

## **Guidelines for the State Award for the Empowerment of Persons with Disabilities, 2024**

**I. Objective:** The objective of the Awards is to Empower, Recognize and Encourage individuals & institutions working for the empowerment of Persons with Disabilities.

### **II. Categories of Awards**

<b>S.No.</b>	<b>Name of the Award</b>	<b>Number of Awards</b>	<b>Eligible categories</b>
<b>I</b>	<b>Individual Awards</b>		
1	Best Individual Social Worker	2 (1 Male & 1 Female)	Persons with benchmark Disabilities/normal persons
2	Role Model	2 (1 Male & 1 Female)	Persons with benchmark Disabilities
3	Best Employee	2 (1 Male & 1 Female)	Persons with benchmark Disabilities
4	Best Self-Employee	2 (1 Male & 1 Female)	Persons with benchmark Disabilities
5	Best Sports Person	2 (1 Male & 1 Female)	Persons with benchmark Disabilities
6	Creative Child with Disability	2 (1 Male & 1 Female)	Persons with benchmark Disabilities
7	Creative Adult with Disability	2 (1 Male & 1 Female)	Persons with benchmark Disabilities
<b>II</b>	<b>Institutional Awards</b>		
1	Best product development aimed at improving the life of persons with disabilities	1	
2	Best Institution/ NGO	2	Institutions / NGOs working for the cause of the empowerment of the PwDs
3	Best Employer	1	The organisations, Corporate, Public & Private Sectors

## **Note**

1. The Selection committee shall have power to increase or decrease of the awards.
2. The state awards are given on 3<sup>rd</sup> December 2024 at Hyderabad on eve of International Day of Persons with Disabilities.
3. The selection committee may also suo moto, recommend an individuals/ institutions for the award with sufficient justification.
4. The Person / Institution who has been awarded state award shall not eligible for another award without completion of stipulated time of 5 years.
5. Application in prescribed proforma should be accompanied by the following i) 2 passport size photographs, ii) bio-data along with summary of achievements and documents in support thereof and draft citation
6. If no eligible women applicants are found or no applications are received from them, these awards will be given to the eligible/selected male applicants.
7. The award categories such as Best employee, Best Self employee, Role Model, Best Sports person, Creative Child and Adult are meant for persons with disabilities and the awards Best Individual Social Worker, Best Institution, Best Employer are open including able bodies.
8. The decision of the selection committee is final in case of selection of awardees.
9. No TA / DA will be sanctioned to selected state awardees to receive the awards on that day.

## **III. Procedure for inviting applications for the awards**

Applications shall be invited from eligible candidates who are residents of State of Telangana on the above mentioned categories in prescribed application form given at Annexures

## **IV. Procedure for forwarding of nominations**

- i. The concerned District Welfare Officer of the Department of Women, Children, Disabled, Senior Citizens & Transgender Persons would receive the complete applications along with necessary documents under each category. DWO shall forward the application along with the recommendation / remarks to Director the Department for Empowerment of Persons with Disabilities, Senior Citizens & Transgender Persons by the stipulated date.
- ii. The individual may apply on his/her own capacity or may be nominated by an eminent person working in the field of welfare of persons with disabilities.
- iii. Applications received after due date shall not be considered for Award.
- iv. The Ex -State Awardee without completion of 5 years are not entitled to apply for the awards under any category. Such applications of the Ex-State Awardee would not be entertained.
- v. The bio-data form along with supporting documents on their meritorious services in the field of disability shall be sent to the following address earliest by 29<sup>th</sup> November, 2024 till 5.00 PM. Incomplete applications or applications received after due date or received through email will not be entertained without any further reference in the matter

To  
The Director,  
Department for Empowerment of Persons with Disabilities, Senior Citizens and  
Transgender Persons,  
Ground Floor, Vikalangula Sankshema Bhavan, Nalgonda X Roads,  
Malakpet, Hyderabad - 500036

**V. Screening cum Selection Committee for short-listing of nominations received.**

- i. There shall be screening committees for short listing of awardees in different categories of state awards.
- ii. The Screening cum Selection Committee shall decide the nomination of the awardees for various categories on the basis of recommendation received from District Welfare Officers.
- iii. The awardees nominated under different categories of the state award shall be informed about date and venue of the state award function through telephone or on email ID.
- iv. The awards should be received personally by the selected individuals or representative of the institution.
- v. The decision of the Screening cum Selection Committee shall be final.

**VI. Eligibility :** The following criteria will be taken into consideration by the selection committee for awarding suitable persons / institutions under each category of awards.

