

**UT Administration of Dadra Nagar Haveli and Daman & Diu**  
**Social Welfare Department, Collectorate Campus, Dholar,**  
**Moti Daman,**

No. SW/CSS/UT Sch./2020-21/ 114

Date: 01/03/2021

Read :

- i. Addendum No.SW/CSS/UT Sch./2017-18/227 dated:28.09.2017 issued by Tribal Sub Plan Cell/Social Welfare Dept. Daman.
- ii. Corrigendum No.SW/CSS/UT Sch./2017-18/252 dated 09.10.2017 issued by Tribal Sub Plan Cell/Social Welfare Dept.Daman
- iii. Order No.DPO/SWP/2007/197 dated 20.04.2011 issued by Department of Rural Development,DNH

**NOTIFICATION**

In view of merger of Union Territories of Dadra & Nagar Haveli and Daman & Diu, the Union Territory Administration of Dadra & Nagar Haveli and Daman & Diu is pleased to amend the "**Pension Scheme to Disabled Persons (Divyangjan)**" under the Department of Social Welfare for implementation of the scheme in the Union Territory of Dadra & Nagar Haveli and Daman & Diu. This Notification is issued in supersession of all earlier notifications on the above matter.

The details of the schemes are as follows :

1. Name of Scheme: **Pension Scheme to Disabled Persons (Divyangjan)**
2. Department: Social Welfare
3. Introduction: Article 41 of the Constitution of India directs the State to provide public assistance to its citizens in the case of unemployment, old age, sickness and disablement and as per the provisions under Chapter V of The Rights of Persons with Disabilities Act, 2016. To cater to basic needs of the Divyangjan, this pension scheme is introduced
4. Objective : To Provide Financial benefit to Divyangjan
5. Target Beneficiaries/Scope: Divyangjan of age between 18-59 years.
6. Eligibility : -
  - a. Divyangjan between the age group of 18 - 59 years.
  - b. The Percentage of Disability should be 80% & above.
  - c. A domicile of districts of Dadra & Nagar Haveli and Daman and Diu respectively.
  - d. Annual income should not be more than Rs. 1.5 lakhs per annum.
  - e. Should not be availing financial assistance under any other schemes of Divyang Pension.
7. Quantum and Nature of Assistance/Benefit :Age18-59 yrs @ Rs.1000/- per month (including central share if any)
8. Special/General Conditions/Scheme guidelines : In case of non-availability of age proof the beneficiary shall be referred to Medical Board (Government Hospital) of the concerned district for verification of age.After attaining age of 60 years the beneficiary shall be transferred to The Pension Scheme to Old Age Persons (Senior Citizen).
9. Disbursement process :
  - a. Office/Official responsible to process applications : The District Panchayat/Municipal



Council of the concerned district shall be responsible to process the applications through their respective offices in submission of application form (annexure I) with required documents.

- b. Verification of documents & applications: The Chief Executive Officer/Chief Officer of the District Panchayat / Municipal Council resp. shall direct their field level staff for verification of documents and scrutiny of applications for the recommendation of the Approving/Recommending Authority. They shall take life certificate from the beneficiaries every year.
- c. Approving/Recommending Authority: The Chief Executive Officer/Chief Officer of concerned the District Panchayat/Municipal Council shall approve the applications as per the notification.
- d. Record, Reports, Monitoring and Evaluation: The District Panchayat/Municipal Council in the concerned district shall keep thorough record of the applications along with all the documents till the Divyangjan receives pension. The District Panchayat/Municipal Council shall submit monthly reports with details of number of beneficiaries and pension disbursed to the Department of Social Welfare by fifth of every month.

10. Audit/Social Audit of Scheme: As per the financial rules

11. Grievance Redressal & Contact: For any grievance, the aggrieved Divyangjan may approach the Chief Executive Officer/Chief Officer of District Panchayat / Municipal Council resp. in the concerned district or District Collector of the concerned district or Department of Social Welfare.

