

Social Welfare Department



“THE BALOCHISTAN PERSONS WITH DISABILITIES SUPPORT FUND (KUMAK) POLICY, 2025”

PREAMBLE:

The Balochistan Persons with Disabilities Support Fund (KUMAK) program is envisioned as a comprehensive initiative aimed at empowering persons with disabilities (PWDs) across the province by addressing their financial, educational, technical, and social needs. Recognizing the multiple challenges faced by PWDs, this policy seeks to provide direct financial assistance to alleviate economic hardships, promote inclusive education by ensuring access to learning opportunities, and enhance technical skills through vocational and technical trainings and capacity building programs. By fostering economic independence, the initiative will enable PWDs to participate meaningfully in society, ensuring their integration into the workforce and promoting self-reliance. Furthermore, the fund will support assistive technologies and accessibility measures, ensuring a barrier-free environment for PWDs in education/technical education etc.

Additionally, the KUMAK program acknowledges the welfare of PWDs by introducing a marriage support mechanism. Many individuals with disabilities face discrimination and financial constraints while seeking life partners and this support will help promote dignity and equality within society. The program will also work in coordination with relevant stakeholders, including government bodies, non-governmental organizations, and the private sector, to ensure a sustainable and rights-based approach to disability inclusion. By fostering an inclusive and supportive environment, the KUMAK program aims to uphold the rights of PWDs, ensuring their full participation in all aspects of life while strengthening the social fabric of Balochistan.

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1. DEFINITIONS:

(a) “Assistive Device” means a tool that helps Person with Disability to do a certain task;

(b) “Bank” means the financial institution in whose custody the proceeds of the Fund

- are kept, invested and arrange loan recovery mechanism;
- (c)** “Beneficiary” means Persons With Disabilities (PWDs) that receives money or other benefits from KUMAK Fund;
 - (d)** “Chairperson” means Chairperson of the Balochistan Person with Disability Support Fund (KUMAK);
 - (e)** “Conceptual Framework” means a structural set of principles, guidelines, and procedures that provide an overarching foundation for developing and implementing specific policies within an organization;
 - (f)** “Council”; means Council for “The Balochistan Persons with Disabilities Support Fund (KUMAK)”, that shall be an advisory and administrative body, constituted to make and implement decisions for the Balochistan Persons with Disabilities Support Fund (KUMAK);
 - (g)** “Data Bank” means to store and manage data about the beneficiaries of the KUMAK Fund;
 - (h)** “Disability” means a physical or mental condition that limits a person’s movement, senses, or activities and may include physical, mental, intellectual or sensory impairments while interacting with various other physical and psychological barriers and hinder performance of persons suffering from such conditions to participate fully and effectively in day-to-day performance and interaction with other on an equal basis as mentioned in The Balochistan Persons with Disabilities Act, 2017;
 - (i)** “Program Director” means Program Director of the Balochistan Persons with Disabilities Support Fund (KUMAK);
 - (j)** “Donation” means a type of financial support/charity collected from philanthropists or any Local, National or International Donor;
 - (k)** “Eligibility” the persons eligible for the KUMAK Fund interventions/ programs.
 - (l)** “Fund” means financial resources utilized for KUMAK Fund;
 - (m)** “Government” means Government of Balochistan;
 - (n)** “Government Grants” means financial allocations/support received from

Government;

- (o) "Member" Means, members of the council as mentioned in "The Balochistan Persons with Disabilities support Fund (KUMAK)".
- (p) "MIS" means Management Information System meant for KUMAK policy;
- (q) "Person with Disabilities" means a person who is having physical impairment, sensory impairment, cognitive impairment, intellectual impairment mental illness or a combination of multiple factors;
- (r) "Philanthropist" means a person who seeks to promote the welfare of others, especially by the generous donation of money to good causes;
- (s) "Policy" means legal framework for KUKAM Fund policy;
- (t) "Profit" means the proceedings of the seed money as invested by Finance Department for KUKAM Fund;
- (u) "Seed Money" means allocation of funds for initiating KUKAM Fund program.
- (v) "Vice Chairperson" means the vice chairperson of "The Balochistan Persons with Disabilities Support Fund (KUMAK)"

2. Program Facts:

1.	Program Title	The Balochistan Persons with Disabilities Support Fund (KUMAK)
2.	Sponsored By	Government of Balochistan

3.	Executing Agency	Social Welfare Department, Government of Balochistan
4.	Country	Pakistan
5.	Locality/Region	Balochistan
6.	Program Financing	Rs. 2000.00 Million set as Endowment Fund
7.	Beneficiaries	Persons with Disabilities of Balochistan as per the eligibility criteria of each Interventions/Program
8.	Quantitative Output	Approx. 30,000 Beneficiaries

3. CONCEPTUAL FRAMEWORK:

Balochistan, the province of Pakistan is unlike the sister provinces in the terms of demographic characteristics though lesser in number yet depicts a different picture. Registered number of Persons with disabilities (PWDs) with Social Welfare Department is around twenty thousand (30,000), however, the actual figure is much

higher. Persons with disabilities (PWDs) are the most marginalized segment of the society, because they are unheard and undocumented. The extensive plateau of rough terrain, vast area of land, scattered population and cultural barriers of the province hinder their access to the resources and interventions. In last two decades the vulnerability of PWDs exacerbated by the natural calamities such as, massive flood, earthquake, and drought.

The Social Welfare Department has the mandate as per Rule of Business of the Government of Balochistan and legal provision under *The Balochistan Persons with Disabilities Act-2017* to ensure the welfare and wellbeing of Persons with Disabilities, protect and safeguard their rights. The department with meager resources and allocation of regular budget for its welfare services and programs, preferably endeavoring for welfare and wellbeing of Persons with Disabilities. However, there is no specific allocation of fund and program for PWDs to take institutional measure for their livelihood, inclusion and safety net.

