

- (2) The medical authority shall issue the Disability certificate and UDID card within three months, in case any disability is diagnosed.
- (3) In case, due to any reason not attributable to concerned Medical authority, no decision is taken by the Medical authority on the application of the applicant for a period above two years, such application shall be made inactive, and the applicant needs to apply afresh on portal, or approach the medical authority to re-activate the pending application.
- (4) The medical authority shall, after due examination-
- (i) issue a permanent Disability certificate/UDID card in cases where there are no chances of improvement over time in the degree of disability; or
- (ii) issue a certificate of disability/UDID Card indicating the period of validity, in cases where there is any chance of improvement over time in the degree of disability.
- (5) If an applicant is found ineligible for issuance of certificate of disability/UDID Card after assessment by Specialist or Medical Board or as the case may be, the medical authority shall convey the reasons to him in Form-VIII through online platform within a period of one month from the date of such rejection. The aggrieved applicant may file appeal within ninety days of such rejection, using the mechanism prescribed under Section-59 (1) of the Rights of Persons with Disabilities Act, 2016.
- (6) The State Government and Union territory Administration shall ensure that the certificate of disability/UDID Card is granted through online platform as notified by the Central Government.

[(F.No. P-13013/50/2024-UDID/IT/STATISTICS)]

RAJEEV SHARMA, Jt. Secy.

Note:- The Rights of Persons with Disabilities Rules, 2017 were published in the Gazette of India, Extraordinary, Part-II, section-3, sub-section (i) *vide* notification number G.S.R. 591 (E), dated the 15th June, 2017 and was last amended *vide* G.S.R. 361 (E), dated the 2nd July, 2024.

FORM- IV

Application for Obtaining Certificate of Disability/Unique Disability Identity (UDID) Card by Applicant

[See rule 17(1)]

1. Personal Details:

- a) Applicant's Full Name : _____
- b) Gender (Male/Female/Transgender): _____
- c) Date of Birth : DD/MM/YYYY
- d) Mobile number (10 digits only): _____
- e) Email id (Optional) : _____
- f) Name of Applicant's Father/Mother/Guardian: _____
- g) Contact Number of Father/Mother/Guardian _____
- h) In case of Guardian, relation of Guardian with Applicant: _____

Recent passport size photograph (Showing face only) of the applicant

2. Proof of Identity:

- a) Aadhaar no. of the applicant : _____
- b) I agree to share Aadhaar information with Government Department:
(Please see **Note** at the end of this Form in case Aadhaar Card is not available.)

3. Proof of Address:

- (a) Address : _____
- (b) State/UT: _____
- (c) District: _____
- (d) Sub District: _____
- (e) Village / Town (Optional): _____

(f) Pin Code: _____

(g) Nature of Document for Address Proof (Please tick as applicable):

- i. Aadhaar Card
- ii. Indian Passport
- iii. Ration/Public Distribution System Photograph Card or E-Ration Card
- iv. Voter Identity Card or E-Voter Identity Card
- v. Disability Certificate issued under RPwD Rules, 2017
- vi. Photograph Identity Card or Certificate with Photograph issued by Central Govt./State Government like Bhamashah, Domicile Certificate, Resident Certificate, Jan-Aadhaar, MGNREGA/ NREGS Job Card, Labour Card etc.
- vii. ST/SC/OBC Certificate issued by Central/State Government
- viii. Transgender Identity Card or Certificate issued under Transgender Persons Act, 2019
- ix. Certificate issued by MP or MLA or MLC or Municipal Councillor
- x. Certificate issued by Gazetted Officer of Central/State Government etc.
- xi. Certificate issued by Superintendent or Warden or Matron or Head of Institution of recognized shelter or Home or orphanages (for children of concerned shelter home or orphanage only)
- xii. Certificate issued by Village Panchayat Head or President or Mukhiya or Gaon Bura or Panchayat Secretary etc.
- xiii. Electricity bill (but not older than three months)
- xiv. Water bill (but not older than three months)
- xv. Telephone Landline bill or Postpaid mobile bill/Broad band bill (but not older than three months)
- xvi. Valid Registered Sale Agreement or Registered Gift Deed in Registrar Office or Registered or non registered rent
- xvii. Lease agreement or Leave and License agreement
- xviii. Gas Connection bill (but not older than three months)
- xix. Allotment letter of accommodation issued by Central Government or State Government or Public Sector Undertaking or Regulatory Bodies or Statutory bodies (Not older than one year)
- xx. Life or Medical Insurance Policy (Valid upto one year from the date of issue of the policy)