12. Application form and list of Documents:

- i. Application form at Annexure "I" shall be dully filled by applicant address to the Chief Executive Officer/The Chief Officer of the concerned District Panchayat/Municipal Council and to be submitted to the Gram Panchayat/ District Panchayat/Municipal council respectively in the concerned district.
- ii. Age Proof (Birth Certificate/School leaving Certificate).
- iii. In case of non-availability of age proof, the beneficiary shall be referred to the Medical Board (Government Hospital) of the concerned district for verification of age.
- iv. Income Certificate issued by the Competent Authority.
- v. Domicile Certificate issued by the Competent Authority.
- vi. Disability Certificate (80% & more) issued by Medical Board (Government Hospital) of the concerned district.
- vii. Copy of Bank Pass Book (Aadhaar linked).
- viii. Copy of Aadhaar Card
- ix. Election Card/Passport/Ration card (any one).
- x. Passport size photographs (2 copies).
- xi. Affidavit (Not getting any pension from any other department) in the prescribed proforma at Annexure II.

13. Budget Head :As decided by the District Panchayat/Municipal Council concerned.

14. Timelines :

- a. Application process: The application may be processed within 30 (thirty) days from the date of receipt.



- b. Payment disbursement: Once the application is approved by the Approving / Recommending authorities, the payment shall be disbursed into the bank account of the Divyangjan by the fifth of every month.
- c. Scheme Validity: Shall be valid until any directions are issued by the Administration.
15. Modalities of Process flow and Fund flow :
- a. District Panchayats/Municipal Councils of concerned districts shall calculate the approximate budget on the basis of the applications received and expenditure incurred in the previous year for the scheme and submit their proposals to the finance department.
- b. The finance department shall directly transfer the funds to the concerned District Panchayats/Municipal Councils.
- c. All the work related to implementation of the scheme like inviting applications, processing, verification etc. shall be done by the District Panchayat/Municipal Council concerned.
- d. The mode of fund transfer shall be Direct Benefit Transfer (DBT).

This notification shall take effect from 1<sup>st</sup> April, 2021.

This issues with the approval of the Hon'ble Administrator, Dadra & Nagar Haveli and Daman & Diu vide Dairy No.688663 dated: 03.02.2021

By order and in the name of the  
Administrator of Dadra & Nagar Haveli  
and Daman & Diu



(Rakesh Das, DANICS)  
Deputy Secretary (Social Welfare)

**Copy to:-**

1. PS to Hon'ble Administrator of DNH & DD, Secretariat, Daman.
2. PA to the Advisor to Hon'ble Administrator of DNH & DD, Secretariat, Daman.
3. The Secretary (Finance), DNH & DD, Secretariat, Daman.
4. The Secretary (SWD/WCD), DNH & DD, Secretariat, Daman.
5. The Secretary (PRI & Rural Development), DNH & DD, Secretariat, Daman.
6. The Joint Secretary (Official Language), DNH & DD Secretariat, Daman - with a request to translate the notification in official language.
7. The Joint Secretary (PInG & Statistics), DNH & DD Secretariat, Daman - with a request to kindly publish the notification in official gazette.
8. The Collector, DNH/Daman/Diu.
9. The Chief Executive Officer, District Panchayat, DNH/Daman/Diu
10. The Chief Officer, Municipal Council, DNH/Daman/Diu
11. The SIO, NIC DNH & DD, Secretariat, Daman - with a request to kindly upload the official gazette on official website of DNH & DD.
12. Office copy.



Application forms for the Grant of Financial Assistance to, Old Age Pension, Widow Pension and Disabled Persons (Divyangjan).

