

**5.1 APPLICATION FORMAT FOR STATE AWARD FOR BEST EMPLOYER.**

1. Year:-----
2. Name:-
3. Postal address:-
4. Telephone No:-
5. Whether Government/Public Sector/ Undertaking/Private organisation:-
6. Nature of work undertaken by the organization:-
7. Detail of the total employees in the organization :-

Sr. No	Male	Female	Total

8. Detail of Disabled employees in the organization:-

Sr. No	Male	Female	Total

9. Nature of Disability of the employees:-

Sr. No	Orthopaedically disabled	%	Visually Impaired	%	Hearing Impaired	%	Other Disabilities	%

10. Percentage of Disabled employees employed in the Organization.

11. Nature of work in which disabled persons are employed:-

12. Whether their service conditions are the same as those for other:-

13. Facilities for the persons with disabilities

- Modifications made in the machinery:-
- Access provided in the built environment:-
- Housing:-
- Transport:-

14. Special efforts made to train and employ disabled persons so far and plan for future.

15. Whether the institute has received any Award in the past.

If so, give brief account.

16. Detail of various activities done by the institution for PWDs:-

17. Any other information:-

**Signature (with seal) -----**

**Name-----**

**Date-----**

Recommendation of Deputy Commissioner-cum -Deputy Commissioner (Disability ) under PWD Act, 1995

Deputy Commissioner  
-cum-  
Deputy Commissioner Disability