4. Disability Details:

(a) Disability Type (Please tick as applicable):

- (i) Acid Attack Victim
- (ii) Autism Spectrum Disorder
- (iii) Blindness
- (iv) Cerebral Palsy
- (v) Chronic Neurological Conditions
- (vi) Dwarfism
- (vii) Hearing Impairment
- (viii) Hemophilia
- (ix) Intellectual Disability
- (x) Leprosy cured
- (xi) Locomotor Disability
- (xii) Low Vision
- (xiii) Mental Illness

- (xiv) Multiple Sclerosis
- (xv) Muscular Dystrophy
- (xvi) Parkinson's Disease
- (xvii) Sickle Cell Disease
- (xviii) Specific Learning Disabilities
- (xix) Speech and Language Disability
- (xx) Thalassemia
- (xxi) Multiple Disabilities *

(*Note: In Case of Multiple Disabilities, Please choose 2 or more out of the 20 disabilities listed above)

(b) Disability due to:

- (i) Accident
- (ii) Congenital
- (iii) Diseases
- (iv) Hereditary
- (v) Infection
- (vi) Medicine
- (vii) Any other

(c) Period since when disabled: From Birth or since year _____

(d) Do you have the old (manual) disability certificate (Yes/No): _____

If yes, scanned copy of disability certificate to be uploaded with below details

- i) Certificate Number
- ii) Date of Issue
- iii) Details of Issuing Medical Authority

5. Mention the hospital for assessment/issue of Unique Disability Identity card /disability certificate:

Is your treating Hospital in other State or District (Yes/No): _____

If yes,

- (a) Hospital Treating State / UTs: _____
- (b) Hospital Treating District: _____
- (c) Hospital Name

If No, choose Hospital from your domicile district

Hospital Name : _____

Declaration: I hereby declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further state that if any inaccuracy is detected in the application, I shall be liable to forfeiture of any benefits derived and other action as per law.

 (Signature or left thumb impression
 of person with disability, or of his/her
 legal guardian in case of persons with
 intellectual disability, autism, cerebral palsy
 and multiple disabilities, etc)

Date:

Place:

Enclosures:

1. Proof of Identity- Aadhaar Card (Please see **Note** at the end of this Form in case Aadhaar Card is not available.)
2. Proof of Address (As indicated in Para 3(g) above) if it is other than Aadhaar.

Note (In Reference to Para 2: Proof of Identity):

If Applicant has Enrolled for Aadhaar but has not got Aadhaar Number till now, mention your Aadhaar Enrollment Number _____ and Attach or Upload the Aadhaar Enrollment Slip along with any one of the following documents, namely:-

- I. Bank or Post Office Passbook with Photo; or
- II. Permanent Account Number (PAN) Card; or
- III. Passport; or
- IV. Ration Card; or
- V. Voter Identity Card; or
- VI. Mahatma Gandhi National Rural Employment Guarantee Act Card; or
- VII. Kisan Photo Passbook; or
- VIII. Driving License Issued by the Licensing Authority under Motor Vehicle Act, 1988 (59 of 1988); or
- IX. Certificate of Identity having Photo of such Person Issued by a Gazetted Officer or a Tehsildar on an Official Letter Head; or
- X. Any other Document as Specified by the Department;

Logo of Government of India	Logo of Department of Empowerment of Persons with Disabilities, GoI	Logo of Respective State or Union Territory
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**Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India**

Form-V**Disability Certificate**

(In case of Single Disability)

[See rule 18(1)]

(Name and Address of the Medical Authority Issuing the Certificate)

Recent passport size photograph (Showing face only) of the person with disability

Certificate/UDID No.

Date of Issue :

This is to certify that I/we have carefully examined <Name of the applicant>, Son/Daughter/Care of < name of father/mother/guardian>, Date of Birth (DD/MM/YYYY), Gender < Male/Female/Transgender>, Registration No. <UDID Enrolment No.> Resident of < address of PwD> whose photograph is affixed above, and I am /we are satisfied that:

(A) He/She is a case of (Any one of the following disabilities):

- i. Locomotor Disability
- ii. Muscular Dystrophy
- iii. Leprosy Cured