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The Scheduled Castes and the Scheduled Tribes (Prevention of Atrocities) Rules, 1995

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MINISTRY OF WELFARE

New Delhi, the 31st March, 1995

NOTIFICATION

G.S.R 316(E) – In exercise of the powers conferred by sub-section (1) of Section 23 of the Scheduled Castes and the Scheduled Tribes (Prevention of Atrocities) Act, 1989 (33 of 1989), the Central Government hereby makes the following rules, namely:-

1. Short title and commencement. – (1) These rules may be called the Scheduled Castes and the Scheduled Tribes (Prevention of Atrocities) Rules, 1995.

(2) They shall come into force on the date of their publication in the Official Gazette.

2. Definitions:- In these rules, unless the context otherwise requires:-

- (a) "Act" means the Scheduled Castes and the Scheduled Tribes (Prevention of Atrocities) Act, 1989 (33 of 1989);
- (b) "dependent", with its grammatical variations and cognate expressions, includes wife, children, whether married or unmarried, dependent parents, widowed sister, widow and children of pre-deceased son of a victims of atrocity;
- (c) "identified area" means such area where State Government has reason to believe that atrocity may take place or there is an apprehension of reoccurrence of an offence under the Act or an area prone to atrocity;
- (d) "Non-Government Organisation" means a voluntary organisation engaged in the welfare activities relating to the scheduled castes and the scheduled tribes and registered under the Societies Registration Act, 1860 (21 of 1860) or under any law for the registration of documents or such organisation for the time being in force;
- (e) "Schedule" means the Schedule annexed to these rules;
- (f) "Section" means section of the Act;
- (g) "State Government", in relation to a Union Territory, means the Administrator or the Union Territory appointed by the President under Article 239 of the Constitution;
- (h) words and expressions used herein and not defined but defined in the Act shall have the meanings respectively assigned to them in the Act.

3. Precautionary and Preventive Measures.- (1) With a view to prevent atrocities on the Scheduled Castes and the Scheduled Tribes, the State Government shall:-

- (i) identify the area where it has reason to believe that atrocity may take place or there is an apprehension of reoccurrence of an offence under the Act;
- (ii) order the District Magistrate and Superintendent of Police or any other officer to visit the identified area and review the law and order situation;
- (iii) if deem necessary, in the identified area cancel the arms licences of the persons,

not being member of the Scheduled Castes or Scheduled Tribes, their near relations, servants or employees and family friends and get such arms deposited in the Government Armoury;

- (iv) seize all illegal fire arms and prohibit any illegal manufacture of fire arms:
- (v) with a view to ensure the safety of person and property, if deem necessary, provide arms licences to the members of the Scheduled Castes and the Scheduled Tribes;
- (vi) constitute a high power State-level committee, district and divisional level committees or such number of other committees as deem proper and necessary for assisting the Government in implementation of the provisions of the Act;
- (vii) set-up a vigilance and monitoring committee to suggest effective measures to implement the provisions of the Act;
- (viii) set-up Awareness Centres and organise Workshops in the identified area or at some other place to educate the persons belonging to the Scheduled Castes and the Scheduled Tribes about their rights and the protection available to them under the provisions of various Central and State enactments or rules, regulations and schemes framed thereunder;
- (ix) encourage Non-Government Organisations for establishing and maintaining Awareness Centres and organizing Workshops and provide them necessary financial and other sort of assistance;
- (x) deploy special police force in the identified area;
- (xi) by the end of every quarter, review the law and order situation, functioning of different committees, performance of Special Public Prosecutors, Investigating Officers and other Officers responsible for implementing the provisions of the Act and the cases registered under the Act.

4. SUPERVISION OF PROSECUTION AND SUBMISSION OF REPORT:-

(1) The State Government on the recommendation of the District Magistrate shall prepare for each District a panel of such number of eminent senior advocates who has been in practice for not less than seven years, as it may deem necessary for conducting cases in the Special Courts. Similarly, in consultation with the Director Prosecution/incharge of the prosecution, a panel of such number of Public Prosecutors as it may deem necessary for conducting cases in the Special Courts, shall also be specified. Both these panels shall be notified in the Official Gazette of the State and shall remain in force for a period of three years.

(2) The District Magistrate and the Director of Prosecution/in-charge of the prosecution shall review at least twice in a calendar year, in the month of January and July, the performance of Special Public Prosecutors so specified or appointed and submit a report to the State Government.

(3) If the State Government is satisfied or has reason to believe that a Special Public Prosecutor so appointed or specified has not conducted the case to the best of his ability and with due care and caution, his name may be, for reasons to be recorded in writing, denotified.

(4) The District Magistrate and the officer-in-charge of the prosecution at the District level, shall review the position of cases registered under the Act and submit a monthly report on or before 20th day of each subsequent month to the Director of Prosecution and the State Government. This report shall specify the actions taken/proposed to be taken in respect of investigation and prosecution of each case.

(5) Notwithstanding anything contained in sub-rule (1) the District Magistrate or the Sub-Divisional Magistrate may, if deem necessary or if so desired by the victims of atrocity engage an eminent Senior Advocate for conducting cases in the Special Courts on such payment of fee as he may consider appropriate.

(6) Payment of fee to the Special Public Prosecutor shall be fixed by the State Government on a scale higher than the other panel advocates in the State.

5. INFORMATION TO POLICE OFFICER IN-CHARGE OF A POLICE STATION:

(1) Every information relating to the commission of an offence under the Act, if given orally to an officer in-charge of a police station shall be reduced to writing by him or under his direction, and be read over to the informant, and every such information, whether given in writing or reduced to writing as aforesaid, shall be signed by the persons giving it, and the substance thereof shall be entered in a book to be maintained by that police station.

(2) A copy of the information as so recorded under sub-rule (1) above shall be given forthwith, free of cost, to the informant.

(3) Any person aggrieved by a refusal on the part of an officer in-charge of a police station to record the information referred to in sub-rule (1) may send the substance of such information, in writing and by post, to the Superintendent of Police concerned who after investigation either by himself or by a police officer not below the rank of Deputy Superintendent of Police, shall make an order in writing to the officer in-charge of the concerned police station to enter the substance of that information to be entered in the book to be maintained by the police station.

6. Spot inspection by officers.- (1) Whenever the District Magistrate or the Sub-Divisional Magistrate or any other executive Magistrate or any police officer not below the rank of Deputy Superintendent of Police receives an information from any person or upon his own knowledge that an atrocity has been committed on the members of the Scheduled Castes or the Scheduled Tribes within his jurisdiction, he shall immediately himself visit the place of occurrence to assess the extent of atrocity, loss of life, loss and damage to the property and submit a report forthwith to the State Government.

(2) The District Magistrate or the Sub-Divisional Magistrate or any other executive Magistrate and the Superintendent of Police/Deputy Superintendent of Police after inspecting the place or area shall on the spot:-

- (i) draw a list of victims, their family members and dependents entitled for relief;
- (ii) prepare a detailed report of the extent of atrocity loss and damage to the property of the victims;
- (iii) order for intensive police patrolling in the area;

- (iv) take effective and necessary steps to provide protection to the witnesses and other sympathisers of the victims;
- (v) provide immediate relief to the victims.

7. INVESTIGATING OFFICER:

(1) An offence committed under the Act shall be investigated by a police officer not below the rank of a Deputy Superintendent of Police. The investigating officer shall be appointed by the State Government /Director General of Police/Superintendent of Police after taking into account his past experience, sense of ability and justice to perceive the implications of the case and investigate it along with right lines within the shortest possible time.

(2) The investigating officer so appointed under sub-rule (1) shall complete the investigation on top priority within thirty days and submit the report to the Superintendent of Police who in turn will immediately forward the report to the Director General of Police of the State Government.

(3) The Home Secretary and the Social Welfare Secretary to the State Government, Director of Prosecution the officer in-charge of Prosecution and the Director General of Police shall review by the end of every quarter the position of all investigations done by the investigating officer.

