

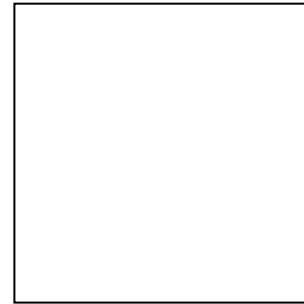
Section: 12-DP (E&R Ordinance, 1981 Amendment Act, 2012)
Form PCRDP-I

(Referred to in rule 22)
Photograph

APPLICATION FOR REGISTRATION

To

The Manager, Employment Exchange/
 Deputy Director Social Welfare
 & B.M; _____



Dear Sir,

I request that my name, address and qualification, as stated, may be registered on the Register of Employment Exchange/ Social Welfare for reference to Punjab Council for RDP as a disabled and that I may be furnished with a Certificate of Registration.

1. Name in full (in block letters)_____
2. Father's name_____
3. Type of Disability_____
4. Date of birth_____
5. Martial status_____ 6. No. of dependent family Members_____
7. Permanent address_____
8. Present postal address (on which correspondence is to be made)_____
9. Nationality_____ 10. District of Domicile_____
11. Religion_____
12. Particulars of qualification /Training

Name of the University/ College/ Institute	Examination Passed	Year	Division / Grade	Subject/ Training	Certificate/ Diploma/ Degree

- i) Literate upto _____
- ii) Professional affiliation with status. _____
13. Detail of Specialization _____

14. Detail of Employment

Name of Employer	Post held	From	To	Description of Job with achievement	Last pay drawn

- 15. Occupation/ Job (for which consider your self fit)
- 16. Any Other information which may be helpful in assessing your suitability for a Job.

17. I certify that the above particulars mentioned by me are correct. I undertake to inform the Manager, Employment Exchange/ Deputy Director Social Welfare where my name is registered as disabled person, of any change in my postal address and profession. I further submit that I have neither APPLIED for registration nor am already registered under the Act with any other Employment Exchange/ Deputy Director Social Welfare and shall not make any application in this respect to any other Employment Exchange/ Deputy Director Social Welfare without intimation to the Employment Exchange/ Deputy Director Social Welfare to which the present application is being made.

Your faithfully,

Signature/ thumb Impression_____

Identity Card No._____

Present Postal Address_____

Dated_____

INSTRUCTIONS

As far as possible this application form will be filled by the applicant in his own handwriting or typed. The certificates attached shall be attested by a Gazetted Officer of the Punjab/ Federal Government. Photostat attested copies are to be enclosed as under:

- i) Copies of the Degrees/Diplomas/ Certificates and experience Certificates.
- ii) Copy of the Computerized National Identity Card. In case, the identity card has not been obtained for any reason a Photostat copy of the receipt if application form for identity card as issued by the Regional Officer concerned may be submitted.
- iii) Two copies of Passport size photographs duly attested by a Gazetted Officer.

Employment Exchange/ Deputy Director, Social Welfare, _____

Particulars of Disabled Persons registered during the Fortnight ending on _____

Registration No	Date of Registration	Name of Disabled Persons	Father's name	Date of birth/ age of disabled person.	Marital Status	No. of dependent family members	Description of Disability	Qualification
1.	2.	3.	4.	5.	6.	7.	8.	9.

Particulars of Training/ Experience of the Disabled Persons	Permanent address	Present Address	Occupation for which the disabled person is a candidate	No. & date of reference to the council	No. & date of the advice of council
1.	2.	3.	4.	5.	6.

Endorsement on the basis of advice of the council

16			
Found fit for the Job of	Recommended for training in the occupation of	Not found fit for any Job	Not found a Disabled Person.

