



GOVERNMENT OF KERALA

Abstract

SOCIAL WELFARE—PAYMENT OF FINANCIAL ASSISTANCE TO
ORTHOPEDICALLY HANDICAPPED ADVOCATES — RULES
APPROVED—SANCTIONED—ORDERS ISSUED

SOCIAL WELFARE (A) DEPARTMENT

G.O. (P) No. 15/97/SWD

Dated, Thiruvananthapuram, 11th June 1997.

- Read:— 1. G.O.(Ms) 3/83/LA & SWD dated 4-1-1983.
2. G.O.(P) 315/84/LA & SWD dated 30-11-1984.
3. Letter No. G1-41318/96 dated 21-4-1997 from the Director
of Social Welfare, Thiruvananthapuram.

ORDER

In the Government Order read as first and 2nd paper above Government sanctioned a scheme for extending financial assistance to Blind Advocates and approved the rules for the payment of financial assistance under the scheme. Government are now pleased to extend the non-recurring financial assistance of Rs. 2,500 towards establishment expenses to the orthopedically handicapped advocates also and order accordingly.

(2) The rules appended to this order for payment of financial assistance under the scheme are also approved.

By order of the Governor,

T. R. GOPALAKRISHNAN,
Secretary.

To

- The Director of Social Welfare, Thiruvananthapuram.
The Accountant General, Accounts and Entitlements
Thiruvananthapuram.
The Principal Accountant General (Audit), Thiruvananthapuram.
The Finance Department (vide U.O. No.82686/Dev 2/96/Fin.
dated 2-12-1996.
The Law Department.
The Public Relations Department.

S.F./O.C.

GPT 3/2723/97/MG

**Rules for the payment of financial assistance to
Orthopedically Handicapped Advocates**

1. These Rules may be called "Rules for the payment of financial assistance to Orthopedically Handicapped Advocates 1997.
 2. The objects of these rules shall be:
 - (a) To help the qualified Orthopedically Handicapped persons to establish themselves in legal profession.
 - (b) To enable the Orthopedically handicapped advocates to gain professional efficiency.
 3. For the purpose of these Rules, the Orthopedically Handicapped advocates are those who suffer from 50% or more of Orthopedically handicapped.
 4. The applicant shall satisfy the following conditions for being eligible for assistance under these rules:
 - (a) He/She shall be a native and resident of Kerala State.
 - (b) He/She shall be an advocate practising in any one or more Courts in Kerala.
 - (c) The Combined annual income of the applicant and his/her family from all sources shall not exceed Rs. 18,000 (Rupees Eighteen thousand only).
- Note:—* "Family" means the mother, the father, the husband/Wife and the sons/daughters residing together with the applicant.
5. An applicant under this Scheme shall be eligible for an ex gratia non-recurring grant of Rs. 2,500 (Rupees Two thousand and five hundred only) towards the purchase of law books, professional suits etc.
 6. The application for the assistance in the prescribed form shall be submitted to the Director of Social Welfare, Thiruvananthapuram.
 7. The application shall be accompanied by the following documents namely:
 - (a) Medical certificate from an Orthopedic specialist in the prescribed form.

- (b) Income Certificate from the concerned Village Officer in the prescribed form showing the combined annual income of the applicant and his family from all sources.
 - (c) A Certificate in the prescribed form from the Presiding Officer of any one of the Courts in a Court/Centre where the applicant is practising, to the effect that the applicant is practising as an Advocate in the Court/Centre.
8. The Director of Social Welfare shall be the authority to sanction financial assistance under these rules. Any appeal under the scheme shall lie with the Government.
 9. The applicant shall also furnish a Stamped receipt for the ex gratia assistance received by him and forward the Utilisation Certificate duly Countersigned by any of the Presiding Officers of that Court/Centre to the concerned District Social Welfare Officer within one month from the date of receipt of the amount.
 10. The District Social Welfare Officer, concerned shall forward the Utilisation Certificates and the Stamped Receipts to the Accountant General, Kerala under intimation to the Director of Social Welfare.
 11. The recipients of assistance shall be bound by the provisions in those rules as amended from time to time, the amendments or directions which the Government may issue from time to time.
 12. It shall be within the powers of the Director of Social Welfare to cancel or withhold the assistance given under these rules to any Orthopedically Handicapped Advocate for reasons to be recorded in writing.

