



Government of Odisha
Department of Social Security & Empowerment of Persons with Disabilities

No. **8841** /SSEPD
SSEPD-DA3-DA-0013-2017

Dated **28.11.2018**

RESOLUTION

Subject: Amendment to the 'Banishree' Scheme of scholarship

Pursuant to enforcement of 'The Rights of Persons with Disabilities Act, 2016' and considering the convenience of applicants under 'Banishree' scheme of Scholarship, the State Government have been pleased to amend the guidelines issued in Women & Child Development Department Resolution No. 15776 dated 25th July 2008 as follows:

- i. The words "Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995" appearing in the said Resolution shall be substituted with "The Rights of Persons with Disabilities" Act, 2016.
- ii. The words "District Social Welfare Officer" (DSWO) appearing in the said Resolution shall be substituted with "District Social Security Officer" (DSSO).
- iii. Sub-para-ii of para-8 of the said Resolution shall be deleted and the required certificate on parental/ family income of the applicant shall be issued by the concerned Revenue Inspector as incorporated on the body of the Application Form at Annexure-A.
- iv. The words "Women & Child Development Department" appearing at sub-para-iii of para-9 of the said Resolution shall be substituted with "Social Security and Empowerment of Persons with Disabilities Department".

Application Form for the scholarship as appended at Annexure-I of the said Resolution has been amended and substituted as at Annexure-A of this Resolution.

ORDER- Ordered that the Resolution be published in an extraordinary issue of the Odisha Gazette.

By order of the Governor

N. Chandra
Principal Secretary to Government

K.T.O

Memo No. **8842** /SSEPD Dated. **28.11.2018**

Copy forwarded to the Gazette Cell in-charge, C/o- Commerce Department for publication of this notification in the extra ordinary issue of Odisha Gazette. He is requested to supply 200 copies of the Gazette to this Department for official use.


Joint Secretary to Government

Memo No. **8843** /SSEPD Dated. **28.11.2018**

Copy forwarded to all RDCs/ all Collectors/ all DSSOs for information and necessary action.


Joint Secretary to Government

Memo No. **8844** /SSEPD Dated. **28.11.2018**

Copy forwarded to all Sub-Collectors/ all BDOs for information and necessary action.


Joint Secretary to Government

Memo No. **8845** /SSEPD Dated. **28.11.2018**

Copy forwarded to School & Mass Education Department/ Finance Department for information and necessary action.


Joint Secretary to Government

Memo No. **8846** /SSEPD Dated. **28.11.2018**

Copy forwarded to FA-cum-Additional Secretary to Government, SSEPD Department/ Budget Section/ Audit and Expenditure Section for information and necessary action.


Joint Secretary to Government

APPLICATION FORM
(BANISHREE – A Scheme of Scholarship for
Disabled Students)

(To be filled in by the candidate)

For the year.....

1. **Name in full**
(In Block Letter)
2. **Address**.....
Village/Ward..... P.S.....
G.P.....
Block/NAC/Municipality.....
District
3. **Category of Disability as specified**
under RPwD Act, 2016 (Pl. mention) :
4. **Are you a citizen of India?** (Pl. tick) (✓) : Yes/ No
5. **Whether Scheduled Caste/ Tribe/ OBC/General**
(Pl. mention) :
6. **Male/ Female** (Pl. mention) :
7. **Date of Birth** (Pl. mention) :
8. **Name and address of the father/ mother/ guardian**
.....
.....
.....
9. (a) Relationship with the guardian (if applicable) :
(b) Total monthly income of the parents/ guardian :
10. **Nature of scholarship** (pl. tick) (✓) : (fresh/ renewal)
11. (a) Have you ever received Scholarship
under any other scheme (pl. tick) (✓) : Yes/ No
(b) If yes, indicate :
(i) Class in which you received the scholarship :
(ii) Period for which you received such scholarship :

12. Mention:

- (a) Class for which I am applying for scholarship :
- (b) Academic year of such class :
- (c) Date on which you got admission :

13. (a) If you are visually challenged student, indicate
If you have engaged a reader? (Pl. tick) (✓) : Yes/ No

(b) If you are Orthopaedically Handicapped Student
being 75% and above disability indicate the
mode of transport. :

14. **Document attached:**

- (i) Disability Certificate (pl. tick) (✓) : Yes/ No
- (ii) Mark-sheet of last Exam passed (Pl. tick) (✓) : Yes/ No

I declare that I have not received (not receiving) any other stipend/ scholarship from State/ Central Government.

Signature of the student

Date

Place

(To be filled in by Head of Schools/ Colleges/ Educational Institutions)

I certify that:

- The information furnished by the candidate (name
.....have been verified and found correct
- The school/ institutions in which the candidate is studying is Government/ recognized private school/ institutions (Pl. tick) (✓) whichever is applicable.
- The application is **recommended**.

Signature of Head of the School/ Institution

Name

(in Block Letter)

Address

.....

.....

Date.....Place.....

Certificate:

(only in case of student who does not belong to BPL family)

The parental/ family income of the applicant is not more than Rs. 60,000/- per annum

**Revenue Inspector
(Signature with seal)**

(To be filled in by Sanctioning Authority)

I have verified the information as furnished by head of the school/ institution. I hereby sanction Rs. towards scholarship and Rs.towards Reader's allowance/ mobility support, thus totaling to Rs..... Sanction Order No. / Dated

**Signature with seal of
BDO/ Sub-Collector**