**REPORT OF ASSESSMENT OF THE REGISTERED DISABLED
PERSONS BY THE DISTRICT DISABLED ASSESSMENT
BOARD**

1. Name of disabled person _____
2. Father's Name _____
3. Identity Card No. _____
4. Age _____
5. Educational Status _____
6. Previous training in Trades/ Skills, if any _____
7. Address: _____
 - i) Permanent: _____
 - ii) Present: _____
8. Registration No. and the name of
Concerned Deputy Director, Social Welfare
Where Registered _____
9. Nature of disability claimed _____

- | | |
|--------------------------------------|---|
| 10. Finding of the Board | Not disabled/disabled persons
YES/NO |
| 11. Finding of the Board | |
| i) Fit to work | |
| If fit, specify job: | _____ |
| ii) Prosthesis if any required | _____ |
| iii) Training if any required for | |
| Work(specify nature & duration) | _____ |
| iv) Protective equipment if any | |
| recommended to avoid hazard | _____ |
| v) Medical treatment if any required | _____ |

SIGNATURES

1. Medical Superintendent, District
Headquarter Hospital/ Chairperson
of the Board. _____
2. Lecturer Psychology/Applied
Psychology (Member) _____
3. Principal Vocational Technical
Training Institute
(Member) _____
4. District Head of Labour Department
/ Manager Employment Exchange (Member). _____
5. Deputy Director, Social Welfare &BM
(Member/Secretary) _____

Proforma of Quarterly Return containing information on the employment of Disabled persons in the Public and Private Establishments (Under Section 14 of DP(E&R Ordinance, 1981 Amendment Act, 2012) for the quarter ending on _____.

1. Name and Complete address of Establishment.
2. Name and address of the Principal Officer responsible for management of the Establishment.
3. Total No. of workers employed in the Establishment on the last day of the preceding quarter.
4. Total No. of posts required to be filled by appointment of Disabled Persons according to 2% quota for them .
5. No. of Disabled Persons already employed by the establishment.
6. No. and nature of vacancies in the Establishment which are still to be filled through the employment of disabled persons and have been lying vacant since _____

Particulars of vacancy	No. of vacancies	Minimum qualification and experience etc. required	Total Emoluments of incumbent of the post under the Establishment.

**Signature with stamp of the
Principal Officer of the
Establishment.**

(To be filled by the Manager Employment Exchange)

NO.

Forwarded to the (Deputy Director), Social Welfare, _____ with the remarks that the above statement of the Establishment has been checked with reference to the record of this office and found correct. Result of introduction registered disabled persons to the Establishment for employment against the above Vacancies is as under:-

Sr. No.	Name of vacancies	No. of Vacancies	Name of persons introduced for employment	No. of persons employed	Amount due per month from the Establishment on account of non-employment of Disabled Persons	remarks

**District Head of Labour
Department/Manager,
Employment Exchange**

INTRODUCTION CARD.

Employment Exchange,

Order Card No.
Occupational Code:

To

Dear Sir,

Mr. _____ S/O _____

Registered as a Disabled Person at this Employment Exchange vide registration No. _____ occupational Code No. _____ is hereby directed to report to you for employment against the job of _____ in your establishment. It is requested that he may be employed on that post in pursuance of sub Section (1) of Section 10 of the DP(E&R Ordinance, 1981 Amendment Act, 2012) on the terms and conditions allowed to other persons by your establishment against similar posts. You are also requested to fill in the Reply Portion appended below & for-ward the same to this Employment Exchange, immediately.

Yours faithfully

**District Head of Labour
Department/Manager,
Employment Exchange**

No. _____ Dated. _____

Copy is forward to the (Deputy Director), Social Welfare, _____ for information.

**District Head of Labour
Department/Manager,
Employment Exchange**

REPLY PORTION.

Name: _____ Regn: No. _____

Order Card No. _____

1. The above named person has been employed on the post of _____ w.e.f. _____ on monthly salary of _____.
2. The above named person has not been employed because of (State reasons).

**Signature and Stamp of
The Principal Officer of
The Establishment.**

NOTICE TO ESTABLISHMENT TO PAY INTO THE FUND

Social Welfare Department,

_____.

No.