**Application for financial assistance to the Orthopedically
Handicapped Advocates**

1. Name in full (Block letters) :
2. Full address with Revenue District :
3. Academic and Professional Qualifications :
4. Nature of disability (with %) :
5. Date of enrolment as advocate :
6. Whether the applicant is a Practising Advocate :
7. Name of the Court/Courts in which the applicant is practising :

DECLARATION

Certified that the information furnished above are true and correct to the best of my knowledge and belief.

Place :

Date:

Signature of the applicant

UTILISATION CERTIFICATE

Scheme for the payment of financial assistance to
Orthopedically Handicapped Advocates

I..... (Name and Address).....
..... hereby certify that the financial assistance
sanctioned to me as per order No. dated
has been fully utilized for the following purposes Rs.
for the purchase of.....
The amount paid and the Vouchers in support of the expenditure
incurred for the purchase of articles under item above duly Countersigned
by me are enclosed.

Signature of the Advocate

(Office Seal)

*Counter Signature of the Presiding
Officer of any one of the Court
in a centre*

*Note:—Score out portions not applicable.
Form to be used for furnishing utilization Certificate.*

Medical Certificate for Orthopedically Handicapped

Certified that I Dr. Registration No. have today medically examined Sri. an applicant for financial assistance to orthopedically handicapped advocates from Social Welfare Department and found him/her to be orthopedically handicapped and have a physical defect/deformity (Specify the defect) which caused substantial interference in the normal functioning of the bones, muscles and joints which caused congenitally/by accident/by disease. The extent of disability as estimated to be%. His/Her personal identification marks are:--

(1)

(2)

His/Her age according to his/her statement is year and by appearance Years.

Signature

Designation

Qualification (General & Special)

Office Stamp

Address

Place :

Date:

Note:— This Certificate should be issued to Orthopedically Handicapped Person only by a Registered Orthopedic Specialist not below the rank of an Assistant Surgeon.

Income Certificate to be issued by the Village Officer

Certified that the combined annual income of Sri /Smt.....
.....(here enter the names and address)
..... and of his/her family from all
sources is Rs.....

Place :
Date :

Signature

Name and Designation

**Financial assistance to Orthopedically Handicapped
advocates certificates to be issued by the
presiding officer of any one of the
court in a centre**

This is to certify that Shri/Smt.....
.....(Name and address) is an Orthopedically Handicapped
advocate practising Law in the Court/Courts.....
.....(Full name and address of the Court) from....
.....(date month and year).

Place:
Date:

*Signature and full address of the
Presiding Officer of the court*

1. These rules may be called "Rules for the payment of Financial assistance to Blind Advocates" 1984.
2. The objects of these rules shall be
 - a. to help the qualified blind persons to establish themselves in legal profession.
 - b. to enable the blind advocates to gain professional efficiency; and
 - c. to help the blind advocates to get the assistance of a sighted person in reading reference materials and in preparing notes.
3. For the purpose of these Rules, the blind Advocates are those who suffer from any one of the following defects namely:
 - a. Total absence of sight.
 - b. Visual acuity not exceeding 6/60 or 20/200 (Snellen) in the better eye with correcting lenses.
 - c. Limitation of the field of vision subtending an angle of 20 degrees or worse.
4. The applicant shall satisfy the following conditions for being eligible for assistance under these rules.
 - a. He/she shall be a native and resident of Kerala state.
 - b. He/she shall be an advocate practising in any one or more courts in Kerala.
 - c. The combined annual income of the applicant and his/her family from all sources shall not exceed Rs. 18,000 (Rs. eighteen thousand only)

Note:- "Family" means the mother, the father, the Husband/wife and the sons/daughters residing together with the applicant.

