

वैज्ञानिक तथा औद्योगिक अनुसंधान परिषद
Council of Scientific and Industrial Research
अनुसंधान भवन, 2, रफी मार्ग, नई दिल्ली-110001
Anusandhan Bhawan, 2, Rafi Marg, New Delhi-110001

No. : 5-1(39)/2008-PD

दिनांक/Date : 03.03.2026

कार्यालय ज्ञापन / OFFICE MEMORANDUM

विषय : आरपीडब्ल्यूडी संशोधन नियम, 2024 के तहत संशोधित दिव्यंगता प्रोफॉर्म को अपनाने के सम्बन्ध में।

Sub : Adoption of revised disability proforma under the RPwD Amendment Rules, 2024 - reg.

अधोहस्ताक्षरी को यह कहने का निदेश हुआ है कि सक्षम प्राधिकारी ने दिव्यांगजन सशक्तिकरण विभाग, सामाजिक न्याय और अधिकारिता मंत्रालय, भारत सरकार द्वारा उपरोक्त विषय पर जारी दिनांक 14 जनवरी, 2026 के कार्यालय ज्ञापन सं. P-13013/32/2025-Policy को सभी सीएसआईआर प्रयोगशालाओं/संस्थानों/इकाइयों को सूचना, मार्गदर्शन और अनुपालन के लिए अग्रेषित करने की स्वीकृति प्रदान की है।

The undersigned is directed to state that the Competent Authority has accorded approval to forward the Office Memorandum No. P-13013/32/2025-Policy dated 14th January, 2026 issued by Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice and Empowerment, Government of India on the subject mentioned above to all CSIR Labs./Instts./Units for information, guidance and compliance.



(अमरेन्द्र कुमार/Anrendra Kumar)
अवर सचिव (नीति प्रभाग)/Under Secretary (PD)

संलग्न/Encl. : यथोपरि/As above
प्रतिलिपि/Copy to:

- 1) सी.एस.आई.आर. की सभी राष्ट्रीय प्रयोगशालाओं/संस्थानों/मुख्यालय/एककों के निदेशक/प्रधान
The Directors/Heads of all CSIR National Labs./Instts./Hqrs./Units
- 2) वरिष्ठ उप सचिव, भर्ती प्रकोष्ठ/ Sr. DS, Recruitment Cell
- 3) सी.एस.आई.आर. वेबसाइट/ CSIR Website
- 4) कार्यालय प्रति/Office copy.

No. P-13013/32/2025-Policy
Government of India
Ministry of Social Justice and Empowerment
Department of Empowerment of Persons with Disabilities (Divyangjan)

5th Floor, B Wing, Pt. Deendayal Antodaya Bhawan,
 CGO Complex, Lodhi Road New Delhi-110003
 Dated: 14th January, 2026.

Office Memorandum

Subject: Adoption of revised disability proforma under the RPwD Amendment Rules, 2024 – reg;

The undersigned is directed to refer to this Department's Office Memorandum of even number dated 4th September, 2025 (copy enclosed), wherein DoPT was requested to issue instructions to UPSC, SSC and other recruitment agencies for adoption of the revised disability proforma under the Rights of Persons with Disabilities (Amendment) Rules, 2024.

2. In this regard, as clarified by DoPT, only UPSC and SSC are under its administrative control. Accordingly, this Department has been requested to correspond directly with other Central recruitment agencies, which fall under the administrative control of various Ministries/Departments, for adoption of the revised disability proformae under the Rights of Persons with Disabilities (Amendment) Rules, 2024.

3. The following recruitment agencies are, therefore, requested to adopt the revised proformae, namely Form-V (for cases of single disability) and Form-VI (for cases of multiple disabilities), as prescribed under the Rights of Persons with Disabilities (Amendment) Rules, 2024 (copies enclosed). Adoption of these proformae will standardize and facilitate seamless verification of disability certificates during recruitment:

- i. Railway Recruitment Board (RRB) ✓
- ii. Reserve Bank of India (RBI) ✓
- iii. Indian Army / Services Selection Board ✓
- iv. Indian Air Force / Armed Forces Selection Board ✓
- v. Indian Navy ✓
- vi. Indian Coast Guard ✓
- vii. Central Reserve Police Force (CRPF) ✓
- viii. Border Security Force (BSF) ✓
- ix. Income Tax Department ✓
- x. Institute of Banking Personnel Selection (IBPS) ✓
- xi. National Bank for Agriculture and Rural Development (NABARD) ✓
- xii. Indian Council of Agricultural Research ✓
- xiii. National Rural Health Mission ✓
- xiv. National Highways Authority of India ✓
- xv. Airports Authority of India ✓

✓ JS (DSIR & CSIR)

(*) Divyangjan R&D

C/S/Room

D/CSIO

S-DS/AD



- xvi. National Human Rights Commission
- xvii. All Ministries/Departments of the Government of India
- xviii. All Central Public Sector Enterprises (CPSEs)

Encl: As above



(Debala Bhattacharjee)
Under Secretary to the Govt. of India
(Email: debala.joarder@gov.in)

To

The Departments/Organizations/Recruitment Boards as mentioned in the OM.