Dated:

To

Dear Sir,

According to the intimation received from your Establishment vide No. _____ dated _____ you have not employed Mr. _____ S/O _____ Employment Exchange Registration No. _____ Occupational Code No. _____ disabled persons against the posts of _____ Carrying total monthly emoluments of Rs. _____ in fulfillment of quota of Disabled Persons prescribed in Section 10(1) of the DP(E&R Ordinance, 1981 Amendment Act, 2012)

. You are, therefore, hereby required under section 11 of the said Act to pay in to the Disabled Persons Rehabilitation Fund each month until such time the above named Disabled Person is employed the sum of Rs. _____ through a Bank Draft or a crossed cheque payable to the Punjab Council for the rehabilitation of Disabled Persons, Lahore which may be forwarded to this office by the third of each month.

It is pointed out for your information that failure to pay the sum due in lieu of non recruitment of Disabled Persons is an offence under Section 20 of the Act punishable with fine and in case of non-payment of fine with an additional fine will be imposed as per said act.

Yours faithfully,

Deputy Director
Social Welfare _____.

Section: 10 – DP(E&R Ordinance, 1981 Amendment Act, 2012)

Form No. PCRDP – VII

Social Welfare Department _____

(Referred to in rule 25)

CONSOLIDATE STATEMENT OF AMOUNT PAID BY ESTABLISHMENT

INTO THE FUND DURING THE MONTH OF _____

Sr. No.	Name and Address of establishment	Total amount due from the Establishment	Amount paid by the Establishment into the fund during the month		Total amount still due from the Establishment	Remarks
			Particulars of Cheque/Bank Draft	Amount of Cheque / Bank Draft		

**Deputy Director
Social Welfare,
_____ District.**

Registered /A.D.
From No. PCRDP-VIII.
(Referred to in rule 25)

PUNJAB COUNCIL FOR THE
REHABILITATION OF DISABLED PERSONS.

No.

Dated:

To

Dear Sir,

You are liable under Section 11 of the DP(E&R Ordinance, 1981 Amendment Act, 2012) to pay into the Disabled Persons Rehabilitation Fund a sum of Rs. _____ per month from _____ till such time you employ the registered disabled persons in fulfillment of quota prescribed by the said Act . You have failed to pay the aforesaid sum into fund in compliance with the notice of the Deputy Director, Social Welfare dispatched to you vide his No. _____ dated _____.

You are now therefore, required to pay the sum of Rs. _____, which has already become due, into the fund in to the fund in the manner described in that notice within ten days from the date of this notice of show cause in writing within the same period s to why the penalty contemplated in Section 20 of the Act may not be imposed upon you in addition to the sum due.

Non reply to this notice within the above time limit shall mean that you have no cause to show.

Yours faithfully,

Secretary,
Punjab Council for the
Rehabilitation of Disabled
Persons.

FORM NO. PCRDP-IX.
(Referred to in Rule 25(5))

Punjab Council for the
Rehabilitation of Disabled Persons.

No. _____

Dated: _____

To

Dear Sir,

I am directed to refer to your letter No. _____

Dated _____ and to inform that the contents therefore have been considered by the
Chairman who has decided to _____.

Yours faithfully,

SECRETARY

PUNJAB COUNCIL FOR THE REHABILITATION
OF DISABLED PERSONS.

No. _____ Dated: _____

To

The Magistrate First Class,

Sir,

I, Mr. _____ having been authorized by the Punjab Council for the Rehabilitation of Disabled Persons do hereby report as under:

i. M/s _____

(Name and address of the Establishment)

Which was liable under Section 10 of the Disabled Persons (Employment and Rehabilitation) Act, 2012 to employ registered disabled persons equal to two percent of the total number of persons employed by it has failed to employ

1. Mr. _____ Son of _____ registered No. _____

2. Mr. _____ Son of _____ registered No. _____

3. Mr. _____ Son of _____ registered No. _____

a disabled persons fit to work on the basis of his assessment by the Assessing board _____ constituted by the Council under Section 12(2) of the DP(E&R Ordinance, 1981 Amendment Act, 2012) on the post of _____

with total emoluments of Rs. _____.

ii. The above named establishment has also failed to pay under Section 11 of the DP(E&R Ordinance, 1981 Amendment Act, 2012) to the disabled persons Rehabilitation Fund the sum of Rs. _____ per month w.e.f. _____ which it would have paid as salary to the above named disabled persons had he been employed from that date.

iii. The Establishment was afforded an opportunity to show cause for non-payment of the sums due from it and (i) its reply was duly considered by the Chairman of the Council under the rules of the Punjab disabled persons (Employment and Rehabilitation) Rules, 2013 but rejected.