5. An applicant under this scheme shall be eligible for an ex-gratia non-recurring grant of Rs. 2,500/- (Rs. two thousand and five hundred only) towards the purchase of law books, professional suits etc. and a recurring allowance of Rs. 400/- (Rs. four hundred only) per month for engaging a full time reader assistance to assist him in reading reference materials and in preparing notes.

Note:- The recurring allowance of Rs. 400/- p.m. shall be paid for a period of ^{five} three years or till the annual income of the Advocate together with his family reaches Rs. 18,000/- whichever is earlier.

6. The persons engaged as reader assistant should have passed at least S.S.L.C.
7. The application for the assistance in the prescribed form shall be submitted to the Director of Social Welfare, TVM.
8. The application shall be accompanied by the following documents, namely.

GOVERNMENT OF KERALA,
ABSTRACT

Social Welfare - Rules for payment of financial assistance
to blind advocates - approved -

Local Administration and Social Welfare
(M) Department.

G.O. (p) 315/84/LA&SWD

Dated. Triyandrum. 30.11.1984

Reads:- 1. G.O. (Ms) 3/83/LA&SWD dated. 4.1.1983.
2. G.O. (R) 1136/83/LA&SWD dated. 28.3.1983
3. Ir. No. HWAI-37131/82 dated. 25.5.83, 13.10.83 and
28.6.1984 from the Director of Social Welfare. TVM.

Order.

In the G.C. read as first paper above Government
Sanctioned the scheme for payment of financial assistance
to Blind advocates. Government are now pleased to approve
and issue the rules appended to this Order for payment of
assistance under the scheme.

By order of the Governor.

V.R. Radmanabhan.
Joint Secretary.

To

The Director of Social Welfare, TVM.
The Accountant General, Kerala (This issues with the
concurrence of the Finance Dept.
The Finance Dept (vide U.O. No. 100100/Dev. 2/83/Fin.
dated. 24.11.83 and U.O. No. 18.00/Dev. 2
Fin. dated. 17.3.1984)

forwarded/by order
sd/-
Section Officer.

//True copy//

Medical Certificate from an Eye specialist in the form prescribed.

- b. Two copies of Certificates duly attested by a Gazetted Officer of the State Government showing the academic and Professional qualifications of both the applicant and the reader assistant.
- c. Income Certificate from the concerned Village Officer in the prescribed form showing the combined annual income of the applicant and his family from all sources.
- d. A certificate in the prescribed form from the Presiding Officer of any one of the courts in a court Centre where the applicant is practising to the effect that the applicant is practising as an advocate in the court/court.
9. The Director of Social Welfare shall be the authority to sanction financial assistance under these rules. Any appeal under the scheme shall lie with the Government.
10. Payment of recurring allowance shall be made half yearly through contingent bills countersigned by the District Social Welfare Officer concerned.
11. The applicant shall furnish stamped receipts for the whole amount received by him and forward the same to the concerned District Social Welfare Officer within one month from the date of receipt of the amount.
12. The contingent bill shall be accompanied by a certificate from the presiding Officer of any of the courts in a court Centre to the effect that the applicant is a practising Advocate in the courts in that centre and that he/she has engaged full time reader assistant during the period for which the assistance is claimed. This Certificate shall be produced in the months of April and October.
13. The Advocate shall obtain stamped receipts from the reader assistant for the amount paid to him/her and forward it to the concerned District Social Welfare Officer together with the utilisation Certificate in the prescribed form duly countersigned by the presiding Officer of any one of the courts in a Centre within one month from the date of receipt of the amount of assistance.
14. The applicant shall also furnish a stamped receipt for the ex-gratia assistance received by him and forward the utilisation Certificate duly countersigned by any of the presiding Officers of that court centre to the District Social Welfare Officer within one month from the date of receipt of amount.
15. The District Social Welfare Officer shall forward the utilisation Certificates and the stamped receipts to the accountant General, Kerala under intimation to the Director of Social Welfare.

contd.....