**1. Best Individual Social Worker :**

- i. The person who is a bench mark disability or normal person working for the cause of empowerment of persons with Disabilities for a minimum period of 5 years without any adverse remarks are eligible.
- ii. The organization in which he/she works considers him/her as outstanding.
- iii. He/she has been responsible for initiating new program or services in the last 10 years resulting in benefiting the people with disabilities particularly in rural areas.
- iv. His/her contribution should be outstanding in the areas of disabled welfare/rehabilitation/education/training etc.
- v. His/her contribution in developing rehabilitation model for Community Based Rehabilitation and replicating the same in the inaccessible rural areas.
- vi. Outstanding person championing the welfare and overall development of the disabled and sensitizing the community regarding rights and equal opportunities for the disabled.
- vii. The quality of the work performed by the individual in the cause of the disabled and its significance for the cause shall also be given due weight- age.
- viii. He/she has outstanding professional achievements to his/her credit.

## 2. Role Model :

- i. Two awards to be given to persons with disability who can be an example for persons with disabilities citizens by way of his or her achievements in their chosen field.
- ii. The educational qualification, experience and outstanding work in various fields should be taken into the consideration.
- iii. The sufficient proof is needed to claim the outstanding work.

## 3. Best Employee:

- i. He / She should belong to person with bench mark disability working in any Government, Public Sector under taking, private institutions are eligible.
- ii. Should be recommended by the competent authority.
- iii. The employees with disabilities shall be assessed on the basis of the following criteria:-

Sl.No.	Criteria	Weight
(i)	Punctuality and regularity in attendance	10%
(ii)	Cooperation with superiors and fellow-employees	10%
(iii)	Extent of mobility, self-care and independence etc.	10%
(iv)	No excessive demands for adjustment in physical Environment, equipment, machinery and process etc	10%
(v)	No extra demand for special remuneration in the context of disability	10%
(vi)	Type of Disability	10%
(vii)	Extent of Disability	10%
(viii)	Output/Production in comparison to his/ her non-disabled colleagues	10%
(ix)	Education/Qualification acquired after Becoming disabled	10%
(x)	Growth in career after becoming disabled	10%

## 4. Best Self Employed :

Self-employed persons with disabilities shall be assessed on the basis of the following criteria:-

Sl.No.	Criteria	Weight
(i)	The business is either showing break even or making considerable profits	15%
(ii)	The persons with disabilities play important role in the management of business	10%
(iii)	The person with disabilities pays his employees and pays installments to financial institutions regularly towards payments of loans	10%
(iv)	Annual turnover for the last five years	15%
(v)	Innovation introduced in the enterprise	10%
(vi)	Extent of independence in holding the enterprise	10%
(vii)	The number of disabled persons employed in the enterprise	10%
(viii)	Extent & Type of disability despite which enterprise was established and run successfully	10%

(ix)	Socio-economic circumstances despite which the enterprise was established and run successfully	10%
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## 5. Best Sports Person:

- i. The criteria for selection shall be as under:-

Sr. No.	Criteria	Weight
(i)	Number of international level sports events participated	20%
(ii)	Number of international medals won during last 3 years	30%
(iii)	Number of National level sports events participated	15%
(iv)	Number of National medals won during last 3 years	20%
(v)	Any other achievement in activities related to the sports for persons with disabilities	15%

## 6. Creative Child with Disability

- i. Two awards to be given to the outstanding creative children with disabilities below the age of 18 years – one boy and one girl - for his/her outstanding creative work in the field of art, literature, culture and any other outstanding creative work/contribution

## 7. Creative Adult with Disability

- i. Two awards to be given to the outstanding adult with disabilities above the age of 18 years – one male and one female for his/her outstanding creative work in the field of art, literature, culture and any other outstanding creative work/contribution

## 8. Best product development aimed at improving the life of persons with disabilities

- i. One Award shall be given for the development of new cost-effective product aimed at improving the life of persons with disabilities
- ii. Development of an outstanding device, aid or adaptation which substantially improves the chances of the persons with disabilities in receiving education, obtaining or retaining employment and in being totally integrated in the socio-economic life of the community; and The effectiveness of the device in increasing the mobility, productivity and employment prospects of the persons with disability, maintainability of the device and its reparability

## 9. Best Institution / NGO :

- i. Any organization working for empowerment of persons with Disabilities for a minimum period of 5 years after registration under Society Act / Trust Act / Section 8 of the Companies Act, 2013.
- ii. The criteria for giving awards in this category shall be as under:-