8. SETTING UP OF THE SCHEDULED CASTES AND THE SCHEDULED TRIBES PROTECTION CELL:

(1) The State Government shall set up a Scheduled Castes and the Scheduled Tribes Protection Cell at the State head quarter under the charge of Director General of Police/Inspector General of Police. This Cell shall be responsible for:-

- (i) conducting survey of the identified area;
- (ii) maintaining public order and tranquility in the identified area;
- (iii) recommending to the State Government for deployment of special police force or establishment of special police post in the identified area;
- (iv) making investigations about the probable causes leading to an offence under the Act;
- (v) restoring the feeling of security amongst the members of the Scheduled Castes and the Scheduled Tribes;
- (vi) informing the nodal officer and special officer about the law and order situation in the identified area;
- (vii) making enquiries about the investigation and spot inspections conducted by various officers;
- (viii) making enquiries about the action taken by the Superintendent of Police in the cases where an officer in-charge of the police station has refused to enter an information in a book to be maintained by that police station under sub-rule (3) of rule 5;
- (ix) making enquiries about the wilful negligence by a public servant;

- (x) reviewing the position of cases registered under the Act; and
- (xi) submitting a monthly report on or before 20th day of each subsequent month to the State Government nodal officer about the action taken/proposed to be taken in respect of the above.

9. NOMINATION OF NODAL OFFICER:

The State Government shall nominate a nodal officer of the level of a Secretary to the State Government preferably belonging to the Scheduled Castes or the Scheduled Tribes, for co-ordinating the functioning of the District Magistrates and Superintendent of Police or other officers authorised by them investigating officers and other officers responsible for implementing the provisions of the Act. By the end of the every quarter, the nodal officer shall review:-

- (i) the reports received by the State Government under sub-rule (2) and (4) of rule 4, rule 6, clause (xi) of rule 8;
- (ii) the position of cases registered under the Act;
- (iii) law and order situation in the identified area;
- (iv) various kinds of measures adopted for providing immediate relief in cash or kind or both to the victims of atrocity or his or her dependent;
- (v) adequacy of immediate facilities like rationing, clothing, shelter, legal aid, travelling allowance, daily allowance and transport facilities provided to the victims of atrocity or his/her dependents;
- (vi) performance of non-Governmental organisations, the Scheduled Castes and the Scheduled Tribes Protection Cell, various committees and the public servants responsible for implementing the provisions of the Act.

10. APPOINTMENT OF A SPECIAL OFFICER:

In the identified area a Special Officer not below the rank of a Additional District Magistrate shall be appointed to co-ordinate with the District magistrate, Superintendent of Police or other officers responsible for implementing the provisions of the Act, various committees and the Scheduled Castes and the Scheduled Tribes Protection Cell.

The Special Officer shall be responsible for:

- (i) providing immediate relief and other facilities to the victims of atrocity and initiate necessary measures to prevent or avoid re-occurrence of atrocity;
- (ii) setting up an awareness centre and organizing workshop in the identified area or at the district head quarters to educate the persons belonging to the Scheduled Castes and the Scheduled Tribes about their rights and the protection available to them under the provisions of various Central and State enactments or rules and schemes etc. framed therein;
- (iii) co-ordinating with the Non Governmental organisations and providing necessary facilities and financial and other type of assistance to non-Governmental Organisation for maintaining centres or organising workshops;

11. TRAVELLING ALLOWANCE DAILY ALLOWANCE MAINTENANCE EXPENSES AND TRANSPORT FACILITIES TO THE VICTIM OF ATROCITY, HIS OR HER DEPENDENT AND WITNESSES:

(1) Every victim of atrocity or his/her dependent and witnesses shall be paid to and fro rail fare by second class in express/mail/passenger train or actual bus or taxi fare from his/her place of residence or actual bus or taxi fare from his/her place of residence or place of stay to the place of investigation or hearing of trial of an offence under the Act.

(2) The District Magistrate or the Sub-Divisional Magistrate or any other Executive Magistrate shall make necessary arrangements for providing transport facilities or reimbursement of full payment thereof to the victims of atrocity and witnesses for visiting the investigating officer, Superintendent of Police /Deputy Superintendent of Police, District Magistrate or any other Executive Magistrate.

(3) Every women witness, the victim of atrocity or her dependent being a woman or a minor, a person more than sixty years of age and person having 40 percent or more disability shall be entitled to be accompanied by an attendant of her/his choice. The attendant shall also be paid travelling and maintenance expenses as applicable to the witness or the victim of atrocity when called upon during hearing, investigation and trial of an offence under the Act.

(4) The witness, the victims of atrocity or his/her dependent and the attendant shall be paid daily maintenance expenses for the days he/she is away from the place of his/her residence or stay during investigation, hearing and trial of an offence, at such rates but not less than the minimum wages, as may be fixed by the State Government for the agricultural labourers.

(5) In addition to daily maintenance expenses the witness, the victim of atrocity (or his/her dependent) and the attendant shall also be paid diet expenses at such rates as may be fixed by the State Government from time to time.

(6) The payment of travelling allowance, daily allowance, maintenance expenses and reimbursement of transport facilities shall be made immediately or not later than three days by the District Magistrate or the Sub-Divisional Magistrate or any other Executive Magistrate to the victims their dependents/attendant and witnesses for the days they visit the investigating officer or in-charge police station or hospital authorities or Superintendent of Police/Deputy Superintendent of Police or District Magistrate or any other officer concerned or the Special Court.

(7) When an offence has been committed under Section 3 of the Act, the District Magistrate or the Sub-Divisional Magistrate or any other Executive Magistrate shall reimburse the payment of medicines, special medical consultation, blood transfusion, replacement of essential clothing, meals and fruits provided to the victim(s) of atrocity.

12. MEASURES TO BE TAKEN BY THE DISTRICT ADMINISTRATION :-

(1) The District Magistrate and the Superintendent of Police shall visit the place or area where the atrocity has been committed to assess the loss of life and damage to the property and draw a list of victim their family members and dependents entitled for relief.

(2) Superintendent of Police shall ensure that the First Information Report is registered in the book of the concerned police station and effective measures for apprehending the accused are taken.

(3) The Superintendent of Police, after spot inspection, shall immediately appoint an investigation officer and deploy such police force in the area and take such other preventive measures as may be deemed proper and necessary.

(4) The District Magistrate or the Sub-Divisional Magistrate or any other Executive Magistrate shall make arrangements for providing immediate relief in cash or in kind or both to the victims of atrocity, their family members and dependents according to the scale as in the schedule annexed to these Rules (Annexure-I read with Annexure-II). Such immediate relief shall also include food, water, clothing, shelter, medical aid, transport facilities and other essential items necessary for human beings.

(5) The relief provided to the victim of the atrocity or his/her dependent under sub-rule (4) in respect of death, or injury to, or damage to property shall be in addition to any other right to claim compensation in respect thereof under any other law for the time being in force.

(6) The relief and rehabilitation facilities mentioned in sub-rule (4) above shall be provided by the District Magistrate or the Sub-Divisional Magistrate or any other Executive Magistrate in accordance with the scales provided in the Schedule annexed to these rules.

(7) A report of the relief and rehabilitation facilities provided to the victims shall also be forwarded to the Special Court by the District Magistrate or the Sub-Divisional Magistrate or the Executive Magistrate or Superintendent of Police. In case the Special Court is satisfied that the payment of relief was not made to the victim or his/her dependent in time or the amount of relief or compensation was not sufficient or only a part of payment of relief or compensation was made, it may order for making in full or part the payment of relief or any other kind of assistance.

13. SELECTION OF OFFICERS AND OTHER STAFF MEMBERS FOR COMPLETING THE WORK RELATING TO ATROCITY:

(1) The State Government shall ensure that the administrative officers and other staff members to be appointed in an area prone to atrocity shall have the right aptitude and understanding of the problems of the Scheduled Castes and the Scheduled Tribes.

(2) It shall also be ensured by the State Government that person from the Scheduled Castes and the Scheduled Tribes are adequately represented in the administration and in the police force at all levels, particularly at the level of police posts and police station.

14. SPECIFIC RESPONSIBILITY OF THE STATE GOVERNMENT:

The State Government shall make necessary provisions in its annual budget for providing relief and rehabilitation facilities to the victims of atrocity. It shall review at least twice in a calendar year, in the month of January and July the performance of the Special Public Prosecutor specified or appointed under Section 15 of the Act, various reports received, investigation made and preventive steps taken by the District Magistrate, Sub-Divisional Magistrate and Superintendent of Police, relief and rehabilitation facilities provided to the victims and the reports in respect of lapses on behalf of the concerned officers.

15. CONTINGENCY PLAN BY THE STATE GOVERNMENT:

(1) The State Government shall prepare a model contingency plan for implementing the pro-

visions of the Act and notify the same in the Official Gazette of the State Government. It should specify the role and responsibility of various departments and their officers at different levels, the role and responsibility of Rural/Urban Local Bodies and Non-Government Organisations. Inter alia this plan shall contain a package of relief measures including the following.