The Balochistan Persons with disabilities Support Fund (KUMAK) is the first initiative of the provincial government, which aims at development of the potential of the persons with disabilities to attend the standard of life and health. The set outcomes of the program are engrossed that the PWDs shall achieve state of complete physical, mental and social wellbeing and attend personal and social satisfaction and independence. The KUMAK support fund is primarily focused on recognition, livelihood opportunity, access to the resources, inclusion, mobility and rehabilitation of the Persons with Disabilities. The program is helpful to attain the main objectives of *The Balochistan Persons with Disabilities Act-2017*, i.e. "*to promote and ensure full and effective inclusion of Persons with Disabilities in community in line with the Islamic teaching and international based practices to protect their rights.*"

4. WHAT IS DISABILITY?

Disability is a broad term that refers to a physical, sensory, intellectual, or mental impairment that significantly limits an individual's ability to perform everyday activities or interact with their environment. It can be congenital (present at birth) or acquired due to illness, injury, or aging. Beyond medical aspects, disability is also a social issue, as environmental and societal barriers often contribute to exclusion and marginalization. Modern approaches emphasize inclusion, accessibility, and the rights of persons with disabilities, advocating for equal opportunities in education, employment, healthcare, and social participation as outlined in international frameworks like the UN Convention on the Rights of Persons with Disabilities (CRPD).

5. TYPES OF DISABILITIES:

A. Physical Disability.

Affects a person's mobility, strength, or dexterity, making it difficult to perform tasks like walking, lifting, or grasping objects (e.g., paralysis, limb loss, cerebral palsy).

B. Visual Impairment.

Includes partial or complete loss of vision, making daily activities challenging and requiring assistive devices like glasses, braille, or screen readers (e.g., blindness, cataracts).

C. Mental Disability.

Involves conditions affecting cognitive function, emotional stability, or behavior, impacting communication, decision-making, and social interactions (e.g., schizophrenia, depression, intellectual disabilities).

D. Hearing Impairment.

Ranges from partial to total loss of hearing, affecting communication and requiring assistive technology like hearing aids, sign language, or cochlear implants (e.g., deafness, sensorineural hearing loss).

6. OBJECTIVES OF THE BALOCHISTAN PERSONS WITH DISABILITIES SUPPORT FUND (KUMAK).

- A. Provision of financial support in education, marriage and business to Persons with Disabilities.
- B. Provision of support in technical trainings to Person with Disabilities by making them self-sufficient member of society.
- C. Rehabilitative services to Person with Disabilities, such as provision of Assistive Mobility Devices, i.e. electric wheel chairs, tri-motorcycles, three-wheel scooty, wheel chairs, crutches, walkers, white cane, (electrical/smart white cane) commode chairs, prosthetic limbs, ramps, screen reader software, magnifying glasses, hearing aids, etc.
- D. Provision of Financial Support through Disable Card to those PWDs who cannot work and cannot earn their livelihood.

7. ESTABLISHMENT OF PROGRAM.

- A. The Government may establish and maintain a Program to be called as the Balochistan Persons with Disabilities Support Fund (KUMAK) under the umbrella of Council, KUMAK Program, Social Welfare Department, Government of Balochistan. The same shall be notified in the Official Gazette, for the purposes and objectives of this Policy.

- B. The program will be operationalized/ executed and run by the Program Director (B-19), and Deputy Directors (B-18) from Social Welfare Department along with supporting staff, stationed at Directorate General of Social Welfare Balochistan, Quetta and may hire contingent staff where required with prior approval of the Council.
- C. The Fund may be established with an initial capital provided by the Government of Balochistan and may from time to time, be credited with:
 - (i) Government grants;
 - (ii) Donations by the philanthropists, NGOs, INGOs; and
 - (iii) Income from any other sources, etc.
- D. Funds/donations collected/donated by donors/philanthropists shall be spent/kept according to agreed terms and conditions of donor and after approval of the Council.
- E. The expenditure arising on operational purposes and regarding contingencies and day to day expenses may be incurred from profit of the fund to run the program and 5% of the proceed money will be allocated for this purpose.
- F. The expenses related to office contingencies, salaries of contractual staff, procurement and maintenance of movable and immovable assets, acquisition of IT equipment (both software and hardware), stationery, and other miscellaneous requirements shall be covered from the mentioned 5% out of profit or proceeds, subject to approval by the Council.
- G. All the procurement shall be carried out following the existing rules of BPPRA with letter and spirit.
- H. Monitoring, evaluation, and assessment of activities will be carried out annually by the internal audit team of the Department, as well as by external auditors from the Office of the Auditor General of Pakistan. New interventions will be subject to impact assessment reports and will

require approval from the Council. Moreover, the Program Director will monitor the program and report to the Secretary, Social Welfare Department.

- I. KUMAK Program will have Management Information System (MIS) for effective service delivery and avoiding duplication of beneficiaries. Besides, it will provide a check on KUMAK Program, BISP and other Departments/Institutions providing financial support to PWDs.

8. ELIGIBILITY CRITERIA FOR THE BENEFICIARIES.

The Eligibility criteria for the Balochistan Persons with Disabilities Support Fund (KUMAK) is as under:

- (i) Persons with Disabilities PWDs having disability certificate.
- (ii) Having Local / Domicile Certificate of Balochistan.
- (iii) Must be deserving person, whose deserving position/condition shall be verified by the Deputy Commissioner of concerned district.
- (iv) Government employees will not be the direct beneficiary of this Program.
- (v) Must complete all the codal formalities of (KUMAK) program as elaborated in the relevant interventions or may be prescribed/recommended by the Council.
- (vi) Any other necessary documents required as per interventions/ program need.

9. INTERVENTIONS/ PROGRAMS:

The interventions/programs of the Balochistan Persons with Disabilities Support Fund (KUMUK) are as follows:

A. Educational Support:

- I. The program shall provide support to PWDs in their education from Matriculation to PhD. within the country. The persons with disabilities have to seek admission in any Institution and submit

the standard application form, attached as **SCHEDULE-I** of the Policy, which shall be verified by the concerned educational institute, the Social Welfare Officer of the relevant district, and cross verified by the Deputy Commissioner of the district. The duly filled standard form (**SCHEDULE-I**), affidavit along with enclosures shall be submit in District Social Welfare Offices or DG Social Welfare Offices or PD KUMAK office or Secretary Social Welfare Offices.