- 16. The recipients of assistance shall be bound by the provisions in these rules as amended from time to time the amendments or directions which the Government may issue from time to time.
- 17. It shall be within the powers of the Director of Social Welfare to cancel or withhold the assistance given under these rules to any blind Advocate for reasons to be recorded in writing.

UTILIZATION CERTIFICATE.

Scheme for the payment of financial assistance to Blind Advocate.

Note:- Score out portions not applicable.

Form to be used for furnishing utilisation certificate.

1. (here enter Name and Address) (Maximum)

heroby certify that the financial assistance sanctioned to me as per order No. dated

has been fully utilised for the following purposes.

- A. Rs /for the purchase of
- B. Rs towards the payment of allowance to my reader assistant Sri

(here enter the name and address of the reader assistant) at the rate of Rs /per month for the period from to

The stamped receipts obtained from my reader assistant for the amount paid and the vouchers in support of the expenditure incurred for the purchase of articles under item 'A' above duly countersigned by me are enclosed.

Signature of the Advocate.

Council signature of the presiding Officer of any one of the court in a centre.

Office seal.

FINANCIAL ASSISTANCE TO THE BLIND

1. Name in full
(Block letters)
2. Full address with Revenue District.
3. Academic and professional qualifications.
4. Nature of disability.
5. Date of enrolment.
6. Name and full address of the reader assistant engaged by the applicant.
7. Qualification of the reader Assistant.
8. The date of engagement of the reader assistant.
9. Whether the applicant is a practising ~~advocate~~ Advocate.
10. Name of the Court/Courts in which the applicant is practising.

Declaration.

Certified that the information furnished above are true and correct to the best of my knowledge and belief.

(Signature or left hand thumb impression of the applicant.)

Place:

Date:

N.B Documents to accompany the application form.

- a) A Medical Certificate from an ophthalmic specialist in the form prescribed to the effect that the applicant is a bonafide blind persons.
- b) A certificate from the presiding Officer of the court to the effect that the applicant is practising and that he has engaged a full time reader assistant.
- c) True copies of certificates showing the General and professional qualifications of the applicant and of the ~~xxxxxxx~~ Reader Assistant duly attested by a Gazetted Officer of the State Govt.

contd.....

GOVERNMENT OF KERALA.
Medical Certificate of the Blind.
Certified that I, Dr

Registration No. have this
. day of 198

examined and the candidates whose particulars are given below:-

1. Name of the candidate.
2. Father's name. —
3. Sex.
4. Approximate age.
5. Identification marks.
6. Extent of residual vision, if any. RE
LE.
7. Onset of blindness (please state whether blindness if from birth or acquired later; if it has been caused afterwards, the age and cause of blindness may be indicated) for the purpose of financial Assistance, the blind are those who suffer from either of the following.
 - a) Total absence of sight.
 - b. Visual acuity not exceeding 6/60 or 20/200 (Snellen) in the better eye with correcting lenses.
 - c. Limitation of the field of vision subtending an angle of 20 degrees or worse.

Signature of the applicant.

(Signature of Ophthalmologist)

Designation.
Qualification.
Office stamp.

Place.
Date.

Address.

INCOME CERTIFICATE TO BE ISSUED BY THE
VILLAGE OFFICER.

Certified that the combined annual income of Sri/Smt.

.....
.....
.....
(here enter the names and address)
and of his/her family from all sources is Rs

Signature.

Name and designation.

Place:

date.

Office seal.

FINANCIAL ASSISTANT TO BLIND ADVOCATES
CERTIFICATES TO BE ISSUED BY THE
PRESIDING OFFICER OF ANY ONE OF THE
COURTS IN CENTRE.

This is to Certify that Shri/Smt

..... (Name and
Address) is a Blind Advocate practising Law in the Court
Courts (Full name and address of the court) from (date, month
and year) and that he/she has engaged Shri / Smt.

.....
(Name and address of the person engaged) as his/her Reader
Assistant full time from
(date month and year)

Place:

Signature and full address of the
~~presiding~~ Presiding Officer of the
Court.

date:

Office seal.