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புதுச்சேரி மாநில அரசிதழ்

La Gazette de L'État de Poudouchéry

The Gazette of Puducherry

PART - II

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GOVERNMENT OF PUDUCHERRY
CHIEF SECRETARIAT (WELFARE)

[G.O. Ms. No. 6/2008-Wel (SW-V), dated 21st November 2008]

NOTIFICATION

The Lieutenant-Governor, Puducherry is pleased to make the following rules to provide for Grant of Stipend to the Physically Handicapped Trainees of the Vocational Training Institutes in all four regions of the Union territory of Puducherry, namely the "Grant of Stipend to the Physically Handicapped Trainees of Vocational Training Institutes of Puducherry", as appended to this rule.

2. This issues with the concurrence of the Finance Department *vide* their U.O. No. 77435/FD/F5/A2, dated 21-10-2008.

3. This order shall take immediate effect.

(By order of the Lieutenant-Governor)

S. POUCHEPARANY,

Under Secretary to Government (Welfare).

**RULES AND REGULATIONS FOR THE GRANT OF STIPEND TO
THE PHYSICALLY HANDICAPPED TRAINEES OF THE
VOCATIONAL TRAINING INSTITUTES OF PUDUCHERRY**

1. *Short title, extent and commencement.*— (i) These rules may be called the “Grant of Stipend to the Trainees of the Vocational Training Institutes of Puducherry Rules, 2008”.

(ii) They shall extend to the whole of the Union territory of Puducherry.

(iii) They shall come into force on and from the date of publication in the Official Gazette.

2. *Object.*— The main purpose of the scheme is to assist them to secure technical or professional training in the Vocational Training Institutes as would enable them to earn a living and become useful members of the Society.

3. *Definitions.*— In these rules, unless the context otherwise requires,—

(i) “Department” means the Department of Social Welfare;

(ii) “Director” means the Director of Social Welfare;

(iii) “Government” means the Administrator of the Union territory of Puducherry appointed under article 239 of the Constitution of India;

(iv) “Medical Authority” means any Medical Officer not below the rank of Specialist Grade-II (Junior Scale) in the field of disability concerned of the Government Hospital;

4. *Eligibility conditions.*— (a) He/she shall be a person with disability of not less than 40 percentage.

(b) He/she shall be a native of the Union territory of Puducherry by birth or by continuous residence of not less than 5 years immediately preceding the date of application. A person who claims nativity by virtue of birth and who has not resided in the Union Territory for a continuous period of at least 5 years on the date of application shall not be eligible for the assistance under the scheme.

(c) A disabled person should be undertaking a full-time vocational training course in any Vocational Training Centre/Workshop/ITI or any other centre run by the Central/State Government/Local body or any Voluntary Organization or Institution recognized by Central/State Government, lack of academic qualification shall not be a bar to the vocational training.

(d) A disabled person in receipt of financial assistance from the State Government and in receipt of free boarding and lodging facilities from any voluntary or State source will be eligible for the stipend as applicable to the day scholar.

5. *Income.*— There shall be no ceiling for income under this scheme.

The trainee in any recognized institution shall submit the Medical Certificate from a Government or Semi-Government Hospital for any leave or absence exceeding a week. The stipend will be admissible for a maximum period of leave or absence on medical grounds for 30 days. No stipend shall be admissible for any longer period of absence or leave.

6. *Change of course/institution/establishment.*— (a) No candidate shall change the institution/establishment or a course of study/training for which he/she is in receipt of stipend under these rules. Stipend will automatically be cancelled from the date, the course or institution/establishment is changed.

(b) A candidate may be required to refund to the Government, all the money received on account of stipend under these rules if he/she discontinues his/her studies/training without valid reasons during the course of the year for which a stipend is awarded.