II. **Eligibility will be;**

- i. The PWDs students/scholars having Local/Domicile of Balochistan, studying across Pakistan shall be eligible for this program
- ii. Monthly income of Parent's/ Guardian's upto one hundred thousand rupees are eligible and applicant has to submit an affidavit along with the standard application form.
- iii. The Original Bank Challans/Fee vouchers of the study course will be required.
- iv. The Maximum Support ceiling for the course/ discipline will be;
 - a. 100,000/- PKR for Matriculation and Intermediate.
 - b. 150,000/- PKR for Graduation,
 - c. 300,000/- PKR for Graduate programs such as MBBS, B.E. or any other Professional Degree.
 - d. 200,000/- PKR for post-graduation/Master Degree.
 - e. 300,000/- PKR for M. Phil and
 - f. 500,000/- PKR for Ph.D. studies.
- v. The reimbursement shall be made through a crossed cheque in the name of the student/ guardian concerned. In case of direct

fee payment to the Educational Institute, the payment shall be made directly in the institute's account via a crossed cheque.

- vi. The PWDs who are already in Government service shall NOT be eligible.
- vii. The financial support mentioned above shall be provided during the course. The PWDs Students/scholars who are availing any other scholarship or support program shall not be eligible for this program EXCEPT THE BEEF SCHOLARSHIP PROGRAM BEING PAID ON MERITORIOUS BASIS.
- viii. Upto 07 % of the total proceed money shall be spent for educational support.

B. Technical/ Vocational Training Support:

- I. The program shall provide support to PWDs in their Technical/Vocational Trainings from B-TEVTA or any other institutes offering technical/ vocational trainings within the country. The persons with disabilities have to seek admission in any training Institutes and shall submit the standard application form, attached as **SCHEDULE-II** of the Policy, which shall be verified by the concerned training institute, the Social Welfare Officer of the relevant district, and cross verified by the Deputy Commissioner of the district. The duly filled standard application, affidavit along with enclosures shall be submitted in District Social Welfare Offices or DG Social Welfare Offices or PD KUMAK office or Secretary Social Welfare Offices.

II. Eligibility will be;

- i. The PWDs trainees having Local/Domicile of Balochistan, and taking training in any training institute across Pakistan shall be eligible for this program.

- ii. Monthly income of Parent's/Guardian's upto one hundred thousand rupees are eligible and applicant has to submit an affidavit along with the standard application form, as **SCHEDULE-II** of the Policy.
 - iii. The Original Bank Challans/Fee vouchers of the training course shall be required.
 - iv. The maximum support ceiling during a training course shall be 100,000 PKR.
 - v. The reimbursement shall be made through a crossed cheque in the name of the student/guardian concerned. In case fee is paid directly to the Training Institute, the payment will be made directly in the institute's account via a crossed cheque.
 - vi. The PWDs who are already in Government service shall NOT be eligible.
 - vii. The financial support mentioned above shall be provided only during training.
 - viii. The PWDs trainees who are availing any other scholarship or support program shall not be eligible for this program EXCEPT THE BEEF SCHOLARSHIP PROGRAM BEING PAID ON MERITORIOUS BASIS.
 - ix. The PWDs who have availed the support training facility once, shall NOT be allowed in any other technical/vocational training.
- III.** Upto 05 % of the total proceed money shall be spent for training support.

C. Provision of Mobility Assistive Devices.

- I. KUMAK program shall help to ensure mobility of PWDs by providing Assistive Devices to the deserving Persons with Disabilities (PWDs) on priority bases. The Mobility Assistive

Devices may include assistive technologies (Adaptive Devices/digital tools), such as Electric Wheelchairs (customized), Wheelchair (customized), Tri-motorcycles, Electric & Fueled Tri-scooters, Portable Ramps, Tricycles, White Canes, Electric White Canes, Portable Commode, Walkers, Hearing Aids, Artificial Limbs and any others assistive devices necessary to support the Persons with Disabilities.

II. Eligibility will be;

- i. The persons with disabilities shall submit the standard application form, attached as **SCHEDULE-III (A & B)** of the Policy. There are 02-application forms for this support, keeping in view the item required, "**Schedule-III (A)** shall be for the following items like White Canes, Portable Commode, Walkers and Crutches, this form shall be verified by District Social Welfare Officer. Whereas, **Schedule-III (B)** shall be for the following items like Electric Wheelchairs (customized), Wheelchair (customized), Tri-motorcycles, Portable Ramps, Electric & Fueled Tri-scooters, Tricycles, Electric White Canes, Hearing Aids, and Artificial Limbs and this form shall be verified by District Social Welfare Officer and cross-verified by the Deputy Commissioner of the district. The duly filled standard forms schedule -III (A & B), along with affidavit and enclosures shall be submitted in District Social Welfare Offices or DG Social Welfare Offices or PD KUMAK office or Secretary Social Welfare Offices.
- ii. No PWDs shall be eligible to receive the same Assistive Device for a period of 2 years. However, Electric Wheelchairs, Tri-motorcycles, and Tri-scooters and Electric White Cane for second time shall only be allowed after a period of 10 years.

- iii. In case of second time support for assistive devices, preference will be given to those PWDs/applicants who have never benefited from or received assistive devices. For the purpose, a data bank of the beneficiaries' will be maintained in the Program Office.
 - iv. The applicant can apply only for support of one "Assistive Device" for a year or as per Council recommendations.
 - v. Tri-motorcycles, tri-scooters and tri-cycles will only be provided to physically handicapped PWDs. For the purpose, physical presence/ examination of the beneficiaries will be ensured by the KUMAK office and a Certificate will be issued by the office, accordingly, attached as **Schedule-VII** of the policy.
 - vi. Monthly income of Parent's/Guardian's up to one hundred thousand rupees are eligible and applicant has to submit an affidavit along with the standard forms schedule -III A & B.
 - vii. The PWDs who are already in Government service are NOT eligible.
- III.** Upto 25 % of the total proceed money shall be spent for Provision of Mobility Assistive Devices.

D. Provision of Financial Support in Marriage Expenditure of PWDS.

I. This program aims to provide financial support for the marriage expenditures of PWDs.

II. Eligibility will be;

- i. The PWDs shall submit the standard form, attached as **SCHEDULE-IV**, that shall be verified by the registered Religious Scholar (Nikkah Khawan) /priest etc. (as per PWD religion), the Social Welfare Officer of the concerned district and recommended by the Deputy Commissioner of the district.