- (a) scheme to provide immediate relief in cash or in kind or both;
- (b) allotment of agricultural land and house sites;
- (c) the rehabilitation packages;
- (d) scheme for employment in Government or Government undertaking to the dependant or one of the family members of the victim;
- (e) pension scheme for widows, dependant children of the deceased, handicapped or old age victims of atrocity;
- (f) mandatory compensation for the victims;
- (g) scheme for strengthening the socio-economic condition of the victim;
- (h) provisions for providing brick/stone masonry house to the victims;
- (i) such other elements as health care, supply of essential commodities, electrification, adequate drinking water facility, burial /cremation ground and link roads to the Scheduled Castes and the Scheduled Tribes habitats.

(2) The State Government shall forward a copy of the contingency plan or a summary thereof and copy of the scheme, as soon as may be, to the Central Government in the Ministry of Welfare and to all the District Magistrates, Sub-Divisional Magistrates, Inspector General of Police and Superintendents of Police.

16. CONSTITUTION OF STATE-LEVEL VIGILANCE AND MONITORING COMMITTEE:

(1) The State Government shall constitute a high power vigilance and monitoring committee of not more than 25 members consisting of the following:

- (j) Chief Minister/Administrator – Chairman (in case of a State under President's Rule Governor - Chairman).
- (ii) Home Minister, Finance Minister and Welfare Minister - Members (in case of a State under the President's Rule Advisors - Members).
- (iii) All elected Members of Parliament and State Legislative Assembly and Legislative Council from the State belonging to the Scheduled Castes and the Scheduled Tribes – Members.
- (iv) Chief Secretary, the Home Secretary, the Director General of Police, Director/Deputy Director National Commission for the Scheduled Castes and the Scheduled Tribes – Members.

- (v) The Secretary in-charge to the welfare and development of the Scheduled Castes and the Scheduled Tribes – convener.

(2) The high power vigilance and monitoring committee shall meet at least twice in a calendar year, in the month of January and July to review the implementation of the provisions of the Act, relief and rehabilitation facilities provided to the victims and other matters connected therewith, prosecution of cases under the Act, role of different officers/agencies responsible for implementing the provisions of the Act and various reports received by the State Government.

17. CONSTITUTION OF DISTRICT LEVEL VIGILANCE AND MONITORING COMMITTEE:

(1) In each district within the State, the District Magistrate shall set up a vigilance and monitoring committee in his district to review the implementation of the provisions of the Act, relief and rehabilitation facilities provided to the victims and other matters connected therewith, prosecution of cases under the Act, role of different officers/agencies responsible for implementing the provisions of the Act and various reports received by the District Administration.

(2) The district level vigilance and monitoring committee shall consist of the elected Members of Parliament and State Legislative Assembly and Legislative Council, Superintendent of Police, three group 'A' officers/Gazetted officers of the State Government belonging to the Scheduled Castes and the Scheduled Tribes, not more than 5 non official members belonging to the Scheduled Castes and the Scheduled Tribes and not more than 3 members from the categories other than the Scheduled Castes and the Scheduled Tribes having association with Non-Government Organisations. The District Magistrate and Distt. Social Welfare Officer shall be chairman and Member Secretary respectively.

- (3) The district level committee shall meet at least once in three months.

18. MATERIAL FOR ANNUAL REPORT:

The State Government shall every year before the 31st March. forwarded the report to the Central Government about the measures taken for implementing provisions of the Act and various schemes/plans framed by it during the previous calendar year.

[File No.11012/1/89-PCR(Desk)]
GANGA DAS, Jt. Secy.

ANNEXURE - I
SCHEDULE

(See Rule 12.(4))
NORMS FOR RELIEF AMOUNT

S.. No.	Name of offence	Minimum amount of relief
1.	Drink or eat inedible or obnoxious substance [Section 3 (1) (i)]	Rs. 25.000 or more depending upon the nature and gravity of the offence to each victim and also commensurate with the indignity, insult,

2. Causing injury insult or annoyance [Section 3(1)(ii)] injury and defamation suffered by the victim. Payment to be made as follows:
 - I. 25% when the charge sheet is sent to the Court
 - II. 75% when accused are convicted by the lower court.
3. Derogatory act [Sec. 3(1) (iii)]
4. Wrongful occupation or cultivation of land, etc. [Section 3(1)(iv)] Atleast Rs.25,000 or more depending upon the nature and gravity of the offence. The land/premises/water supply shall be restored where necessary at Government cost, Full payment to be made when charge-sheet is sent to the Court.
5. Relating to land, premises and water [Section 3(1)(v)]
6. Begar or forced or bonded labour [Section 3(1) (vi)] Atleast Rs.25,000/- to each victim. payment of 25% at FIR stage and 75% on conviction in the lower court.
7. Relating to right to franchise [Section 3(1) (vii)] Upto Rs.20,000/ - to each victim depending upon the nature and gravity of the offence.
8. False, malicious or vexatious legal proceedings [Section 3(1) (viii)] Rs. 25,000/ - or reimbursement of actual legal expenses and damages or whichever is less after conclusion of the trial of the accused.
9. False and frivolous information [Section 3 (1)(ix)]
10. Insult, intimidation and humiliation [Section 3 (1)(x)] Upto Rs. 25,000/- to each victim depending upon the nature of the offence . Payment of 25% when charge-sheet is sent to the court and rest on conviction.
11. Outraging the modesty of a woman [Section 3 (1)(xi)] Rs.50,000/- to each victim of the offence .50% of the amount may be paid after medical examination and remaining 50% at the conclusion of the trial.
12. Sexual exploitation of a woman [Section 3(1)(xii)]
13. Fouling of water [Section 3 (1) (xiii)] Upto Rs.1,00,000 or full cost of restoration of normal facility,including cleaning when the water is fouled. Payment may be made at the stage as deemed fit by District Administration.
14. Denial of customary rights of passage [Section 3(1) (xiv)] Upto Rs.1,00,000 or full cost of restoration of right of passage and full compensation of the loss suffered, if any. Payment of 50% when charge sheet is sent to the court and 50% on conviction in lower-court.
15. Making one desert place of residence [Section 3(1) (xv)] Restoration of the site/right to stay and compensation of Rs.25,000/- to each victim and reconstruction of the house at Govt. cost, if destroyed, To be paid in full when charge sheet is sent to the lower court.

16. Giving false evidence [Section 3(2)(i) and (ii)] At least Rs.1,00,000 or full – compensation of the loss or harm sustained. 50% to be paid when charge-sheet is sent to Court and 50% on conviction by the lower court.
17. Committing offences under the Indian Penal Code punishable with imprisonment for a term of 10 years or more [Section 3(2)] Atleast Rs.50,000 depending upon the nature and gravity of the offence to each victim and or his dependents. The amount would vary if specifically otherwise provided in the Schedule.
18. Victimization at the hands of a public servant [Section 3(2)(vii)] Full compensation on account of damages or loss or harm sustained. 50% to be paid when charge-sheet is sent to the Court and 50% on conviction by lower court.
19. Disability. The definitions of physical & mental disabilities are contained in the Ministry of Welfare, G.O.I. notification No.4-2/83-HW.III, dated 6-8-1986 as amended from time to time. A copy of the notification is at Annexure – II.
- (a) 100% incapacitation
- (i) Non- earning Member of a family At least Rs.1,00,000 to each victim of offence. 50% on FIR and 25% at chargesheet and 25% on conviction by the lower court.
- (ii) Earning Member of a family At least Rs.2,00,000 to each victim of offence, 50% to be paid on FIR/Medical examination stage, 25% when charge-sheet sent to court and 25% at conviction in lower court.
- (b) Where incapacitation is less than 100% The rates as laid down in a(i) and (ii) above shall be reduced in the same proportion, the stages of payments also being the same. However, not less than Rs.15,000 to non earning member and not less than Rs.30,000 to a earning member of a family.
20. Murder /Death
- (a) Non-earning Member of a family At least Rs.1,00,000 to each case. Payment of 75% after postmortem and 25% on conviction by the lower court.
- (b) Earning Member of a family At least Rs. 2,00,000/- to each case. Payment of 75% after postmortem and 25% on conviction by the lower Court.