<b>Sl.No.</b>	<b>Criteria</b>	<b>Weight</b>
(i)	Has started comprehensive service for people with various disabilities.	10%
(ii)	Has adapted new equipments.	10%
(iii)	Has provided new services.	15%
(iv)	Has undertaken new strategies for improving existing services	10%
(v)	Has followed-up the clients in rehabilitation.	5%
(vi)	Achievements in the area of education/training/rehabilitation etc. should be outstanding.	10%
(vii)	The Institution should have at least 10 years' experience in the field	10%
(viii)	The contribution of the institution in extension of outreach services in and around its working headquarters.	5%
(ix)	Motivation, involvement and participation of community for rehabilitation of the disabled particularly in rural areas	10%
(x)	While selecting the institutions due weightage would be given to voluntary action through participation of local public and efforts for rendering rehabilitation services to the persons with disabilities.	5%
(xi)	The geographical area in which the Institution is providing services	5%
(xii)	The category(ies) of disability for which the institution is providing services	5%

### **10. Best Employer :**

- i. Government organizations are not eligible and Public sector undertaking or autonomous body or local government body and private or non-government organizations are eligible.
- ii. Private or Non Governmental Organization; shall be assessed on the basis of the following criteria:-

<b>Sl. No.</b>	<b>Criteria</b>	<b>Weight</b>
(i)	That at least 10% of the employees are disabled subject To a minimum of disabled persons in a given Establishment. (In case of large Establishment employing 100 disabled persons or more, the condition of 10% need not be rigidly adhered to	20%
(ii)	That wherever necessary minor adjustment/modifications in the machinery have been made;	5%
(iii)	That necessary environmental modifications at the worksite have been made including barrier free access;	10%

(iv)	That the employees with disabilities are offered the same conditions in service, including the rates of pay as given to other employees for similar work;	15%
(v)	That the employers have shown sympathetic understanding of the problems of the disabled	10%
(vi)	that when necessary and feasible, such additional facilities such as accommodation and transport etc, are provided	10%
(vii)	Retention rate	10%
(viii)	Employees assessment	10%
(ix)	Productivity ensured	10%

### **VII. Who can nominate?**

- a) District Collector concerned/DWOs concerned.
- b) Earlier recipient of national awardees by the Govt. of India for empowerment of PwDs.
- c) The selection committee may also suo moto, recommend an individual / institution for the award with sufficient justification.
- d) Self-nominations.

### **VIII. Presentation of Awards :**

The awards will be presented at Hyderabad on 3<sup>rd</sup> December, 2024 on the eve of International Day of Persons with Disabilities

**PARTICULARS OF THE INDIVIDUAL SOCIAL WORKER FOR STATE AWARD**

1	Name in English (in BLOCK Capital letters) and Telugu	
2	Address along with Mobile Number	
3	E-mail address, if any	
4	Date of Birth / Age	
5	Sex	
6	Institution with which the individual is associated including the local and field performances and the number of persons with disabilities covered.	
7	How is the performance of the individual adjudged as outstanding	
8	Remarks including a brief life sketch of the individuals	
9	No. of years working for the persons with disabilities.	
10	Details of her / his contribution during last ten years supported by documentary evidence.	
11	Whether received any awards in the past, if so specify and furnish a brief account.	
12	Name of the Area/District/State in which outstanding work has been done for the welfare of persons with disabilities.	
13	Details of outstanding professional achievements, if any	

Signature of the Applicant with Date

Signature, Name & Designation of the  
Recommending Authority with Date



**PARTICULARS OF ROLE MODEL FOR STATE AWARD**

1	Name in English (in BLOCK Capital letters) and in Telugu	
2	Address along with Mobile Number	
3	E-mail address, if any	
4	Nature and degree of Disability (Attach Disability Certificate)	
5	Indicate percentage of disability and since when	
6	Date of Birth/Age	
7	Sex	
8	Educational qualifications	
9	Brief details / particulars of the achievements made which may be considered original and exemplar for persons with disabilities.	
10	Whether any National or International award received and if so, the details thereof	

Signature of the Applicant with Date

Signature, Name & Designation of the  
Recommending Authority with Date

**PARTICULARS OF EMPLOYEE WITH DISABILITIES FOR STATE AWARD**

1	Name in English (in BLOCK Capital letters) and in Telugu	
2	Address with Mobile Number	
4	E-mail address, if any	
5	Sex	
6	Date of Birth/Age	
7	Nature/Category of disability	
8	Percentage of disability (Certificate of competent authority to be attached)	
9	Qualification: (a) Academic (b) Technical Qualifications acquired after onset of disability should be clearly indicated. (Certificate and testimonial should be attached)	
10	Trainings received, if any: (a) Name of the Institution/ Organization (b) Name of the Course (c) Duration of the course	
11	Details of experience gained informally	