- ii. The applicant shall submit registered Nikah Nama/ marriage certificate, a standard affidavit, local/ domicile certificate and CNIC of the bride/ groom (spouse) along with standard form to avail the benefit/support for marriage expenses.
 - iii. The support shall be provided through a crossed cheque of Rs. 200,000/- payable to the applicant only.
 - iv. In case both spouses are PWDs, they both shall be eligible to avail the benefit separately.
 - v. Applicants who have once availed this benefit shall not be eligible to reapply for support in the case of re-marriage.
 - vi. The PWDs who are already in Government service shall NOT be eligible.
 - vii. Monthly income of Parent's/ Guardian's up to one hundred thousand rupees are eligible and applicant has to submit an affidavit along with the standard form **SCHEDULE-IV**.
- III.** Upto 13 % of the total proceed money shall be spent for Provision of Mobility Assistive Devices.

E. Provision Of Financial Assistance For Persons With Disabilities Through Support Card

- I. The KUMAK Program shall provide regular financial support through "Financial Support Card" to Mentally Challenged, Visually Impaired from both eyes, Persons amputated/deformed with both hands or both legs or one hand and one leg and persons with severe and multiple disabilities,

who are bed restrained (the most marginalized groups among the persons with disabilities). Such amputation/ disabilities are mentioned in their disability certificates. In this regard, the persons with disabilities shall submit the standard application form, attached as **SCHEDULE -V** of the Policy.

- II. In this intervention Rs. 6000/- (Six Thousand/per child) and Rs. 8000/- (Eight Thousand/per adult) shall be given as Monthly Financial Support to above categories of PWDs.
- III. In case more than one child fall is the category, all children shall be the beneficiaries as per mentioned rate.
- IV. (Parents/Guardians shall be beneficiary in case of minor/child PWD or Mentally Challenged PWD), cases when the issue of account opening/handling is not possible.
- V. Upto **25 %** of the total proceed money shall be spent in this head.
- VI. For this support, a MoU shall be signed with a Bank for issuance of “Disability Financial Support Card”.

F. Interest-Free Loans to Support PWDS for Livelihood Opportunities:

- I. The program shall provide support to PWDs in their businesses by providing them with interest-free loans for livelihood opportunities. The persons with disabilities have to submit business proposals alongwith standard application form, attached as **SCHEDULE-VI** of the Policy, which shall be verified by the concerned Social Welfare Officer of the relevant district, and cross verified by the Deputy Commissioner of the district. The duly filled standard form (**SCHEDULE-VI**), affidavit along with enclosures shall be submitted in District Social Welfare

Offices or DG Social Welfare Offices or PD KUMAK office or Secretary Social Welfare Offices.

II. Eligibility;

- i. The Local/Domicile PWDs of Balochistan having age between 20-50 shall be eligible for this support.
- ii. For this program upto maximum 500,000 PKR shall be provided as a support to create livelihood opportunities.
- iii. The PWDs who are already in Government service shall not be eligible.
- iv. The PWDs whose monthly income is more than fifty thousand rupees shall not be eligible and applicant has to submit an affidavit along with the standard application form.

III. LOAN PROVISION AND RECOVERY MECHANISM:

- i. The Departmental committee shall scrutinize the Business proposals and the viable proposal shall be placed before the KUMAK Council for consideration. The approved proposals of PWDs shall be provided an amount through a Bank after fulfilling its codal formalities. In this regard an agreement/MoU shall be signed with a Bank for provision of interest free loans to the recommended/approved PWDs proposals.
- ii. The Bank shall seek a government official as a guarantor for provision of interest free loan. The amount shall be retrieved in 30 instalments (on monthly basis) after 01-year of grace period.
- iii. The government official as a guarantor shall have five years of remaining service after completion of grace period.
- iv. A ledger/ record book shall be maintained by the KUMAK office wherein entries of all PWDs interest free beneficiaries shall be made and the same shall be reconciled with Bank statement on monthly basis.
- v. In case of default, Bank shall be responsible to attach the monthly salary of the guarantor at the rate mentioned in interest free loan.

- vi. After recovery of all interest free loan amount; a clearance certificate shall be issued to the beneficiaries so that Bank guarantee is also removed.
- IV. Upto 20 % of the total proceed money shall be spent for interest free loans support.

10. THE TENTATIVE COSTING OF THE KUMAK FUND:

INTERVENTIONS/ PROGRAMS	MONTHLY TENTATIVE PROCEEDS	FUND %AGE	NO. OF BENEFICIARIES	YEARLY ALLOCATION IN RS.
Educational Assistance	Rs.240,000,000/-	07%	3000	16,800,000/-
Technical Education Assistance		05%	1000	12,000,000/-
Assistive Devices Assistance		25%	30000	60,000,000/-
Marriage Financial Assistance		13%	500	31,200,000/-
Financial Assistance		25%	5000	60,000,000/-
Interest-Free Loan Assistance		20%		48,000,000/-
TOTAL PROGRAM COST (A)				Rs.228,000,000/-
PARTICULARS (Contingency 05%)				YEARLY ALLOCATION IN RS.
POL				1,800,000/-
Salary of KUMAK contingent paid staff and Program Allowance				9,000,000/-
Stationary/Equipment/Supplies/Misc.				1,200,000/-
TOTAL PROGRAM COST (B)				Rs.12,000,000/-
Grand total (A + B)				= Rs.240,000,000/-

11. SOCIAL PROTECTION, DATA BANKING, RESEARCH AND DEVELOPMENT.

The KUMAK program shall develop and host Information Management System (MIS) software for data banking of the persons

with disabilities and shall be linked with the District Disability Assessment Boards across Balochistan. The e-data banking has utmost importance for this program in rendering services, research and development. The data shall be helpful for the academic purpose i.e. improving the KUMAK program, conducting research studies, developing policy and future interventions & development, besides generating publication, reports and maintaining record.

12. FUNCTIONS OF THE “COUNCIL FOR THE BALOCHISTAN PERSONS WITH DISABILITIES SUPPORT FUND (KUMAM);

A. The Council for the Balochistan Persons with Disabilities support Fund (KUMAK) shall function to operationalize and supervise the provisions of the Balochistan Persons with Disabilities Support Fund (KUMAK) Program/ POLICY, and shall exercise complete administrative and financial powers in respect of the Program;

- (i) Approval or rejection of case(s) of Persons with Disabilities PWDs subject to eligibility criteria;
- (ii) Approval for the proposed annual work plan and budget for Program Director (PD) office.
- (iii) A joint account in a commercial bank shall be operated with joint signature of Secretary Social Welfare Department and Program Director KUMAK Fund. Accounts credited to the Fund shall not laps at end of a financial year and shall be available for utilization at any time.
- (iv) Review of the annual statement of accounts and to supervise the overall program;
- (v) Examine the annual reports and audited statements of accounts of the Program.
- (vi) Presence of half of members of the Council shall be mandatory

as Quorum, to hold KUMAK Program meeting.