Pension Scheme:-

OLD AGE

WIDOW

DISABLED

Passport Size  
Photo  
पासपोर्ट साइज  
फोटो

1. Name:-  
नाम:- नाम:-
2. Father / Husband Name:-  
पिता/पति नाम:-  
पिता का नाम / पति का नाम :-
3. Son / Daughter of (for Disabled):-  
पुत्र/पुत्री नुं नाम (अपंगों माटे):-  
लड़का/लड़की का नाम (विकलांगों के लिए):-
4. Address:-  
सरेनामुं:- पता:-
5. Name of Panchayat:-  
पंचायत नुं नाम:- पंचायत का नाम:-
6. Age:-  
Date of Birth:-  
जन्म दिनांक:-
7. Male:-  
Female:-  
पुरुष:- पुरुष  
स्त्री:- स्त्री
8. Category:- SC/ST/OBC/Minority/General  
जाति:- जाति:-
9. If Disability Pension,  
Type of Disability:-  
अपंगता नुं प्रकार:- विकलांगता का प्रकार :-  
Percentage of Disability:-  
केटला % अपंगता छे?:- कितने % विकलांग है?
10. Applicant Family Annual Income :-  
अरञ्ज करनार परिवार नुं वार्षिक आवक ह-आवेदक की परिवार की वार्षिक आय:-
11. Are you in received of Financial Assistance from any other agency? Yes / No:-  
सरकारी, अर्धसरकारी के कोछपण छतर संस्था तरइथी आर्थिक सहाय मजे छे? हा/ना?  
सरकारी, अर्धसरकारी के किसी भी शाखा की ओर से आर्थिक सहाय मिलती है?:- हा/ना:- Which?:-  
प्रकार:- प्रकार :-
12. Contact No.  
संपर्क नंबर:- संपर्क नंबर:-
13. Name of Bank:-  
A/c No.  
बैंक नुं नाम:- बैंक का नाम:-  
खाता नंबर:- खाता नंबर:-  
IFSC CODE :-
14. Aadhaar Card Number:-  
आधार कार्ड नंबर :- आधार कार्ड नंबर :-
15. Have you applied for Portugal or any other Passport? Yes/No?  
पोर्तुगल के बीजा कोछपण देशनी नागरिकता मेजववा मे कोछपण प्रकारनी अरञ्ज करेले छे? :- हा / ना ?

पोर्तुगल या अन्य किसी भी देश की नागरिकता पाने के लिए मेने किसी भी प्रकार का आवेदन किया है , हा/ना:-

I hereby declare that the particulars given above are true and correct to the best of my knowledge and belief. ઉપરની તમામ વિગતો સાચી છે એની હું ખાતરી આપું છું. ઉપર का सभी विवरण सही है उसका मे भरोसा देता हूँ।

Signature of the Applicant/Thumb Impression :

(आवेदक के हस्ताक्षर/अंगूठे का निशान)

