 | Nature of Problem | | | |
| 3 | Earlier Investigation | | | |
| 4 | Diagnosis | | | |
| 5 | Treatment | | | |

Note: Enclose copies of UDID Certificate or ID card / Aadhaar Card/ Birth Certificate/ Caste Certificate/ Income Proof/ Other medical records if any.

Authorised Signatory

Undertaking for Admission into the centre Name-

I have agreed to the terms and conditions of this Centre for availing the therapy and rehabilitation services on my own free will and agree that:

- I shall not interfere in the therapy protocols chosen/selected/decided by the professionals in the centre.
- I shall communicate my child's progress or problems in writing in the Therapy diary.
- I shall attend the free counselling session that will be for 15 min duration once or twice in a month, depending on the need of the child, as decided by the therapists. Extra professional time will be charged as per the tariff for different inputs.
- I shall implement the home based intervention including dietary controls and supplements as directed by the therapist.
- Direct participation in the therapy by any outside person is not acceptable which is in the interest of the child. I understand that parent or family members shall not ordinarily be allowed inside the therapy room except in some emergencies/ exigent situations.
- I have no objection to the use of data, text, images related to my child for research, media, education or professional work by the centre.
- I understand that the rehabilitation work is not a cure/treatment. The centre tries to make the best use of residual capacity of the child to cope with his real world challenges.
- I understand that many children attending this centre have uncontrollable behavioral disorders including aggression against others and self-injurious behaviors. I shall keep the centre indemnified against any kind of unintentional mishaps that might arise.

Signature of the Parent/ Guardian of the Child

Parent Interview

Demographic Data:

This point will include the basic demographic data of the child such as:

1. Name
2. Age/Sex
3. Address
4. Occupation
5. Date of Assessment
6. Date of Birth
7. Duration

Family History:

This needs to include the complete family history of the child starting from maternal and ending at paternal history...

For example:

1. Do you get married in blood relationship?
2. How many children you have and at which number this child comes?
3. What is the age of the mother now and at which age she conceived?
4. What is the educational qualification of the mother?
5. Is she working or a housewife?
6. Is she fond of using digital gadgets such as mobile, computer, TV etc? If yes, then for how long?
7. How many persons are there in the family?
8. Type of family either nuclear or joint?
9. Who is more close to the child?
10. With whom the child is more comfortable?
11. Are you both staying together in the home?
12. How much time you spend with your child in home?
13. Was the mother stressed during her pregnancy -either for separation from husband or any stress from Parental side or in-laws side or professional Stress?
14. Did the mother connect with the child during the period she/he is in womb?
15. Had you ever think to abort this child?
16. Were you physically and mentally prepared for this child?

Medical History:

This point will cover three sub-points such as

1. Pre-natal:
 - I. In this point we need to ask the parent basically the mother about each and everything during her pregnancy starting from the day she conceived till delivery of the child.
 - II. Did you suffer from eruptive fever during your pregnancy days?
 - III. Did you have TORCH Infections
 - IV. Did you consume alcohol, cigarette or any type of drugs during those days?
 - V. Had you received each and every precautions for diseases like BCG, etc..

2. Natal
 - I. Pre- mature or full-term
 - II. Type of Delivery either breech delivery/normal delivery/caesarean delivery/ forceps delivery etc.
 - III. Weight of the baby at the time of birth
 - IV. Hypoxia or jaundice soon after birth
 - V. Birth cry normal or feeble
 - VI. First eye contact with the mother soon after birth

3. Post-natal
 - I. Is he/she admitted in NICU?
 - II. Any abnormalities found soon after birth?

Apart from these some questions such as had you aborted before if yes, how many times, needs to be asked...

Developmental History:

It contains the developmental milestones of the child such as

1. Head turn
2. Does she respond when called by his name? Do you think that your child is deaf?
3. Sucking reflex
4. Bowel and bladder control at what age?
5. Crawling, walking at what Age?

Pre-Linguistic History:

1. Eye contact
2. Social smile
3. Does he grabs your fist to point anything he wants?
4. Does your child play pretend?

Communication History:

It will include the complete speech and language assessment of the child starting from the age at which the first word was spoken till date of interview i.e., at what level he or she is?

Behavioral History:

1. Does your child make unusual finger movements near his or her eyes?

Educational History:

It will include the complete schooling period of the child starting from kindergartens to primary level and so on..

Is he/she continuing school or not? If continuing then in which class? What is the performance in academics as well as in curricular activities?

If discontinued at what age and why? Etc...

Provisional Diagnosis:

Based on the above case history at which point you have concluded?

Proper Assessment:

It should include the proper diagnostic evaluation of the child by administering the checklists made for MR.

Diagnosis:

We will give the proper diagnosis based on the case history, interviews we have taken with teachers, parents, caretakers etc, tests administered and most importantly our own observations...

Recommendations:

As per the needs of the child we recommend the child to other health professionals such as OT, PT, ST etc.