- (vii) Simple majority of the present members of the Quorum shall have powers to take the Decisions;
- (viii) The Council may delegate any of its functions to the Secretary Social Welfare Department or Program Director, as it deemed necessary.
- (ix) The Council shall have the power to increase or decrease the total percentage allocation of 6-Programs mentioned at clause 9 of the Policy, as it deemed necessary.

B. In respect of each financial year, in accordance with the financial procedure, the KUMAK Program Director, with prior approval of The Council for the Balochistan Persons with Disabilities support Fund (KUMAK), shall prepare annual budget for contingency of the KUMAK Program and submit the same to Finance Department for concurrence.

C. The Chairperson of the Council shall call meeting of the Council once a month or in his absence, Vice-Chairperson shall call the meeting of the Council for approval of the cases of PWDs or as the case may be.

13. DELEGATION OF POWERS:

- A. The Council of the KUMAK Program, as the governing body may delegate specific administrative and operational powers to the Secretary Social Welfare Department or Program Director KUMAK for efficient execution of program activities.
- B. The Program Director KUMAK shall have the authority to manage routine operational expenditures through Administrative Secretary as approved by the Council.
- C. Program Director KUMAK shall oversee the implementation of program activities in line with approved policies and strategies.

- D. Program Director KUMAK shall appoint and supervise staff within the approved human resource structure through Administrative Secretary as approved by the Council.
- E. Program Director KUMAK represent the KUMAK Program in official matters, agreements, and partnerships through Secretary Social Welfare, subject to Council approval.
- F. Program Director KUMAK shall monitor program performance and submit periodic reports and annual Newsletters to the Council.
- G. Any financial decision exceeding the delegated limit shall be presented for Council ex-post facto approval.
- H. The Program Director KUMAK shall submit half-year reports to the Council on financial expenditures, project progress, and key decisions made under delegated powers.
- I. The Council shall conduct an annual review of the delegation framework to ensure effectiveness and compliance.
- J. The Council shall retain the authority to modify or withdraw any delegated power if deemed necessary in the interest of the program.

14. SCRUTINY AND FOLLOW-UP OF CASES.

- A. All cases of PWDs/ beneficiaries/ applicants fall under this program shall be collected, scrutinized and presented by the Program Director before the Council for the Balochistan Persons with Disabilities support Fund (KUMAK) , for the final approval.
- B. The Procedure for scrutiny of the cases has been elaborated at section 09 of the policy or shall be determined by the Council for the Balochistan Persons with Disabilities support Fund (KUMAK) in its meeting.

15. COMPOSITION OF THE COUNCIL FOR BALOCHISTAN PERSONS WITH

DISABILITIES SUPPORT FUND (KUMAK).

A. Composition of the members of Council:

The composition of the members of the Council for the Balochistan Persons with Disabilities Support Fund (KUMAK) shall be as follows:

i.	Provincial Minister, Social Welfare Department.	Chairperson
ii.	Secretary, Social Welfare Department;	Vice-Chairperson
iii.	Persons with Disability (on yearly rotation basis ;)	Deputy Chairperson
iv.	Director General, Health Department;	Member
v.	Additional Secretary, Finance Department;	Member
vi.	(02) Persons from Persons with Disabilities (01 male & 01 female)	Member
vii.	DG Social Welfare Department	Member
viii.	Program Director, KUMAK Fund	Member/Secretary

B. The government functionaries represented on the council shall hold their offices ex-officio. The private appointees shall be appointed by the government for a period of three years and shall be eligible for reappointment for one additional term.

16. TRANSFER/ POSTING OF OFFICERS/ OFFICIALS AND APPOINTMENT OF SUPPORTING STAFF:

A. The Secretary, Social Welfare Department shall approve the transfer/posting of such officer and officials to be posted at Balochistan Persons with Disabilities (PWDs) Support Fund (KUMAK) Program, as it may consider necessary for performance of its function, in accordance with the criteria and procedure, and as per power of delegation issued by Government from time to time.

B. The Officers/Officials of Social Welfare Department serving in Balochistan Persons with Disabilities PWDs Support Fund (KUMAK) Program, shall be entitled to receive KUMAK Allowance from the proceed money of the Program approved by the Council.

- C. Program Director through administrative department shall hire the contingent support staff from open market, subject to The Council approval, on need basis for effective operationalization of the Program on fixed pay.

17. SCHEDULE-I.

See Clause 9 (A) (I)

STANDARD APPLICATION FORM FOR PWDs EDUCATION SCHOLARSHIP

Name of Applicant/Guardian	
Name of Student	
CNIC #	
Father/Husband Name	

CNIC #					
Gender	Male	Female	Transsexual	Religion	
Disability	Physically	Hearing		Visually	Mentally
Are you employed				Yes	No
If yes details please and monthly Income					
Contact No.			Email		
Address					
Qualification			Local/Domicile		
Mention the Degree/Course/Discipline/Diploma name					
Institute Name					
Duration			Total Semesters		
Fee required for Degree/Course/Discipline/Diploma				Rs. _____	
Address and contact No. of Institution					
Note: please attach 2 photographs, CNIC copies, local/ domicile (student & guardian both), copies of previous class Certificates, DMCs and an affidavit (Standard Format) for declaration of monthly income.					

Declaration:

I, _____, declare that the information provided in this Application form is accurate and complete to the best of my knowledge. I understand that providing false or incomplete information may result in the refusal of availing scholarship financial assistance/support from KUMAK Program and invite legal proceedings against me.

Signature of Student/Guardian

.....

Verification from the Institution (it is mandatory to be completed by Institution)

Name of Applicant/Guardian					
Name of Institute					
Student Name					
Father/Husband Name					
Course applied for			Duration of course		
No. of total semesters the course contains					
Admission fee		Rs. _____		Semester Fee	
				Rs. _____	
Contact No.			Email		
Postal address					

Signature & stamp of Head of Institution

Verification Report of the Applicant by the District Social Welfare Officer.

It is stated that Mr/Ms. _____ S/O, D/O, W/O _____ is a Person with Disability and registered in Social Welfare Department. His/her certificate is issued from this office, bearing registration No. _____, dated _____.