7. *Cancellation/withholding of stipend.*— (i) If the progress of a candidate is not satisfactory, it shall be the responsibility of the head of the institution/establishment where the candidate is studying/working to issue monthly warnings to the effect that unless the candidate improves, stipend is likely to be ceased. In case the head of the institution/establishment is not satisfied with the progress of the candidate in spite of the warnings, the stipend shall not be paid to him/her and the matter should immediately be referred to the State Department of the Social Welfare for final decision.

(ii) Furnishing incorrect information or suppressing material facts will automatically entail cancellation of stipend besides other action being taken.

(iii) Every trainee shall abide by such rules as may be prescribed by the head of the establishment. Failure to do so will render him/her liable to discharge from the Institution at the discretion of the head of the establishment. His/her decision in this regard shall be final. No stipend payment shall be made from the date of discharge from the establishment.

(iv) Stipend will not be awarded :

(a) For pursuing an academic/technical course, if a candidate has already completed a conventional course/training.

8. *Rate of stipend.*— An amount of Rs. 800 per month shall be paid to a trainee.

9. *Tenure of stipend.*— The stipend will be tenable for a particular period of vocational training.

10. *Mode of applying.*— (i) Application shall be made to the State Department of Social Welfare in the prescribed form (Form-I) through the head of the institution where the candidate is admitted as a trainee.

(ii) A Medical Certificate should be produced relating to his/her disability issued by the Medical Authority.

11. Payment.— The payment of stipend will start from the month in which admission is taken and will be payable upto the month of examination/conclusion of training provided that :

(i) the period for which the stipend is payable does not exceed the period for which the course/training is held; or

(ii) No stipend is payable for a month in which the course of study/training has not commenced before the 20th of the month or the trainee has not joined before 20th day of that month; or

(iii) No stipend is payable for a month in which the training is terminated on or before the 8th of the month or the trainee has left the course of training in the institution before the 8th of the month; or

(iv) If the approved training and the examination terminate within one month of each other, stipend shall be payable up to the month in which the training terminated. No payment shall, however, be made if the training terminates before the 8th day of the month.

(v) The payment of stipend should be paid through the institution/establishment to the trainees concerned.

12. Leave or absence.— (a) For continuous absence for a period not exceeding three months, the stipend may be paid in full on medical grounds supported by evidence of a Government/semi-Government medical institution and the head of the institution/establishment of technical education. The period of leave availed of on any other grounds will not qualify for payment of stipend.

(b) Payment of stipend will cease on the period of leave exceeding three months.

FORM-I

[See rule 11(i)]

APPLICATION FOR GRANT OF STIPEND TO THE PHYSICALLY HANDICAPPED TRAINEES OF THE VOCATIONAL TRAINING INSTITUTES

Region :

Constituency :

Commune :

| |
|--|
| Affix here a recent passport size photo |
|--|

1. Name of the applicant :
(in block letters).
2. Sex : Male/Female
3. Father's/husband's/
guardian's name. :
4. Date of birth :
5. Permanent address for
communication.
6. Temporary address for :
communication.
7. Nature of disability :
8. The course of training for :
which stipend is now
desired.
9. Date of commencement of :
training.
10. Whether resident of :
Puducherry by birth or by
continuous residence at
Puducherry not less than
five years (Certificate from
Revenue Department is to
be attached)

*Signature/thumb-
impression of the applicant.*

DECLARATION

Iwife/son/daughter of Thiru/Tmt.....hereby declare that the particulars above are true / correct to the best of my knowledge and that I shall be held liable if the particulars furnished by me are found to be false at a later date.

*Signature/Thumb-
impression of the applicant.*

FORM-II

(To be obtained from the Revenue Department)

NATIONALITY/COMMUNITY/RESIDENCE

This is to certify that :

Thiru/Tmt./Selvi:.....son/
daughter of.....residing
at.....is a native/
resident of the Union territory of Puducherry by virtue of his/her birth/
continuous residence of.....years.

Place: *Signature of the Tahsildar/Deputy Tahsildar*
Date : *with office seal.*

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