13	<p>(a) Name of the Employer  (b) Designation or Post held  (c) Salary drawn  (d) Nature of work engaged on  (e) How does his/her productivity compare to that of his non- disabled counterparts in percentage of 10% more or less.  (f) Relations with fellow-employees  (g) Independence in work (encircle the grading option)  (h) Mobility and self-care remarks including a brief life sketch of about 200 words of the candidate highlighting his struggle against the disadvantage created by his disability (encircle the grading option)  (i) Punctuality and regularity in attendance (encircle the grading option)  (j) Whether any incentive/reward/ certificate given to the employee by the employer for his work during last three years. If yes, details thereof  (k) General assessment of the employee for last three years(encircle the grading option)</p>	
15	<p>If any National or State level Award received during last five years, then please mention:  (a) Name of the Award  (b) Conferring Agency  (c) Year of conferment</p>	

**Signature of the Applicant with Date**

**Signature, Name & Designation of the  
Recommending Authority with Date:**

**PARTICULARS OF SELF-EMPLOYED WITH DISABILITIES FOR STATE AWARD**

1	Name in English (in BLOCK Capital letters) and in Telugu	
2	Address with Mobile Number	
4	E-mail address, if any	
5	Sex	
6	Date of Birth/Age	
7	Nature/Category of disability	
8	Percentage of disability (Certificate of competent authority to be attached)	
9	Qualification: (a) Academic (b) Technical Qualifications acquired after onset of disability should be clearly indicated. (Certificate and testimonial should be attached)	
10	Trainings received, if any: (a) Name of the Institution/ Organization (b) Name of the Course (c) Duration of the course	
11	Details of experience gained informally	
14	(a) Trade/Profession with which associated (b) Monthly Income(Attach copy of last Income Tax Return filed/Income Certificate) (c) How far you have upgraded your skill in that trade/profession with a view to absorb yourself fully as a self-employed entrepreneur? (d) Socio-economic problems constraints being faced in the existing trade/profession to become a sustainable self-employed entrepreneur (e) (i) Whether taken loan from any bank/financial institution of State/Central Government(give full details) (ii) If yes, indicate the balance amount of loan to be repaid (f) Have you ever been declared to be a defaulter to any nationalised bank/financial institution/ cooperative bank	
15	If any National or State level Award received during last five years, then please mention: (a) Name of the Award (b) Conferring Agency (c) Year of conferment	

Signature of the Applicant with Date

Signature, Name & Designation of the  
Recommending Authority with Date:

**PARTICULARS OF SPORTS PERSON WITH DISABILITY FOR STATE AWARD**

1	Name in English (in BLOCK Capital letters) and in Telugu	
2	Address along with Mobile Number	
3	E-mail address, if any	
4	Nature and degree of Disability (Attach Disability Certificate)	
5	Indicate percentage of disability and since when	
6	Date of Birth	
7	Educational qualifications	
8	Number of National & International level sports events participated	
9	Number of State, National & International medals won during last 5 years.	
10	Any other achievements in activities related to the sports	

Signature of the Applicant with Date

Signature, Name & Designation  
Recommending Authority with Date

of the

**PARTICULARS OF CREATIVE CHILD WITH DISABILITY FOR STATE AWARD**

1	Name in English (in BLOCK Capital letters) and in Telugu	
2	Address along with Mobile Number	
3	E-mail address, if any	
4	Nature and degree of Disability (Attach Disability Certificate)	
5	Indicate percentage of disability and since when	
6	Date of Birth	
7	Class in which studying	
8	Particulars of the creative work for which award is to be considered:	

Signature of the Applicant with Date

Signature, Name & Designation of the  
Recommending Authority with Date

**PARTICULARS OF CREATIVE ADULT WITH DISABILITY FOR STATE AWARD**

1	Name in English (in BLOCK Capital letters) and in Telugu	
2	Address along with Mobile Number	
3	E-mail address, if any	
4	Nature and degree of Disability (Attach Disability Certificate)	
5	Indicate percentage of disability and since when	
6	Date of Birth	
7	Particulars of the creative work for which award is to be considered:	