Name of Officer: _____

Designation: _____

Signature & Stamp: _____

Deputy Director/ Social Welfare Officer.

Verification by Deputy Commissioner of Concerned District

It is stated that Mr./Ms. _____ s/o, d/o, w/o _____ is deserving person and unable to bear the expenses of his/her education. His/ Her monthly income is Rs. _____, therefore, he/she is recommended to be financially supported from KUMAK Program.

**Signature with Stamp
DEPUTY COMMISSIONER**

Report by Program Director KUMAK

It is certified that the case of Mr./Mrs. _____ S/o, D/o, w/o _____ has been found correct / complete and submitted for approval of the Council.

**Signature with stamp of
Program Director
KUMAK, Balochistan**

18. SCHEDULE-II.

See Clause 9 (B) (I)

**STANDARD APPLICATION FORM FOR PWDs TECHNICAL /VOCATIONAL
TRAINING**

Date _____

Name _____ s/o, d/o, w/o _____

CNIC # _____ Date of Birth _____

Local/Domicile _____ Qualification _____

Guardian's Occupation: _____

Guardian's Monthly income _____ Phone No _____

Permanent Address _____

Type of Disability: - PHYSICALLY VISUALLY HEARING MENTALLY

Course/Trade applied for:- _____

Institution: _____

Educational Qualification:

Degree Name	Institute/Board/University	Major Subjects	Year
Matriculation			
Inter/DAE			
Graduation			
Other Degree			

Note: please attach 2 photographs, CNIC copies, local/ domicile (student & guardian), Certificates, DMCs and an affidavit (Standard Format) for declaration of monthly income

Declaration:

I, _____, declare that the information provided in this Application form is accurate and complete to the best of my knowledge. I understand that providing false or incomplete information may result in the refusal of availing scholarship financial assistance/support from KUMAK Program and invite legal proceedings against me.

Signature of Student/Guardian
.....

Verification from the Institution (it is mandatory to be completed by Training Institution)

Name of Applicant/Guardian	
Name of Institute	
Student Name	

s/o, d/o, w/o			
Training Course applied for		Duration of training course	
Admission fee	Rs. _____		
Institute Contact No.		Email	
Postal address			

Signature & stamp of Head of Institution

Verification Report of the Applicant by the District Social Welfare Officer.

It is stated that Mr/Ms. _____ S/O, D/O, W/O _____ is a Person with Disability and registered in Social Welfare Department. His/her certificate is issued from this office, bearing registration No. _____, dated _____.

Name of Officer: _____

Designation: _____

Signature & Stamp: _____

Deputy Director/ Social Welfare Officer.

Verification by Deputy Commissioner of Concerned District

It is stated that Mr./Ms. _____ s/o, d/o, w/o _____ is deserving person and unable to bear the expenses of his/her education. His/ Her monthly income is Rs. _____, therefore, he/she is recommended to be financially supported from KUMAK Program.

**Signature with Stamp
DEPUTY COMMISSIONER**

19. SCHEDULE-III (A).

See Clause 9 (C) (II)

STANDARD APPLICATION FORM FOR PWDs ASSISTIVE MOBILITY DEVICES (white canes, portable commode, walkers, Crutches)

Date_____

Name_____ s/o, d/o, w/o_____

Date of Birth_____ CNIC #_____

Local/Domicile_____ Qualification:- _____

Type of Disability: - PHYSICALLY VISUALLY HEARING MENTALLY

Nature of Disability_____ Cause of Disability _____

Guardian Occupation _____ monthly income_____

Applied for_____ Phone No_____

Permanent Adress_____

Signature of the PWD/ Guardian

RECOMMENDATION OF DEPUTY DIRECTOR/SOCIAL WELFARE OFFICER

Applicant Name:_____ s/o, d/o, w/o_____

Nature of Disability_____. Disability Certificate # and Date_____

Recommended for white canes, portable commode, walkers, Crutches)

It is further added that the copies of documents i.e. Disability Certificate / Local / domicile / CNIC / 2-photographs of Mr/Mrs (_____) are attached with this application form.

Signature & stamp of Concerned Deputy Director/ Social Welfare Officer

Report by Program Director (KUMAK) for Council meeting:

It is certified that Mr./Mrs._____ S/o, D/o, W/o_____ is declared disabled on available proofs and after getting completed all official/ codel formalities has been provided the assistive device i.e.(_____).

**PROGRAM DIRECTOR
KUMAK, BALOCHISTAN**

Note: please attach 2 photographs, CNIC copies, local/ domicile (PWD & guardian both) and an affidavit (Standard Format) for declaration of monthly income.

20. SCHEDULE-III (B).

See Clause 9 (C) (II)

STANDARD APPLICATION FORM FOR PWDs ASSISTIVE MOBILITY DEVICES (electric wheelchairs, wheelchairs, tri-motorcycles, portable ramps, electric and fueled tri-scooters, tricycles, electric white canes, hearing aids, artificial limbs)

نام درخواست گزار:		نام والد/شوہر/سرپرست:	
قومی شناختی کارڈ نمبر:		تاریخ پیدائش:	
جنس مرد / عورت / مخنث	مذہب:	ماہوار آمدنی:	
معذوری کی تفصیل		رابطہ/موبائل نمبر:	
معذوری سرٹیفکیٹ نمبر بمعہ تاریخ اجراء:			
تعلیم:		لوکل/ ڈومیسائل کا ضلع:	

کب اور کس وجہ سے معذوری ہوئی؟	
ذریعہ معاش/ پیشہ:	
مستقل پتہ	
کس طرح کی امداد درکار ہے تفصیل سے بیان کریں۔ مثلاً "تین پہیوں والی موٹر سائیکل/سائیکل، وہیل چیئر، کوئی خاص آلہ یا مشین، یا کچھ اور۔ تفصیل کیلئے مزید کاغذ بھی منسلک کر سکتے ہیں۔"	
کیا آپ نے کبھی اس طرح کی امداد کسی ادارے سے لی ہیں؟ تفصیل بیان کریں۔	

اقرار نامہ میں تحریری طور پر اقرار کرتا/ کرتی ہوں کہ درج بالا کوائف میرے علم/سمجھ کے مطابق درست ہیں اور میں نے دانستہ کوئی بات نہیں چھپائی ہے۔ کسی بھی طرح کی غلط بیانی ثابت ہونے کی صورت میں میری درخواست رد کی جائے گی اور ایسی صورت میں تمام تر نتائج/ قانونی کارروائی وغیرہ کی ذمہ داری مجھ پر عائد ہوگی۔

تاریخ

دستخط درخواست گزار

Verification Report by the concerned Deputy Director/ Social Welfare Officer.