Dated:-

Required Document- आवश्यक दस्तावेज- आवश्यक दस्तावेज :-

<u>Old Age Pension (60 years &amp; above)</u> वृद्ध पेन्शन- वृद्ध पेन्शन	<u>Widow Pension (18- 59 years)</u> विधवा पेन्शन-विधवा पेन्शन	<u>Disabled Pension (18- 59 years)</u> विकलांग पेन्शन- विकलांग पेन्शन
<ol style="list-style-type: none"> <li>1. Age Certificate - જન્મનું પ્રમાણપત્ર- જન્મ का प्रमाणपत्र</li> <li>2. Income Certificate Below 1.5 lakh. - આવકનો દાખલો 1.5 લાખની નીચે - આય का प्रमाणपत्र 1.5 लाख के नीचे.</li> <li>3. Domicile Certificate - સ્થાયી રહેઠાણનું પ્રમાણપત્ર - સ્થાયી निवास का प्रमाणपत्र</li> <li>4. Copy of Bank Pass Book (Aadhaar linked) બેંક પાસબુકની કોપી (આધાર લિંકડ), બેંક પાસબુક की नकल (आधार लिंकड).</li> <li>5. Aadhaar Card- આધારકાર્ડ- આધારकार्ड.</li> <li>6. Election Card, Ration card, Passport (any one), ચુંટણી કાર્ડ, રાશન કાર્ડ, પાસપોર્ટ (કોઈ એક), વોટીંગ કાર્ડ, રાશન કાર્ડ, પાસપોર્ટ (कोई एक)</li> <li>7. Photo (2 Copy) - ફોટો (02 કોપી) ફોટો (2 नकल)</li> <li>8. Affidavit (Not getting any pension from any other Department) - એફિડેવિટ (અન્ય વિભાગમાંથી પેન્શન નથી મળતું નથી)-एफ़िडेविट (अन्य विभाग से पेंशन) नहीं मिलता)</li> </ol>	<ol style="list-style-type: none"> <li>1. Age Certificate - જન્મનું પ્રમાણપત્ર- જન્म का प्रमाणपत्र</li> <li>2. Death Certificate of Spouse (for Widow) - પતિ ના મૃત્યુનું પ્રમાણપત્ર- पति के मृत्यु का प्रमाणपत्र (विधवा के लिए)</li> <li>3. Income Certificate Below 1.5 lakh. - આવકનો દાખલો 1.5 લાખની નીચે - આय का प्रमाणपत्र 1.5 लाख के नीचे.</li> <li>4. Domicile Certificate - સ્થાયી રહેઠાણનું પ્રમાણપત્ર - સ્થાયી निवास का प्रमाणपत्र</li> <li>5. Copy of Bank Pass Book (Aadhaar linked)- બેંક પાસબુકની કોપી (આધાર લિંકડ)- બેંક पાસबूक की नकल (आधार लिंकड).</li> <li>6. Aadhaar Card- આધારકાર્ડ- આधારकार्ड.</li> <li>7. Election Card, Ration card, Passport (any one), ચુંટણી કાર્ડ, રાશન કાર્ડ, પાસપોર્ટ (કોઈ એક), વોટીંગ કાર્ડ, રાશન કાર્ડ, પાસપોર્ટ (कोई एक)</li> <li>8. Photo (2 Copy) - ફોટો (02 કોપી) ફોટો (2 नकल)</li> <li>9. Affidavit (Not getting any pension from any other Department) - એફિડેવિટ (અન્ય વિભાગમાંથી પેન્શન નથી મળતું નથી)-एफ़िडेविट (अन्य विभाग से पेंशन) नहीं मिलता)</li> </ol>	<ol style="list-style-type: none"> <li>1. Age Certificate - જન્મનું પ્રમાણપત્ર- जन्म का प्रमाणपत्र</li> <li>2. Income Certificate Below 1.5 lakh. - આવકનો દાખલો 1.5 લાખની નીચે - आय का प्रमाणपत्र 1.5 लाख के नीचे</li> <li>3. Domicile Certificate - સ્થાયી રહેઠાણનું પ્રમાણપત્ર - સ્થાયી निवास का प्रमाणपत्र</li> <li>4. Disabled Certificate (80 % and above)- અપંગતાનું પ્રમાણપત્ર (80% અને વધુ) - विकलांगता का प्रमाणपत्र (80% एवं ज्यादा).</li> <li>5. Copy of Bank Pass Book (Aadhaar linked)- બેંક પાસબુકની કોપી (આધાર લિંકડ)- बँक पासबूक की नकल (आधार लिंकड).</li> <li>6. Aadhaar Card-આધારકાર્ડ- આधારकार्ड.</li> <li>7. Election Card, Ration card, Passport (any one)-ચુંટણી કાર્ડ, રાશન કાર્ડ, પાસપોર્ટ (કોઈ એક)- वोटिंग कार्ड, राशन कार्ड, पासपोर्ट (कोई एक)</li> <li>8. Photo (2 Copy) - ફોટો (02 કોપી)- ફોટો (2 नकल)</li> <li>9. Affidavit (Not getting any pension from any other Department) - એફિડેવિટ (અન્ય વિભાગમાંથી પેન્શન નથી મળતું નથી)-एफ़िडेविट (अन्य विभाग से पेंशन) नहीं मिलता)</li> </ol>

**UNDERTAKING**

\_\_\_\_\_ , aged about \_\_\_\_\_ years, resident of H. no \_\_\_\_\_  
\_\_\_\_\_ district \_\_\_\_\_

hereby declare That the above/ following information is true to the best of my knowledge And belief and nothing has been concealed there in . I am well aware of the Fact that if the information given by me is proved false/not true, I will Have to face the punishment as per the benefit availed by me shall be summarily withdrawn.

That I have applied to the Social Welfare Department, Daman, for getting benefit of Old Age / Widow Pension / Disable Pension for myself and the information furnished in the prescribed application from are true and correct and nothing has been concealed and mis-presented in it.

That I state that I am not receiving of any Financial Assistance from any other agency of the same kind or not availing any other benefits from the other Department from the U. T. Administration of Dadra & Nagar Haveli and Daman & Diu or any part of India. I and my family are originally native and permanent resident of \_\_\_\_\_ District since \_\_\_\_\_

*EB*

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That myself / Father / mother / Husband / Wife is the head of the family.

That we are having / Not Having our own residential house in the above said address.

That the applied Declaration / affidavit is for Old Age / Widow / Handicap / Disable Pension Purpose.

This is to certify that I have read and understood the provision of Section 199 and 200 of the Indian penal code.

PLACE :

DATED : DD / MM / YYYY .

REG. No.

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DEPONENT