21. Victim of murder, death, massacre, rape mass rape and gang rape, permanent incapacitation and dacoity
- In addition to relief amounts paid under above items, relief may be arranged within three months of date of atrocity as follows:-
- (i) Pension to each widow and/or other dependents of deceased SC and ST @ Rs. 1,000/- per month, or Employment to one member of the family of the deceased, or provision of agricultural land, an house, if necessary by outright purchase.
 - (ii) Full cost of the education and maintenance of the children of the victims. Children may be admitted to Ashram Schools/ residential schools.
 - (iii) Provision of utensils, rice, wheat, dals, pulses, etc. for a period of three months.
22. Complete destruction/burnt houses.
- Brick/stone masonry house to be constructed or provided at Government cost where it has been burnt or destroyed.
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ANNEXURE – II

NO. 4-2/83-HW.III
GOVERNMENT OF INDIA
MINISTRY OF WELFARE

New Delhi, the 6th August, 1986.

Subject: Uniform Definitions of the Physically Handicapped.

At present, different definitions for various categories of handicapped are adopted in various schemes/programmes of the Central and State Governments. In order to have a standard set of definitions, authorised certification authorities and standard tests for purpose of objective certification, Government of India in Ministry of Welfare set up three committees under the Chairmanship of Director General of Health Services – one each in the area of visual handicaps, speech and hearing disorders and locomotor disabilities and a separate Committee for mental handicaps.

2. After having considered the reports of these committees and with the concurrence of the State Governments/UTs and the concerned Ministries/Departments the undersigned is directed to convey the approval of the President to notify the definitions of the following categories of physically handicapped:-

1. Vsually handicaps
2. Locomotor handicaps
3. Speech and hearing handicaps
4. Mental handicaps.

Report of the Committee as indicated in the Annexure I.

3. Each category of handicapped persons has been divided into four groups viz. mild moderate, severe and profound/total. It has been decided that various concessions/benefits would in future be available only to the moderate, severe and profound/total groups; and not to the mild groups. The minimum degree of disability should be 40 per cent in order to be eligible for any concession/benefits.

4. It has been decided that the authorised certifying authority will be a medical board at the district level. The board will consist of the Chief Medical Officer/Sub-Divisional Medical Officer in the District and another expert in the specified field viz. ophthalmic surgeon in case of visual handicaps, either an ENT Surgeon or an audiologist in case of speech and hearing handicaps; an orthopaedic surgeon or a specialist in physical medicine and rehabilitation in case of locomotor handicaps, a psychiatrist or a clinical psychologist or a teacher in special education in case of mental handicaps.

5. Specified tests as indicated in Annexure should be conducted by the medical board and recorded before a certificate is given.

6. The certificate would be valid for a period of three years.

7. The State Govts./UT Admn. may constitute the medical boards indicated in para 4 above immediately.

M. C. NARSIMHAN, Jt. Secy. to the Govt. of India.

ORDER

Ordered that the above notification be published in the Gazette of India for general information. Copies of the Gazette notification may be sent to all Ministries/Deptt. of the Central Govt. all State Govts/UT Admn. President Sectt. P.M.'s Office, Lok Sabha, Rajya Sabha Sectt. for information and necessary action.

M. C. NARSIMHAN, Jt. Secy. to the Govt. of India.

COMBINE REPORT OF THREE COMMITTEES RECOMMENDING UNIFORM SET OF DEFINITIONS, AUTHORITIES FOR CERTIFICATION AND STANDARD TESTS FOR VISUAL, HEARING AND SPEECH AND LOCOMOTOR DISABILITIES

List of the Members of the Committees at Annexure I.

Introduction

India is a vast country with variable social, cultural, geographical and economic background. Despite breakthrough in health services, a number of disabilities continue to appear due to polio communicable and congenital diseases, increased industrialisation and mechanisation vehicular traffic leading to locomotor disabilities; vitamin – A deficiency, cataract and infectious injuries, nutritional deficiency leading to visual loss; ear infection, external injuries, noise pollution contributing to hearing loss. These are the three major disabilities which manifest themselves as a result of one or more of such factors.

2. Government of India are providing a large number of facilities and concessions to disabled persons. In order to provide these facilities and concessions it is imperative that standard definition of these disabilities is decided upon. Consequent to recommendation of the

National Council for Handicapped Welfare the Committees under the chairmanship of Director General of Health Services met for the adoption of standard set of definitions which should be uniformly applicable through out the country.

The exercise of evolving a uniform set of definition should not be however to construed to mean that no definitions have been set forth at present. Definitions of these three major disabilities which are prevalent at present for extending various concessions and facilities to handicapped are given in Annexure II.

Recommended Definitions

Physical impairment leads to functional limitation and functional limitation leads to disability. Physical impairment, functional limitation and disability have been defined by WHO and this Committee would recommend adopting this classification, which is as follows:-

- (i) Impairment : An impairment is a permanent or transitory psychological or anatomical loss and /or abnormality. For example a missing or effective part, tissue organ or "Mechanism" of the body such as an amputated limb, paralysis after polio, myocardial infarction, cerebrovascular thrombosis, restricted pulmonary capacity, diabetes, myopia, disfigurement, mental retardation, hypertension, perceptual disturbance.
- (ii) Functional limitation : Impairment may cause functional limitations which are the partial or total inability to perform those activities necessary for motor, sensory, or mental functions within the range and manner of which a human being is normally capable such as walking, lifting loads, seeing, speaking, hearing, reading, writing, counting, taking interest in and making contact with surroundings. A functional limitation may last for a short time a long time be permanent or reversible. It should be quantifiable whenever possible. Limitations may be described as "Progressive" or "regressive".
- (iii) Disability : Disability is defined as an existing difficulty in performing one or more activities which, in accordance with the subject's age, sex and morative social role, are generally accepted as essential, basic components of daily living, such as self-care, social relations and economic activity. Depending in part on the duration of the functional limitation disability may be short-term, long-term or permanent.

Medically, disability is physical impairment and inability to perform physical functions normally. Legally, disability is a permanent injury to body for which the person should or should not be compensated.

The disability can be divided into 3 periods.

- (i) Temporary total disability is that period in which the affected person is totally unable to work. During this time he may receive orthopaedic, ophthalmological auditory or speech or any other medical treatment.
- (ii) Temporary partial disability is that period when recovery has reached the stage of improvement so that person may begin some kind of gainful occupation.
- (iii) Permanent disability, applies to permanent damage or loss of use of some part/parts of the body after the stage of maximum improvement from any medical treatment has been reached and the condition is stationary.

The classifications & various concessions being recommended are for the permanent disability only.

Evaluation and Assessment of Visual Disabilities

The group recommended the classification of visual impairment/disability may be categorised in four groups for considering various concessions to visually handicapped.

The question regarding one eyed person was considered at length. The Committee is of the view that the guidelines recommend for evaluation of visual loss of persons who have lost one eye but have the other eye normal should be totally unambiguous. The Committee feels that such persons may not be clubbed with other visually handicapped so that facilities/concessions available to severely/profoundly visually handicapped and totally blind are not eroded. If one eyed persons are clubbed with severely/profoundly visually handicapped and totally blind persons, the Committee feels that most of the concessions especially jobs reserved for the blind persons shall go to one-eyed persons as their visual loss is minimal compared to other 2 categories and in this manner most of the Government offices/public sector undertakings will be fulfilling the quota but in actual practice will not be giving jobs to totally blind and persons with severe visual loss. The Committee, however, feels that it should be made clear that loss of one eye will not be considered as a disqualification on medical grounds unless a particular post is of such a technical nature that it requires of a person the use of both the eyes or 3 dimensional vision. The Committee also recommends that if a person has been declared unfit due to some temporary visual loss/defect, it should not be construed to mean as disabled if such a temporary impairment in the opinion of a Medical Board can be overcome with treatment or visual aids.

Guidelines for evaluation & categorisation of visual disabilities are given in Appendix III.

2. Evaluation & Assessment of Hearing & Speech Disability

The Committee recommended that the definitions which are internationally accepted and have been adopted by WHO may be adopted in this country also for evaluation and categorisation of hearing & speech loss.

The recommended classification and guidelines for evaluation of hearing loss are given in Appendix II. The Committee also considered various facilities/concessions which may be given to hearing handicapped persons and suggestions of the facilities which may be offered to the hearing handicapped for rehabilitation are also given in Appendix II.