It is stated that Mr/Mrs. (_____) is a Person with Disability and registered in Social Welfare Department. His/her certificate is issued from this office, bearing registration No. _____, dated _____. He/ She is recommended for (Electric Wheel Chair/ Wheel Chair/Tri-motorcycle/ tri-scooty/ Tri-cycle/ Electric White Cane /Hearing aids) from KUMAK Program. It is further added that the copies of documents i.e. Disability Certificate/Local/domicile/CNIC/2-photographs are attached with this application form for verification.

Name of Officer: _____

Designation: _____

Signature & Stamp: _____

Deputy Director/ Social Welfare Officer.

Date: _____

نوٹ: اسپیشل افراد معذوری سرٹیفکیٹ کی صاف تصدیق شدہ کاپی/ اپنے اور سرپرست کے شناختی کارڈ، لوکل/ ڈومیسائل، تعلیم اور دیگر کاغذات منسلک کرنا لازمی ہے

Verification by Deputy Commissioner of Concerned District

It is stated that Mr./Ms. _____ s/o, d/o, w/o _____ is deserving person and unable to procure (Electric Wheel Chair/Tri-motorcycle tri-scooty/ Tri-cycle/Electric White Cane/Wheel Chair/Hearing Aid). His/ Her monthly income is Rs. _____, therefore, he/she is recommended to be provided the said device from KUMAK Program.

**Signature with Stamp
DEPUTY COMMISSIONER**

Report by Program Director KUMAK

It is certified that the case of Mr./Mrs. _____ S/o, D/o, w/o _____ has been found correct / complete and submitted for approval of the Council.

**Signature with stamp of
Program Director
KUMAK, Balochistan**

21. SCHEDULE-IV

See Clause 9 (D) (II)

STANDARD APPLICATION FORM FOR PWDs FINANCIAL ASSISTANCE FOR MARRIAGE

نام درخواست گزار:	نام والد/ سرپرست:
قومی شناختی کارڈ نمبر درخواست گزار:	
دولہا کا نام:	قومی شناختی کارڈ نمبر:
دلہن کا نام:	قومی شناختی کارڈ نمبر:
دولہا کے والد کا نام:	قومی شناختی کارڈ نمبر:
دلہن کے والد کا نام:	قومی شناختی کارڈ نمبر:
دولہا کا تاریخ پیدائش:	درخواست گزار کا دولہا یا دلہن سے رشتہ:
دلہن کا تاریخ پیدائش:	
درخواست گزار کا ذریعہ معاش/ پیشہ:	ماہوار آمدنی:
مذہب:	کیا آپ شادی شدہ ہیں؟
معذوری کی تفصیل	رابطہ/ موبائل نمبر:
معذوری سرٹیفکیٹ نمبر بمعہ تاریخ اجراء:	
تعلیم:	لوکل/ ڈومیسائل کا ضلع:

درخواست گزار کا مستقل پتہ:	
اقرار نامہ	
میں تحریری طور پر اقرار کرتا/ کرتی ہوں کہ درج بالا کوائف میرے علم/سمجھ کے مطابق درست ہیں اور میں نے دانستہ کوئی بات نہیں چھپائی ہے۔ کسی بھی طرح کی غلط بیانی ثابت ہونے کی صورت میں میری درخواست رد کی جائے گی اور ایسی صورت میں تمام تر نتائج/ قانونی کارروائی وغیرہ کی ذمہ داری مجھ پر عائد ہوگی۔ میں نے تمام تفصیلات اچھی طرح پڑھ/ سمجھ کر بقائم ہوش و حواس دستخط کئے ہیں۔	
تاریخ	دستخط درخواست گزار

Verification Report by the concerned Pesh Imam/Khateeb/ -----others.

رپورٹ منجانب پیش امام/ خطیب	نوٹ: دوسرے مذاہب کے لوگ اپنے مذہبی اسکالرس سے تصدیق کروائیں۔
تصدیق کی جاتی ہے کہ درخواست گزار	والد کا نام
مستحق خاندان سے تعلق رکھتا ہے۔ دولہا/ دلہن معذور ہے۔ اور شادی پر آنے والے اخراجات ادا کرنے کی استطاعت نہیں رکھتا۔ اس کے حق میں سفارش کی جاتی ہے۔	
قومی شناختی کارڈ نمبر	فون نمبر
مسجد کا نام و پتہ	تاریخ
دستخط ومہر	

نوٹ: اسپیشل افراد معذوری سرٹیفکیٹ کی صاف تصدیق شدہ کاپی/ اپنے اور سرپرست کے شناختی کارڈ، لوکل/ ڈومیسائل، نکاح نامہ اور دیگر کاغذات منسلک کرنا لازمی ہے

Verification Report of the Applicant by the concerned Deputy Director/ Social Welfare

Officer.

It is stated that Mr/Ms. _____ S/O,
D/O _____ is a Person with Disability and registered in
Social Welfare Department. His/her certificate is issued from this office, bearing registration
No. _____, dated _____.

He/she is poor & deserving Individual and recommended to be facilitated for Financial Assistance
through KUMAK Program.

Name of Officer: _____
Designation: _____
Signature & Stamp: _____

Deputy Director/ Social Welfare Officer.

Verification by Deputy Commissioner of Concerned District

It is stated that Mr./Ms. _____ s/o, d/o,
w/o _____ is deserving person
and unable to bear the expenses of his/her/ son/ daughter marriage. His/ Her monthly
income is Rs. _____, therefore, he/she is recommended to be
financially supported from KUMAK Program.

**Signature with Stamp
DEPUTY COMMISSIONER**

Report by Program Director KUMAK

It is certified that the case of Mr./Mrs. _____ S/o, D/o, w/o
_____ has been found correct / complete and submitted for approval of the
Council.

**Signature with stamp of
Program Director
KUMAK Balochistan**

22. SCHEDULE-V
See Clause 9 (E) (I)

STANDARD APPLICATION FORM FOR PWDs FINANCIAL ASSISTANCE FOR
(Mentally Challenged, Visually Impaired from both eyes, Persons amputated/deformed with both hands or both legs or one hand and one leg and persons with severe and multiple disabilities, who are bed restrained).