Counselling:

Follow-up:

Rehabilitation & Therapeutic Centres for Persons with Intellectual Disabilities

Form of Application for Grant –in-Aid to PIAs

1. Financial Year for which Grant –in- Aid Requested for :
2. Project for which grant –in- aid applied for (enclose detail project proposal & beneficiary list) :
3. Amount of grant-in-aid applied for (enclose detailed estimate) :
4. Name & complete address of managing organization (PIN Code, Phone, Fax, website, Email etc.) :
5. Date of Establishment :
6. Registration Details - Societies Registration Act, 1860/ Indian Trusts Act, 1882/ Section 8 of the Companies Act, 2013 (Enclose copies of certificate & byelaws) :
7. If registered under FCR Act, registration number, date & validity period (Enclose copy) :
8. Registration under Income Tax Act 1961 (PAN number, 12 AA, 80G etc.) (Enclose copies) :
9. Registration ID under the NGO Darpan Portal of Government of India (Enclose copy) :
10. Registration under Section 50 of the RPwD Act, 2016 and/or Section 65 of the Mental Health Care Act, 2017 (Enclose copy) :
11. Registration under Section 12 of the National Trust Act, 1999 (Enclose copy) :
12. Registration under RPwD Act 2016 and NTMR Act 1999 (Enclose copy) :
13. Details of Governing Body/ Managing Committee of the Organization (in the format) :
14. Financial status of the organization (encloses auditor’s report & balance sheet with IT return certificate for last 3 years.) :
15. Whether separate project -wise accounts have been maintained for grants sanctioned earlier? :
16. Whether principle of joint operation of Bank Accounts is being followed? :

| S. No. | Name & Address | Occupation | Tel. No. | Educational Qualification |
|--------|----------------|------------|----------|---------------------------|
| | | | | |

PROFORMA FOR MONTHLY PROGRESS REPORT

| Progress report for the month & year | | | | |
|---|--|--|---------------|------------------|
| Name & address of the NGO | | | | |
| Name of district/ block where identification /assessment of PwIDs | | | | |
| Details of PwID | | Enclose for each case as per enclosed format | | |
| Successful case story if any during the month | | Submit in separate sheet with photographs | | |
| Sl. | DETAILS OF SERVICES | Previous month | Current month | Cumulative total |
| 1. | No. of PwIDs | | | |
| 2. | No. of PwIDs provided with a. Physiotherapy b. Occupational Therapy c. Behavioural Therapy d. Speech Therapy e. Any other therapy | | | |
| 3. | No. of PwIDs required Surgery | | | |
| 4. | No. of Surgery done on PwIDs | | | |
| 5. | No. of PwIDs included in Health Insurance Schemes of National Trust/ Government | | | |
| 6. | No. of PwIDs required Aids/ Appliances/ Assistive devices | | | |
| 7. | No. of PwIDs Aids/ Appliances/ Assistive devices provided | | | |
| 8. | No. of PwIDs required Special/ Inclusive/ Normal Schooling | | | |
| 9. | No. of PwIDs provided with Special/ Inclusive/ Normal Schooling | | | |
| 10. | No. of PwIDs required Scholarships | | | |
| 11. | No. of PwIDs' Scholarship form filled up | | | |
| 12. | No. of PwIDs required livelihood programme | | | |
| 13. | No. of PwIDs provided with livelihood programme | | | |
| 14. | Any Other | | | |

Authorized Signatory with

Designation and date

Details of PwIDs (To be submitted each month along with Monthly Progress report)

Name of the NGO:

| Sl. No. | Name with Parent's name & Address | Age/ Sex | Caste | Present condition | Plan of intervention | Details of intervention made in current month | Progress made in the current month | Further intervention plan for coming months | Remarks |
|---------|-----------------------------------|----------|-------|-------------------|----------------------|---|------------------------------------|---|---------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | | | |

Authorised Signatory

With Designation & Date

FORM O.G.F.R. 7 A

(See Rule 172)

Form of "Utilization Certificate for the Year _____

I hereby certify that the grant placed at my disposal/at the disposal of in the year,.....and the amount available for expenditure during the said year were as follows :—

- I. (a) Unspent balance at the end of the year : Rs.
- (b) Grant received during the year of : Rs.

Quote the number and date of authorization issued by Accountant-General, Odisha. Whenever

it is dependent on such authority and in other cases only the number and date of sanction and designation of sanctioning authority.

(F. D. Memo. No. 30007-(144) F-, dard the 27th July, 1962)

Total : Rs.

- II. Expenditure during the year
 - (i) Out of unspent Balance as in 1 (a) above : Rs.
 - (ii) Out of the grant referred to in 1 (b) above : Rs.
 - Total** : Rs.

III. unspent balance at the end of the year Rs.

2. I further certify that the expenditure of Rs..... shown as expenditure in the year has been expended solely on under my charge within the Jurisdiction of -..... and for no other purpose and that the sum of Rs. (.....) shown as balance at the end of the year. is available for expenditure and no part or it has been diverted to other purposes.

3. I further certify that a list of works on which the expenditure Rs. has been incurred and the amount spent on each has been prepared and maintained in my office in the office of the

Dated, the

of

Chairman/President/ Secretary

Dated, the

DISTRICT OFFICER