3. Evaluation & Assessment of Orthopaedic Disabilities

The Committee recommends that Kessler's method may be taken as a general guideline for evaluating orthopaedic disability. Since issues have been raised regarding the quantification of degree of disability, the authorised Medical Board may also consult any other suitable method and use Kessler's method as a basic guideline.

The Committee is aware that there are other methods of quantification which are at variance with the Kessler's guidelines. However, Kessler's guidelines for evaluation of various degrees of disability. It is expected, would hold good for most of the time. The individual Medical Board could take into consideration other methods which may help the board in evaluating disability in an individual case.

The Authorities to give Certification

A permanent disability certificate will be issued by a board duly constituted by the Central and the State Governments. It is recommended that Medical Board for evaluation of disability should be available minimum at the district level. It is also recommended to have atleast 3 members in the board, out of which atleast one should be a specialist in the particular field for assessing locomotor/visual/hearing & speech disability as the case may be.

It is also recommended that the competent authority may also appoint an appellate medical board to resolve any dispute.

Concessions/Facilities which may be offered to Disabled Persons

Keeping in view the set of definitions and the categorisation being recommended, various Ministries/Departments and the State Governments shall have to also specify the facilities and concessions which would be available to different categories of the handicapped. The Committee recommends that if a person has the degree of disability below 40 per cent in a particular category, no such benefits/concessions may be given to such a person. All other categories may be extended concessions/facilities like scholarships, job reservation, aids and appliances either free of cost or at concessional rates, conveyance allowance etc. For hearing handicapped, the Committee recommends that 3 language formula may be revised so that the hearing handicapped have to study one language only.

Ministry of Social & Women's Welfare may make out proposal based on these recommendations with the appropriate Ministry for necessary modifications in the policy of 3 language formula.

The Committee also recommended that Ministry of Health and Family Welfare may also take up amending medical standards for necessary relaxations in respect of mild handicapped in all the categories so that on account of their mild disability, they are not put in a position that neither they are able to get the facility of job reservations nor are eligible otherwise for entering into services in the general category. The medical rules may also indicates in clear terms that loss of one eye will not be considered a disqualification unless the particular post is of such a technical nature that it requires of a person the use of both the eyes or three-dimensional vision. The same medical board at the district level may examine suitability or otherwise of a one eyed person for a particular post.

The degree and extent of disability of the 3 types, namely visual, hearing and orthopaedic will be indicated as follows:-

- | | | |
|-----|----------------|-------------------------|
| (a) | mild | – less than 40 per cent |
| (b) | Moderate | – 40 per cent & above |
| (c) | Severe | – 75 per cent & above |
| (d) | Profound/total | – 100 per cent |

For persons suffering from cardio pulmonary diseases, there may be no reservations in jobs. These persons may, however, be considered for extending other concessions such as exemption in typing etc.

The Director General of Health Services, Ministry of Health and Family Welfare will be the final authority, should there arise any controversy/doubt regarding the interpretation of the definitions/classification/evaluation tests etc.

Only those persons who have disability more than 40 per cent and above shall be eligible for registration in Employment Exchanges in the category of handicapped and considered against jobs in public sector reserved for the physically handicapped.

Annexure - I

Composition of Committees to recommend standard definitions of Disabilities

Dr. D. B. Bisht, Director General of Health Services Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi. On Visually Handicapped	Chairman (Of all the three Committees)
1. Dr. Madan Mohan, Head Deprtt. of Ophthalmology, All India Institute of Medical Sciences New Dedlhi.	Member
2. Dr. G. H. Gidwani, Assistant Director General of Health Services, Ministry of Health & Family Welfare, Nirman Bhawan, New Delhi	Member
3. Shri R. S. Srivastava, Joint Director, Director General of Employment & Training, Ministry of Labour, Sharam Shakti Bhawan, New Delhi.	Member
4. Director, National Institute for the Visually Handicapped, Rajpur Road, Dehradun, (Represented by Shri S. R. Shukla, Asstt. Director).	Member
5. Dr. G. Venkataswamy, Arvind Eye Hospital, Madurai, Tamilnadu.	Member
6. Dr. J. M. Pahwa, Chief Medical Officer, Gandhi Eye Hospital, Aligarh.	Member
7. Shri Harcharanjit Singh, Under Secretary, Ministry of Social & Women's Welfare	Member Secretary

On Hearing Handicapped

1. Dr. G. H. Gidwani,
Assistant Director General of Health
Services,
Ministry of Health and Family Welfare,
Nirman Bhawan, New Delhi. Member
2. Shri R. S. Srivastava,
Joint Director,
Director, General of Employment &
Training, Ministry of Labour,
Sharam Shakti Bhawan, New Delhi. Member
3. Dr. S. K. Kacher,
All India Institute of Medical Sciences,
New Delhi. Member
4. Dr. M. Nithya Seelan,
Director,
All India Institute of Speech & Hearing,
Mysore. Member
5. Dr. N. Rathna,
Director,
Ali Yavar Jung Institute of Hearing
Handicapaped, Haji Ali Parh,
Mahalaxmi, Bombay – 400 034.
(Represented by Dr. M. N. Nagaraja,
Dy. Director in the meeting on 25-6-84) Member
6. Shri Harcharanjit Singh,
Under Secretary,
Ministry of Social & Women's Welfare,
New Delhi. Member Secretary

Orthopaedically Handicapped

1. Dr. G. H. Gidwani,
Assistant Director General of Health
Services,
Ministry of Health and Family Welfare,
Nirman Bhawan, New Delhi. Member
2. Shri R. S. Srivastava,
Joint Director,
Director, General of Employment &
Training, Ministry of Labour,
Sharam Shakti Bhawan, New Delhi. Member
3. Dr. Narendra Kumar,
Indian Council of Medical Research,
Ansari Nagar, New Delhi. Member

4. Director,
National Institute of Orthopaedically
Handicapped, B. T. Road, Bon Hooghly,
Calcutta. Member
5. Dr. A. K. Mukherjee,
Director,
All India Institute of Physical Medicine
and Rehabilitation,
Haji Ali Parh, Bombay. Member
6. Dr. S. K. Verma,
Head of Deptt. Of Physical Medicine and
Rehabilitation, All India Institute of
Medical Sciences, New Delhi. Member
7. Dr. B. P. Yadav,
Head Rehabilitation Department,
Safdarjung Hospital,
New Delhi. Special Invitee
8. Dr, J. S. Guleria,
Prof. & Head of Deptt. of Medicine,
Dean, All India Institute of Medical
Sciences, New Delhi. Special Invitee
9. Shri Harcharanjit Singh,
Under Secretary,
Ministry of Social & Women's Welfare. Member- Secretary

ANNEXURE – II

(1) Visually Handicapped

The definition adopted for visual handicapped for extending the concession, scholarships admission to Integrated education system, reservation in jobs, assistance for purchase/fitting of aids and appliances : -

The blind are those who suffer from either of the following conditions.-

- (a) Total absence of sight.
- (b) Visual acuity not exceeding 6/60 or 20/200 (snellen) in the better eye with correcting lences.
- (c) Limitation of the field of vision substanding and angle of degree or worse.

Definition of Hearing Handicapped under various Schemes.

SCHOLARSHIPS

The deaf are those in whom the sense of hearing is non-functional for ordinary purposes of life. They do not hear/understand sound at all even with amplified speech. The cases included in this category will be those having hearing loss more than 70 decibels in the better ear (profound impairment) or total loss of hearing in both ears.

Assistance to Disabled Persons for Purchase/Fitting of Aids/Appliances

The partially hearing are those falling under any one of the categories indicated below:-

Category	Hearing aquity
Mild impairment	More than 30 but not more than 45 decibels in better ear.
Serious impairment	More than 45 but not more than 60 decibels in better ear.
Severe impairment	More than 60 but not more than 90 decibels in the better ear.

Reservation Orders Issued by Department of Personnel and Administrative Reforms

The deaf are those in whom the sense of hearing is non-functional for ordinary purposes of life. They do not hear/understand sounds at all events with emplified speech. The cases included in this category will be those having loss more than 90 decibels in the better ear (profound impairment) or total loss of hearing in both ears.

Locomotor Handicapped

Similarly the definition adopted for orthopaedically handicapped is not uniform as all orthopaedically handicapped are eligible for getting a scholarship but only those orthopaedically handicapped person can get the facility of reservation in jobs as have a minimum of 40% disability.