نام درخواست گزار:		نام والد/شوہر/سرپرست:	
قومی شناختی کارڈ نمبر:		تاریخ پیدائش:	
جنس مرد / عورت / مخنث	مذہب:	ماہوار آمدنی:	
معذوری کی تفصیل		رابطہ/موبائل نمبر:	
معذوری سرٹیفکیٹ نمبر بمعہ تاریخ اجراء:			
تعلیم:		لوکل/ ڈومیسائل کا ضلع:	

ذریعہ معاش/ پیشہ:	
مستقل پتہ	
کس طرح کی امداد درکار ہے تفصیل سے بیان کریں	
کیا آپ نے کبھی اس طرح کی امداد کسی ادارے سے لی ہیں؟ تفصیل بیان کریں.	

اقرار نامہ میں تحریری طور پر اقرار کرتا/ کرتی ہوں کہ درج بالا کوائف میرے علم/سمجھ کے مطابق درست ہیں اور میں نے دانستہ کوئی بات نہیں چھپائی ہے۔ کسی بھی طرح کی غلط بیانی ثابت ہونے کی صورت میں میری درخواست رد کی جائے گی اور ایسی صورت میں تمام تر نتائج/ قانونی کارروائی وغیرہ کی ذمہ داری مجھ پر عائد ہوگی۔

تاریخ

دستخط درخواست گزار

Verification Report by the concerned Deputy Director/ Social Welfare Officer.

It is stated that Mr/Mrs (_____) is a Person with Disability and registered in Social Welfare Department. His/her certificate is issued from this office, bearing registration No. _____, dated _____. He/ She is recommended for Financial Assistance from KUMAK Program. It is further added that the copies of documents i.e. Disability Certificate/Local/ domicile/CNIC/2-photographs are attached with this application form for verification.

Name of Officer: _____

Designation: _____

Signature & Stamp: _____
Deputy Director/ Social Welfare Officer.

Date: _____

نوٹ: اسپیشل افراد معذوری سرٹیفیکٹ کی صاف تصدیق شدہ کاپی/ اپنے اور سرپرست کے شناختی کارڈ، لوکل/ ڈومیسائل، تعلیم اور دیگر کاغذات منسلک کرنا لازمی ہے

Verification by Deputy Commissioner of Concerned District

It is stated that Mr./Ms. _____ s/o, d/o, w/o _____ is deserving person and unable to manage the expenses of his/her mentally retarded/severe disability child. His/ Her monthly income is Rs. _____, therefore, he/she is recommended to be provided financial assistance from KUMAK Program.

**Signature with Stamp
DEPUTY COMMISSIONER**

Report by Program Director KUMAK

It is certified that the case of Mr./Mrs. _____ S/o, D/o, w/o _____ has been found correct / complete and submitted for approval of the Council.

**Signature with stamp of
Program Director
KUMAK Balochistan**

23. SCHEDULE-VI

See Clause 9 (F) (I)

**STANDARD APPLICATION FORM FOR PWDs FOR PROVISION OF INTEREST
FREE LOANS**

Date _____

Name of applicant: _____ Father Name _____

Marital Status _____ Date of Birth _____

CNIC No _____ Local/Domicile _____

Guardian's occupation: _____ City: _____

Qualification:- _____

Type of Disability: PHYSICAL VISUAL HEARING Purpose of Loan: _____

Amount required: _____ Type/Nature of Business _____

Do you have any experience of doing business? Please describe below:

Employed: Yes No If yes details please: _____ Contact No: _____

Permanent Address _____

Guarantor Name: _____ Guarantor Occupation _____

Guarantor address: _____

CNIC # _____ Contact No: _____

DECLARATION:

I the undersigned, declare that the information provided in this Application form is accurate and complete to the best of my knowledge. I understand that providing false or incomplete information may result in the refusal of availing scholarship financial assistance/support from KUMAK Program.

Thumb & Signature of Loan Beneficiary

Thumb & Signature of Loan Guarantor

نوٹ: اسپیشل افراد معذوری سرٹیفیکٹ کی صاف تصدیق شدہ کاپی/ اپنے اور سرپرست کے شناختی کارڈ، لوکل/ ڈومیسائل، تعلیم اور دیگر کاغذات منسلک کرنا لازمی ہے

RECOMMENDATION OF DEPUTY DIRECTOR/SOCIAL WELFARE OFFICER

Applicant is Declared: -

Disabled _____ Disability/Impairment _____

Recommended for the purpose of loan, as he/she is from poor family. It is further added that the copies of documents i.e. Disability Certificate/Local/domicile/CNIC/2 photographs and Guarantor's statement of Mr/Mrs(_____) are attached with this application form.

Signature & stamp of Concerned Deputy Director/ Social Welfare Officer

VERIFICATION BY DEPUTY COMMISSIONER OF CONCERNED DISTRICT

It is stated that Mr./Ms. _____ s/o, d/o, w/o _____ is deserving person and applied for loan from KUMAK Program. Therefore, he/she is recommended to be financially supported to start his/her business setup.

**Signature with Stamp
DEPUTY COMMISSIONER**

Report by Program Director KUMAK

It is certified that the case of Mr./Mrs. _____ S/o, D/o, w/o _____ has been found correct / complete and submitted for approval of the Council.

**Signature with stamp of
Program Director**

24. SCHEDULE-VII

See Clause 9 (C) (II) (v)

FITNESS CERTIFICATE FOR PWDs FOR TRI-MOTORCYCLES, TRI-SCOOTERS AND TRI-CYCLES

This is to certify that Mr./Ms. _____, son/daughter of _____ resident of District _____ has undergone a physical fitness examination by this office and is found **fit** to operate a tri-motorcycle/tri-cycle/tri-scooter. The beneficiary has demonstrated satisfactory physical ability and control over riding. This certificate is issued as per the applicant ability to control and ride the same.

Following three officers have examined the beneficiary ability to control and ride the Mobility Device.

1. Name _____

Designation _____

Signature/ Stamp _____

2. Name _____

Designation _____

Signature/ Stamp _____

3. Name _____

Designation _____

Signature/ Stamp _____

**Program Director
KUMAK, Balochistan**