Signature of the Applicant with Date

Signature, Name & Designation of the  
Recommending Authority with Date

**BEST INNOVATIVE PRODUCT AIMED AT IMPROVING THE LIFE OF PERSONS WITH DISABILITIES.**

1.	Name in English (in BLOCK Capital letters)	
2.	Address of the applicant with Mobile Number	
3.	Web-site/E-mail address, if any	
4.	Date of birth	
5.	Educational qualifications	
6.	Professional/Official Designation & Address of Organization with Mobile Number	
7.	Title of Invention/Innovation	
8.	<p>i) When and where the development work was carried out.</p> <p>i) Was the proposal undertaken as a research project in a Research Laboratory/Institute or any other Organization.</p>	
9.	Detailed technical description (Use separate sheets)	
10.	Present stage of development (Strike out items which do not apply)	Idea/Model/Working
11.	<p>Claim of Originality</p> <p>a) How it is different from known Indigenous and imported Pin- Point in detail, the originality/ novelty claimed (Use separate sheet).</p>	
	b) Has it been patented? If so give patent no. and dates of application/ acceptance and sealing?	
12.	<p>Advantage claimed over alternative products (Strike out whichever is not applicable).</p> <p>a) Reduced capital cost/operating cost/Weight/volume.</p> <p>(b) Improved performance/safety/ output serviceability/range of applications/utility directly or as attachment.</p> <p>c) Aiding import substitution and self-reliance. Any other special merits.</p>	



13.	<p>Tests/Demonstrations carried out:</p> <p>a) Give details of the tests carried out and results obtained (Use separate sheets)</p> <p>b) Has the working model/prototype been demonstrated/supplied for use? If yes, give names(s) and address of the persons/testing agencies and details of their Observations/test results/opinions obtained.</p>	
14.	<p>Details about commercialization, has it been exploited commercially?</p> <p>a) If yes, date(s) of commercialization, names and addresses of the parties manufacturing and annual sales.</p> <p>b) Name and address of the users, if any.</p>	
15.	<p>Has your invention/innovation been Published in technical or scientific Magazine? If so, enclose reprints/Cuttings.</p>	
16.	<p>Has the invention/innovation been submitted for consideration or consideration for any International/ National Awards? If so, give particulars.</p>	
17.	<p>State how the invention will benefit people with disabilities in their education/employment/ training/rehabilitation or any other aspect of living.</p>	
18.	<p>Comment on its affordability by a common person with disabilities or by an institution/organization.</p>	
19.	<p>Whether received any award in the past. Specify and give a brief account.</p>	

**Signature of the Applicant with Date**

**Signature, Name & Designation of the  
Recommending Authority with Date**

**PARTICULARS OF INSTITUTIONS WORKING FOR THE EMPOWERMENT OF PERSONS WITH DISABILITIES**

1	Name of the Institution in English (In BLOCK Capital letters)	
2	Address of Institution with Mobile Number	
3	Web-site/E-mail address, if any	
4	Year of establishment	
5	Whether recognized or aided by State/Central Govt./ Local bodies	
6	Nature of work undertaken by the Institution	
7	Total number of employees in the Institution (also indicate the number of Male employees with disabilities, disability- wise).	
8	Details of work done by the Institution including places and the number of disabled persons covered by the Institution.	
9	Specify the outstanding achievements/ Contribution of the Institution in the Past ten years in the area of welfare of persons with disabilities and rehabilitation/ education including technical education and vocational training to persons with disabilities.	
10	Whether Institution have received any Award in the past. If so, specify and give brief account.	
11	No. of persons with disabilities are on Governing Body. Give their names and addresses.	
12	The number of disabled population served and area of work including District/State.	
13	Give details showing various activities done by the Institution with numerical output.	

**Signature of the Applicant with Date**

**Signature, Name & Designation of the  
Recommending Authority with Date**

**PARTICULARS OF EMPLOYER FOR STATE AWARD**

1	Name in English (in BLOCK Capital letters)	
2	Address of the organization with Mobile Number	
3	Web-site address, if any	
4	E-mail address, if any	
5	Whether Government/Public Sector / Undertaking/Private.	
6	Nature of work undertaken by the Organization.	
7	Total number of employees in the organization	
8	Number of employees with disability in the organization category-wise and sex-wise.	
9	Nature of disability of the employees (if the organization has employees with various disabilities, please indicate the number of employees with each disability)	
10	Percentage of employees with disability as Compared with the total number of Employees	
11	Nature of work in which Persons with disability are employed.	
12	Whether their service conditions are the same as those for others?	
13	Whether any modifications are made in the machinery and access is provided In the built environment.	
14	Special effort made to train and employ persons with disability so far and plans for future.	
15	How does the productivity of Employees with disability compare with that of non- disabled employees?	
16	Remarks	

**Signature of the Applicant with Date      Signature, Name & Designation      of the  
 Recommending Authority with Date**