Situation in State Governments

Various State Governments have also adopted different sets of definition. For example, Govt. of Tamil Nadu declared one eyed persons in the same category as blind persons and have extended various concessions including the reservation in jobs under the State government to one eyed person also. The Central Government on the other hand has declared that a one eyed person with one eye good vision is not medically unfit and can be considered for jobs which do not require a three dimensional vision to the specific requirement of the jobs.

Visual Impairment disability Categories bases on its severity and proposed disability percentages

	All with corrections		Percentage impairment
	Better eye	Worse eye	
Category O	6/9 – 6/18	6/24 to 6/36	20%
Category I	6/18 – 6/36	6/60 to Nil	40%
Category II	6/60 – 4/60	3/60 to Nil	75%
	or		
	Field of vision		
	110 - 20		
Category III	3/60 to 1/60		
	or		
	Field of vision	FC. at 1 ft.	100%
	100	to Nil	
Category IV	F.C. at 1 ft.	F.C. at 1 ft.	100%
	to Nil	to Nil	
	or		
	Field of vision	Field of vision	
	100	100	
One eyed persons	6/6	F.C. at 1 ft.	30%
		to Nil	

The method of evaluation shall be the same as recommended in Hand Book of Medical examination. Impairment of 20% - 40% or less may only be entitled to aids and appliances.

Annexure – IV

A. Recommendations about the Categories and the Tests Required

1. Recommended classification

S. No.	Category	Type of impairment	DB level and/or	Speech discrimination	Percentage of impairment
1.	I.	Mild Hearing impairment	dB 26 to 40 dB in better ear	80 to 100% in better ear	Less than 40%
2.	II.	Moderate hearing Impairment	41 to 55 dB in better ear	50 to 80% better ear	40% - 50%
3.	III.	Severe hearing impairment	56 to 70 Hearing Impairment in better ear	40 to 50%	50 to 75%
4.	IV.	(a) Total deafness	No hearing	No discrimination	100%
		(b) Near total deafness	91 dB and above in better ear	--- do --	100%
		(c) Profound hearing impairment	71 to 90 dB	Less than 40% in better ear	75% - 100%

(Pure tone average of hearing in 500, 1000 and 2000 Hz by air conduction should be taken as basis for consideration as per the test recommendations).

Further it should be noted that –

- (a) When there is only an Island of hearing present in one or two frequencies in better ear, it should be considered as total loss of hearing.
 - (b) Wherever there is no response (NR) at any of the 3 frequencies (500, 1000, 2000 Hz), it should be considered as equivalent to 130 dB loss for the purposes of classification of disability and in arriving at the average. This is based on the fact that maximum intensity limits in most of the Audiometers is 110 dB's and some audiometers has additional facilities for + 20 dB for testing.
- II. Recommendations about the categories of disability (Hearing Impairment – Physical aspect only – Test recommended).
- (a) Pure tone audiometry (ISO R 382 – 1970 at present, is being used as Audiometric Standards in most of the audiometers. Hence the audiometers used in testing should be accordingly calibrated). Three frequency average at 500, 1000 and 2000 Hz by Air Conditions (A.C.) will be used for categorization.
 - (b) Wherever possible the pure tone audiometric results should be supplemented by the Speech discrimination score – Tested at Sensation level (S.L.) i.e. the speech discriminations test is conducted at –dB above the patient's hearing threshold. The stimuli used be either phonetically balance words (Pb) of the particular language or its equivalent material. At present only a few Indian languages have standard speech material for testing. Hence wherever the standardised test material is not available, either standardised Indian English Test could be made use of, with English knowing population or equivalent material to Pb. be used.
 - (c) Wherever children are tested and pure tone audiometry becomes not possible free field testing should be employed.

Suggestions of the Facilities to be Offered to the Disabled for Rehabilitation.

- Category I. No special benefits.
- Category II. Considered for Hearing Aids at free or concessional costs only.
- Category III. Hearing aids free of cost or at concessional rates. Job reservation-benefit of special Employment Exchange.
Scholarships at School : Single language formula.
- Category IV. Hearing Aids – facilities of reservation – special employment exchange. Special facilities in schools like Scholarship. Hearing aids – Exemption from 3-language formula (to study in recommended single language).

It is felt that for consideration of admission under special category for courses conducted by institutions like Indian Institute of Technology (IIT), Industrial Training Institute (ITI) and others, categories 1 and 2 only should be considered for reservation of seats, provided they fulfill the other educational stipulations for the course.

We have considered the different type of hearing affection i.e. conductive VS Sensory neural, and agree that the disability will be judged by the conditions prevalent in the patient at the time of referral and examination. In case of failure of surgery or other therapeutic interventions, the patient will be considered and categorized on the basis of the recommended tests.

Appendix – V

1. Guidelines for Evaluation of Various Disabilities

(1) Locomotor Disability

1.1 UPPER LIMB

1. The estimation of permanent impairment depends upon the measurement of functional impairment and is not expression of a personal opinion.
2. The estimation and measurement must be made when the clinical condition is fixed and unchangeable.
3. The upper extremity is divided into two component parts, the arm component and the hand component.
4. Measurement of the loss of function of arm component consists in measuring the loss of motion, muscle strength and co-ordinated activities.
5. Measurement of the loss of function of hand component consists in determining the Prehension, Sensation & Strength. For estimation of Prehension Opposition, lateral pinch, cylindrical grasp spherical grasp and hook grasp have to be assessed as shown in the column of "prehension component" in the proforma.
6. The impairment of the entire extremity depends on the combination of the functional impairment of both components.

ARM COMPONENT

Total value of arm component is 90%.

Principles of Evaluation of range of motion of joints –

1. The value of maximum R.O.M. in the arm component is 90%.
2. Each of the three joints of the arm is weighed equally (30%).

Example :

A fracture of the right shoulder joint may affect range of motion so that active abduction is 90%. The left shoulder exhibits a range of active abduction of 180%. Hence there is loss of 50% of abduction movement of the right shoulder. The percentage loss of arm component in the shoulder is 50×0.30 or 15 per cent loss of motion for the arm component.

If more than one joint is involved, same method is applied and the losses in each of the

affected joints are added. Say,

Loss of abduction of the shoulder = 60%
 Loss of extension of the wrist = 40%
 Then, Loss of range of motion for
 the arm = (60 X 0.30) + (40 X 0.30) = 30%

Principles of Evaluation of Strength of muscles

1. Strength of muscles can be tested by manual testing like 0 – 5 grading.
2. Manual muscle gradings can be given percentages like –

0.	---	100 %
1.	---	80 %
2.	---	60 %
3.	---	40 %
4.	---	20 %
5.	---	0 %

3. The mean percentage of muscle strength loss is multiplied by 0.30.
4. If there has been a loss of muscle strength of more than one joint, the values are added as has been described for loss of range of motion.

Principles of Evaluation of co-ordinated activities

1. The total value for co-ordinated activities is 90%.
2. Ten different co-ordinated activities are to be tested as given in the Proforma.
3. Each activity has a value of 9%.

Combining value for the Arm Component

1. The value of loss of function of arm component is obtained by combining the value of range of movement, muscle strength & co-ordinated activities, using the combining formula -

$$a = \frac{b(90 - a)}{90}$$

Where a = higher value
 & b = lower value

Example :

Let us assume that an individual with a fracture of the right shoulder joint has in addition to 16.5% of motion his arm, 8.3% loss of strength of muscles, and 5% loss of coordination. We combine these values as:

Range of motion : 16.5% }
 Strength of Muscles : 8.3% }

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$$16.5 + \frac{8.3(90 - 16.5)}{90} = 23.3\%$$

$$\text{Co-ordination : } 5\% \quad 23.3 + \frac{5(90 - 23.3)}{90} = 27.0\%$$

So total value of arm component = 27.0%.

Hand Component

Total value of hand component is 90%.

The functional impairment of hand is expressed as loss of prehension, loss of sensation, loss of strength.

Principles of Evaluation of Prehension

Total value of Prehension is 30%. It includes:

- (A) Opposition (8%). Tested against Index finger (2%), Middle finger (2%), Ring finger (2%) & Little finger (2%)
- (B) Lateral pinch (5%). Tested by asking the patient to hold a key.
- (C) Cylindrical raps (6%). Tested for
 - (a) Large object of 4 inch size (3%)
 - (b) Small object of 1 inch size (3%)
- (D) Spherical Grasp (6%). Tested for
 - (a) Large object 4 inch size (3%)
 - (b) Small object 1 inch size (3%)
- (E) Hook Grasp (5%). Tested by asking the patient to lift a bag.