(ii) the Establishment submitted no reply to the Show Cause Notice.

In the circumstances stated above the above named Establishment has committed an offense as contemplated by Section 20 of the DP(E&R Ordinance, 1981 Amendment Act, 2012). It is, therefore prayed that the aforesaid Establishment may be proceeded against under Section 20 of the Act.

Your obediently

**GOVERNMENT OF THE PUNJAB
EMPLOYMENT EXCHANGE/ OFFICE OF DEPUTY
DIRECTOR, SOCIAL WELFARE_____**

No.

Dated:

It is hereby certified that Mr._____

S/o _____ whose particulars are noted here-under has duly been registered as a Disabled Person at this Employment Exchange under Section 12 of the DP(E&R Ordinance, 1981 Amendment Act, 2012) at Sr. No._____

Occupation_____

1. Name with parentage.
2. Date of birth/age.
3. Permanent address.
4. Present address.
5. Type of Disability.

**Manager
Employment Exchange/ Deputy Director
Social Welfare_____**

.....

**GOVERNMENT OF THE PUNJAB
SOCIAL WELFARE & BAIT-UL-MAAL
(PROVINCIAL COUNCIL FOR REHABILITATION OF DISABLED PERSONS)**

Dated: _____

REG NO:DAB: _____

**DISABILITY CERTIFICATE
ASSESSMENT BOARD FOR THE DISABLED PERSONS DISTRICT, _____**

1. Name: _____ 2. Father Name: _____
2. Married/unmarried: _____ 4. CNIC NO: _____
5. Date of Birth: _____ 6. Type of Disability: _____
7. Qualification: _____ 8. Degree of Disability: _____
9. Cause of Disability: _____
10. Permanent Address: _____
11. Present Address: _____
12. Recommendation: of the Board:
(i) fit for work
(ii) Deserves Financial Assistance
(iii) Requires Medical treatment
(iv) Further studies and employment

**Secretary DDAB/Deputy Director(SW)
District _____
Board Seal**

**Medical Superintendent
Chairperson, District Assessment
Seal**

Degree/ Gravity of disability

A) Mild:

Disability; of the individual does not affect major activities of the daily living. These individuals qualify for medical treatment and financial assistance only. These persons do not qualify against 2% quota.

B) Moderate:

Disability of the individual affects one or more major activities of the daily living. These patients qualify for jobs/admission for education/medical treatment/ financial assistance.

C) Severe:

Disability of the individual is so severe that it affects major activities of the daily living and he/she qualifies for medical treatment/ financial assistance but can qualify for job/admission under special sheltered condition.

D) Very Severe:

Disability of the individual is very severe that it affects his/her major activities of daily living severely. He/she is unfit for any job/admission for education but qualifies for medical/ financial assistance.

NOTE FOR DIRECTOR GENERAL SOCIAL WELFARE & BAIT-UL-MAAL

Subject: EXTENSION IN THE DATE OF ADMISSION AND RECRUITMENT OF INSTRUCTOR FOR THE PILOT PROJECT OF TRAINING AND REHABILITATION AT NASHEMAN

Reference this office letter No.SUPDT:SW&BM:HD:LHR/-2013-522-24 dated 16-03-2013.

It is submitted that as mentioned in the subject that last date for the receiving of application for admission of blind trainees and similar last date for the receiving of application for the recruitment of instructor is requested to be extended up to 30-03-2013.

As at present this office has not received the required number of the application. Submitted for necessary approval please.

**SUPERINTENDENT
HOME FOR DISABLED
NASHEMAN**