



GOVERNMENT OF ODISHA
Department of Social Security & Empowerment of Persons with Disabilities

No. 7868 /SSEPD
SSEPD-DA4-SCH-0001-2018

Dt. 11.10.2021

Notice

State Award for Empowerment of Persons with Disabilities – 2021

Applications are invited from eligible individuals and institutions for conferment of State Award for Empowerment of Persons with Disabilities - 2021 in the following categories by the State Government on the eve of International Day for the PwDs i.e. 3rd December 2021:

Sl.	Award	Sub - Category	No. of Awards
1	Best Employee/ Self-employed with Disabilities	a) Visual Impairment (Blindness & Low Vision) b) Speech & Hearing c) Locomotor Disability (Including LCP) d) Intellectual Disability (MR, Autism) e) Multiple Disability (MD & CP)	One in each category
2	Best Employer	Agency	One
3	Best Achievement in Rehabilitation of PwDs	a) Individual b) Institution	One each in both categories
4	Best Applied Research or Innovation or Product Development for improving life of PwDs	a) Individual b) Institution	One each in both categories
5	Outstanding work for Creation of Barrier - Free Environment for PwDs	Institution	One
6	Best Sports Person with Disability	PwDs	One Male & One Female

7	Best exemplary service by individuals for PwDs	Individual	One
8	Best PwD performer in Performing/ Fine Arts	PwDs	One Male & One Female
9	Best District/ DDRC Providing Rehabilitation Services	a) District b) DDRC	One each in both categories

Application duly recommended and complete in all respect along with 2 passport size photos (in case of individual) should be submitted to the respective District Social Security Officer **latest by 31.10.2021**.

Applications received after the last date and/or without recommendation by the prescribed authority, or incomplete or unsigned will not be entertained and shall be summarily rejected.

The detailed guidelines can be accessed from the website ssep.gov.in.

Sd/-
Director

Annexure- A**PARTICULARS OF THE INDIVIDUAL FOR
STATE AWARD FOR EMPOWERMENT OF PERSONS WITH DISABILITIES**

1	Category of Award Applied for	:	
2	Name in English (In BLOCK Capital letters) & in Odia	:	
3	Detailed Address with telephone numbers/ FAX number/ E-Mail address (if any)	:	
4	Date of Birth/Age	:	
5	Sex	:	
6	If working, 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 individual.	:	
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	:	
14	Details of Enclosures (Please enclose photograph of applicant, copies of certificates and testimonials if any	:	

Signature of the applicant with date

Signature of the recommending authority with date

Annexure- B

**PARTICULARS OF THE INSTITUTION FOR
STATE AWARD FOR EMPOWERMENT OF PERSONS WITH DISABILITIES**

1	Category of Award Applied for	:			
2	Name of the Institution in English (In BLOCK Capital letters)	:			
3	Postal and Telegraphic address of institution with telephone and fax number	:			
4	Web-site/E-mail address, if any	:			
5	Year of establishment	:			
6	Whether recognized or aided by State/Central Govt./ Local bodies	:			
7	Nature of work undertaken by the Institution	:			
8	Total number of employees in Institution (also indicate the number employees with disabilities, disability-wise)	:	Male	Female	Total
9	Details of work done by the Institution including places, the number of disabled persons covered, and innovative works conducted by the Institution	:			
10	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, research and innovations if any.	:			
11	Whether Institution has received any Award in the past. If so, specify and give brief account.	:			
12	No. of persons with disabilities are on Governing Body. Give their names and addresses.	:			
13	The number of disabled populations served and area of work including District/ State.	:			

14	Give details showing various activities done by the Institution with numerical output.	:	
15	Details of Enclosures (Please enclose photographs, copies of certificates of registrations, annual reports and other relevant documents to substantiate the application)	:	

Signature of Chief Functionary of the
Institution with seal and date

Signature of the recommending authority with date