Principles of Evaluation of Sensations

Total value of sensation is 30%. It includes :

- 1. Radial side of thumb (4.8%)
- 2. Ulnar side of thumb (1.2%)
- 3. Radial side of each finger (4.8%)
- 4. Ulnar side of each finger (1.2%)

Principles of Evaluation of Strength

Total value of sensation is 30%. It includes :

- 1. Grip Strength (20%)
- 2. Pinch Strength (10%)

Strength will be tested with hand dynamo-meter or by clinical method (Grip Method).

10% additional weightage to be given to the following factors :

1. Infection
2. Deformity
3. Malalignment
4. Contractures
5. Abnormal Mobility
6. Dominant Extremity (4%)

Combining value of the hand component

The final value of loss of function of hand component is obtained by summing up values of loss of prehension, sensation and strength.

Combining Values for the Extremity

Values of impairment of arm component and impairment of hand component are combined by using the combining formula.

Example

:

$$\begin{array}{l} \text{Impairment of the arm} = 27.0\% \\ \text{Impairment of the hand} = 64\% \\ \qquad \qquad \qquad \frac{27(90 - 64)}{90} \\ 64 + \text{-----} = 71.8\% \end{array}$$

Guidelines for Evaluation of Permanent Physical Impairment in Lower Limbs

The lower extremity is divided into two component and Stability component

Mobility Component

Total value of mobility component is 90 per cent. It includes range of movement and muscle strength.

Principles of Evaluation of Range of Movement

1. The value of maximum range of movement in the mobility component is 90 per cent.
2. Each of the three joints i.e. hip knee, foot-ankle component, is weighed equally – 0.30.

Example

A fracture of the right hip joint may affect range of motion so that active abduction is 27 degree. The left hip exhibits a range of active abduction of 54 degree. Hence, there is loss of 50 per cent of abduction movement of the right hip. The percentage loss of mobility component in the hip is 50×0.30 or 15 per cent loss of motion for the mobility component.

If more than one joint is involved, same method is applied and the losses in each of the affected joints are added.

For Example:-
Loss of abduction of the hip = 60%

Loss of extension of the knee = 40%

Loss of range of motion for mobility component $(60 \times 0.30) + (40 \times 0.30) = 30\%$

Principles of Evaluation of Muscle Strength

1. The value for maximum muscle strength in the leg is 90 per cent.
2. Strength of muscles can be tested by manual testing like 0 – 5 grading.
3. Manual muscle gradings can be given percentages like

Grade 0	=	100 %
Grade 1	=	80 %
Grade 2	=	60 %
Grade 3	=	40 %
Grade 4	=	20 %
Grade 5	=	0 %

4. Mean percentage of muscle strength loss is multiplied by 0.30.
5. If there has been a loss of muscle strength of more than one joint, the values are added as has been described for loss of range of motion.

Combining Values for the Mobility Component

Let us assume that the individual with a fracture of the right hip joint has in addition to 16 per cent loss of motion, 8 per cent loss of strength of muscles.

Combining Values

$$\begin{array}{l} \text{Motion } 16\% \\ \text{Strength } 8\% \end{array} \quad 16 + \frac{8(90 - 16)}{90} = 22.6\%$$

Where a = higher value b = lower value

Stability Component

1. Total value of stability component is 90 per cent.
2. It is tested by 2 methods.
 - (i) Based on scale method
 - (ii) Based on clinical method.

Three different readings (in kilograms) are taken measuring the total body weight (W). Scale 'A' reading and scale 'B' read.

Guidelines for Evaluation of Permanent Physical Impairment of Trunk (Spine)

The local effects of lesions of spine can be divided into traumatic and non-traumatic lesions.

TRAUMATIC LESIONS

Cervical Spine Fracture	Percent Whole Body Permanent Physical Impairment and Loss of Physical Function to Whole Body.
A. Vertebral compression 25 per cent, one or two vertebral adjacent bodies, no fragmentation, no involvement of posterior elements, no nerve root involvement, moderate neck rigidity and persistent soreness.	20
B. Posterior elements with X-ray evidence of moderate partial dislocation.	
(a) No nerve root involvement, healed	15
(b) with persistent pain, with mild motor and sensory manifestations	25
(c) With fusion, healed, no permanent motor or sensory changes	20
C. Severe dislocation, fair to good reduction with surgical fusion.	
(a) No residual motor or sensory changes	25
(b) Poor reduction with fusion, persistent radicular pain, motor involvement only slight weakness and numbness	35
(c) Same as (b) with partial paralysis, determine additional rating for loss of use of extremities and sphincters.	
Cervical Intervertebral Disc	
1. Operative, successful removal of disc, with relief of acute pain, no fusion, no neurologic residual.	10
2. Same as (1) with neurological manifestations, persistent pain, numbness, weakness in fingers	20
Thoracic and Dorsolumbar Spine Fracture	Percent Whole Body Permanent Physical Impairment and Loss of Physical Function to Whole Body
A. Compression 25 per cent, involving one or two vertebral bodies, mild, no fragmentation, healed, no neurological manifestations.	10
B. Compression 50 per cent, with involvement posterior elements, healed, no neurologic manifestations, persistent pain, fusion, indicated.	20

C. Same as (B) with fusion, pain only on heavy use of back.	20
D. Total paraplegia	100
E. Posterior elements, partial paralysis with or without fusion, should be rated for loss of use of extremities and sphincters.	
Low Lumbar	
1. Fracture	
A. Vertebral compression 25 per cent one or two adjacent vertebral bodies little or fragmentation, no definite pattern or neurologic changes.	15
B. Compression with fragmentation posterior elements, persistent pain, Weakness and stiffness, healed, no fusion, no lifting over 25 pounds	40
C. Same as (B), healed with fusion, mild pain	25
D. Same as (B), nerve root involvement to lower extremities, determine additional rating for loss of industrial, function to extremities.	
E. Same as (C), with fragmentation of posterior elements, with persistent pain after fusion, no neurologic findings.	35
F. Same as (C), with nerve root involvement to lower extremities, rate with functional loss to extremities.	
G. Total paraplegia.	100
H. Posterior elements, partial paralysis with or without fusion, should be rated for loss of use of extremities and sphincters.	
2. Neurogenic Low Back Pain-Disc Injury	
A. Periodic acute episodes with acute pain and persistent body list, test, tests for sciatic pain positive, temporary recovery 5 to 8 weeks.	5
B. Surgical excision of disc, no fusion, good results, no persistent sciatic pain.	10
C. Surgical excision of disc, no fusion, moderate persistent pain and stiffness aggravated by heavy lifting with necessary modification of activities.	20
D. Surgical excision of disc with fusion, activities of lifting moderately modified.	15

- E. Surgical excision of disc with fusion, persistent pain and stiffness aggravated by heavy lifting, necessitating modification of all activities requiring heavy lifting

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Non-Traumatic Lesions

Scoliosis

The whole Spine has been given rating of 100 per cent and regionwise the following percentages are given :

Dorsal Spine	-	50 per cent
Lumbar Spine	-	30 per cent
Cervical Spine	-	20 per cent

Kobb's method for measurement of angle of curve in standing position is to be used. The curves have been divided into three sub groups.

	Cervical Spine	Thoracic Spine	Lumbar Spine
Less than 30° (Mild)	2%	5%	5%
31° - 60° (Moderate)	3%	15%	12%
Above 60° (Severe)	5%	25%	33%

In the curves ranging above 60 degree, cardio-pulmonary complications are to be graded separately. The junctional curves are to be given that rating depending upon level of apex of curve. For example, if apex of dorso-lumbar curve falls in the dorsal spine the curve can be taken as a dorsal curve. When the scoliosis is adequately compensated, 5 per cent reduction is to be given from final rating (for all assessment primary curves are considered for rating).

Kyphosis

The same total rating (100 per cent) as that suggested for scoliosis is to be given for kyphosis. Region-wise percentages of physical impairment are:

Dorsal	50 per cent
Cervical Spine	30 per cent
Lumbar Spine	20 per cent

For dorsal spine the following further grading are:

Less than 20 degree	10 per cent
21 degree – 40 degree	15 per cent
41 degree – 60 degree	20 per cent
Above 60 degree	25 per cent

For kyphosis of lumbar and cervical spine 5 per cent and 7 per cent respectively have been allocated.

Paralysis of Flexors and Extensors of Dorsal and Lumbar Spine.

The motor power of these muscles to be grouped as follows:-

Normal	---
Weak	5 per cent
Paralysed	10 per cent

Paralysis of Muscles of Cervical Spine

For cervical spine the rating of motor power is as follows:

	Normal	Weak	Paralysed
Flexors	0	5%	10%
Extensors	0	5%	10%
Rotators	0	5%	10%
Side bending	0	5%	10%

Miscellaneous

Those condition of the spine which cause stiffness and pain etc., are rated as follows:

	% physical impairment
A. Subjective symptoms of pain. No involuntary muscle spasm. Not substantiated by demonstrable structural pathology	0%
B. Pain, Persistent muscle spasm and stiffness of spine, substantiated by demonstrable mild radiological changes.	10%
C. Same as B, with moderate radiological changes	15%
D. Same as B, with severe radiological changes involving and one of the region of spine (cervical, dorsal or lumbar)	20%
E. Same as D, involving whole spine	30%

In kypho-scoliosis, both curves to be assessed separately and then percentage of disability to be summed.

Guidelines for Evaluation of Permanent Physical Impairment in Amputees

Basic Guidelines

1. In case of multiple amputees, if the total sum of percentage permanent physical impairment is above 100 per cent, it should be taken as 100 per cent.
2. Amputation at any level with uncorrectable inability to wear and use prosthesis, should be given 100 per cent permanent physical impairment.
3. In case of amputation in more than one limb percentage of each limb is counted and another 10 per cent will be added, but when only toes or fingers are involved only another 5 per cent will be added.
4. Any complication in form of stiffness, neuroma, infection etc. has to be given a total of 10 per cent additional weightage.
5. Dominant upper limb has been given 4 per cent extra percentage.

Upper Limb Amputations

	Per cent Permanent Physical Impairment and loss of physical function of each limb
1. Fore-quarter amputation	100 per cent
2. Shoulder Disarticulation	90 per cent
3. Above Elbow upto upper 1/3 of arm	85 per cent
4. Above Elbow upto lower 1/3 of arm	80 per cent
5. Elbow disarticulation	75 per cent
6. Below Elbow upto upper 1/3 of forearm	70 per cent
7. Below Elbow upto lower 1/3 of forearm	65 per cent
8. Wrist disarticulation	60 per cent
9. Hand through carpal bones	55 per cent
10. Thumb through C.M. or through 1 st MC Joint	30 per cent
11. Thumb disarticulation through metacarpophalangeal Joint or through proximal phalanx	25 per cent
12. Thumb disarticulation through inter phalanageal Joint or through distal phalanx.	15 per cent

	Index Finger (15%)	Middle Finger (5%)	Ring Finger (3%)	Lit Fin (2%)
13. Amputation through promimal phalanx or disarticulation through MP joint	15%	5%	3%	2%
14. Amputation through middle phalanx or disarti- culation through PIP joint	10%	4%	2%	1%
15. Amputation through distal phalanx or disarticulation through DIP joint	5%	2%	1%	1%

Lower Limb Amputations

1. Hind quarter	100 per cent
2. Nip disarticulation	90 per cent
3. Above knee upto upper 1/3 of thigh	85 per cent
4. Above knee upto lower 1/3 of thigh	80 per cent
5. Through knee	75 per cent
6. B.K. upto 8 cm	70 per cent
7. B.K. upto lower 1/3 of leg	60 per cent
8. Through Ankle	55 per cent
9. Syme's	50 per cent
10. Upto mid-foot	40 per cent
11. Upto fore-foot	30 per cent
12. All toes	20 per cent
13. Loss of first toe	10 per cent
14. Loss of second toe	5 per cent
15. Loss of third toe	4 per cent
16. Loss of fourth toe	3 per cent
17. Loss of fifth toe	2 per cent

Guidelines for Assessment of Physical Impairment in Neurological Conditions

1. Assessment in neurological conditions is not the assessment of disease but it is the assessment of the effects. i.e. clinical manifestations.
2. Any neurological assessment has to be done after six months of onset.
3. These guidelines will only be used for Central and upper motor neurone lesions.
4. Proforma A & B will be utilized for assessment of lower motor neurone lesions, muscular disorders and other locomotor conditions.
5. Total percentage of physical impairment in neurological conditions will not exceed 100 per cent.
6. In the mixed cases the highest score will be taken into consideration. The lower score will be added to it and calculations will be done by the formula :

$$a + \frac{b(100 - a)}{100}$$

7. Additional rating of 4 per cent will be given for dominant upper extremity.
8. Additional 10 per cent has been given for sensation in each extremity, but the maximum total physical impairment will not exceed 100 per cent.

Motor System Disability

	Disability Rate
Monoparesis	25 per cent
Monoplegia / Hemiparesis	50 per cent
Paraparesis	75 per cent
Paraplegia	100 per cent
Hemiplegia / Quadriparesis	75 per cent
Quadriplegia	100 per cent

Sensory System Disability

	Disability Rate
Anaesthesia/Rypoaesthesia/ Paraesthesia	Each Limb 10 per cent

FOR INVOLVEMENT

For involvement of hand/hands foot/feet	25 per cent
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$$a + \frac{b(100 - a)}{100}$$

7. Additional rating of 4 per cent will be given for dominant upper extremity.
8. Additional 10 per cent has given for sensation in each extremity, but the maximum total physical impairment will not exceed 100 per cent.

Speech disability

	Disability Rate
Mild	25 per cent
Moderate	50 per cent
Severe	75 per cent
Very Severe	100 per cent

Tested by a 100 word text. Ability to read (in educated), comprehend when read out, answer question on text clearly and ability to write a synopsis (in educated).

Guidelines for Evaluation of Physical Impairment due to Cardio Pulmonary Diseases

Basic Guidelines.

1. Modified New York Heart Association subjective classification should be utilised to assess the functional disability.
2. The physician should be alert to the fact that patients who come for disability claims are likely to exaggerate their symptoms. In case of any doubt patients should be referred for detailed physiological evaluation.
3. Disability evaluation of cardiopulmonary patients should be done after full medical, surgical and rehabilitative treatment available, because most of these diseases are potentially treatable.

4. Assessment of a cardiopulmonary impairment should also be done in diseases which might have associated cardiopulmonary problems, e.g. amputees, myopathies etc.

The proposed modified classification is as follows:-

- Group 0 : A patient with cardiopulmonary disease who is a symptomatic (i.e. has no symptoms of breathlessness palpitation, fatigue or chest pain).
- Group 1 : A patient with cardiopulmonary disease who becomes symptomatic during his ordinary physical activity but has mild restriction (25 per cent) of his ordinary physical activities.
- Group 2 : A patient with cardiopulmonary disease who becomes symptomatic during his ordinary physical activity and has 25 – 50 per cent restriction of his ordinary physical activity.

Annexure – V

Mental Disorders

Source : Glossary and guide to their classification A Publication by W.H.O.

“MENTAL RETARDATION” . A condition of arrested or incomplete development of mind which is especially characterized by subnormality of intelligence. The coding should be made on the individual's current level of functioning without regard to its nature of causation - such as psychosis, cultural deprivation. Down's syndrome etc, where there is a specific cognitive handicap – such as in speech – the four digit coding should be based on assessments of cognition outside the area of specific handicap. The assessment of intellectual level should be based on whatever information is available, including clinical evidence, adaptive behaviour and psychometric findings. The IQ levels given are based on a test with a mean of 100 and a standard deviation of 15 – such as the Wechsle scales. They are provided only as a guide and should not be applied rigidly. Mental retardation often involves psychiatric disturbances and may often develop as a result of some physical disease or injury. In these cases, an additional code or codes should be used to identify and associated condition, psychiatric or physical. The impairment and Handicap codes should also be consulted.

(b) MILD MENTAL RETARDATION

Feeble - minded	Moron
High Grade defect	IQ 50 – 70
Mild mental subnormality	

(c) OTHER SPECIFIED MENTAL RETARDATION

- (i) Moderate mental retardation Imbecile IQ 35 – 49 - Moderate mental subnormality
- (ii) Severe mental retardation IQ 20 –34 - Severe mental subnormality
- (iii) Profound mental retardation Idiocy IQ under 20 - Profound mental subnormality.

(d) UNSPECIFIED MENTAL RETARDATION

Mental deficiency NOS Mental subnormality NOS.