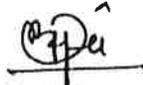
P-13013/32/2025-Policy
 Government of India
 Ministry of Social Justice & Empowerment
 Department of Empowerment of Persons with Disabilities (Divyangjan)
 5th Floor, Pt. Deendayal Antyodaya Bhawan,
 CGO Complex, Lodhi Road, New Delhi
 Dated: 04 September, 2025

OFFICE MEMORANDUM

Subject: Request to issue instructions to UPSC, SSC, and other Recruitment Agencies for adoption of revised Disability proforma under RPwD Amendment Rules, 2024 – reg.

The undersigned is directed to refer to the Rights of Persons with Disabilities (Amendment) Rules, 2024, notified on October 16, 2024. These amendments introduced revised proformas, specifically **Form V (in case of Single Disability)** and **Form VI (in case of Multiple Disabilities)**, to standardize and enhance the process of issuing disability certificates and Unique Disability Identity (UDID) Cards. These updated forms align with the Rights of Persons with Disabilities Act, 2016, ensuring accurate and inclusive disability assessments. It has come to our notice that recruitment agencies, including the Union Public Service Commission (UPSC) and Staff Selection Commission (SSC), continue to use outdated proformas, causing inconsistencies and potential denial of rightful benefits to persons with disabilities (Divyangjan) during recruitment processes.

2. Department of Personnel and Training (DoPT) is therefore requested to issue immediate instructions to UPSC, SSC, and all other central recruitment agencies to adopt the revised **Form V** and **Form VI** as prescribed under the RPwD Amendment Rules, 2024 (copy attached). This will ensure uniformity and facilitate seamless verification of disabilities.



(Debala Bhattacharjee)

Under Secretary to the Government of India

To

The Secretary
 Department of Personnel & Training
 31042, Kartavya Bhavan-03
 Email : secy_mop[at]nic[dot]in

Copy to: Shri Narasaraj BL, 7-2-1303 Sanathnagar Hyderabad, Telangana
 (Email: welfarehandicapped955@gmail.com)

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

- iv. Dwarfism
- v. Cerebral Palsy
- vi. Acid Attack Victim
- vii. Low Vision
- viii. Blindness
- ix. Hearing Impairment
- x. Speech and Language Disability
- xi. Intellectual Disability
- xii. Specific Learning Disabilities
- xiii. Autism Spectrum Disorder
- xiv. Mental Illness
- xv. Chronic Neurological Conditions
- xvi. Multiple Sclerosis
- xvii. Parkinson's Diseases
- xviii. Haemophilia
- xix. Thalassemia
- xx. Sickle Cell Disease

(B) Name of affected body part:

(C) The diagnosis in his/her case is _____

(D) He/She has _____% (in figure) _____ percent (in words) disability and the nature of certificate is {Permanent / temporary and valid till (DD/MM/YYYY) } as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide <Notification No> dated (DD/MM/YYYY).

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Member(s):

Signature:

Name and Address of the Medical Authority Issuing the Certificate:

Logo of Government of India	Logo of Department of Empowerment of Persons with Disabilities, GoI	Logo of Respective State or Union Territory

**Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India**

Form-VI

Disability Certificate

(In case of Multiple Disabilities)

[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 we have carefully examined <Name of the applicant>, Son/Daughter/Care of <write 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 we are satisfied that:

(A) He/She is a case of **Multiple Disabilities**. His/her extent of physical impairments/ disabilities have been evaluated as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide <Notification No> dated (DD/MM/YYYY) for the disabilities below:

S. No.	Disability	Name of Affected Body Part	Diagnosis	Disability Percentage
1.	Locomotor Disability			
2.	Muscular Dystrophy			
3.	Leprosy Cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid Attack Victim			
7.	Low Vision			
8.	Blindness			
9.	Hearing Impairment			
10.	Speech and Language Disability			
11.	Intellectual Disability			
12.	Specific Learning Disabilities			
13.	Autism Spectrum Disorder			
14.	Mental Illness			
15.	Chronic Neurological Conditions			
16.	Multiple Sclerosis			
17.	Parkinson's Diseases			
18.	Haemophilia			
19.	Thalassemia			
20.	Sickle Cell Disease			

(Note: Only the disabilities diagnosed will be listed)

(B) He/She has _____% (in figure) _____ percent (in words) overall disability and the nature of certificate is { permanent/ temporary and valid till (DD/MM/YYYY) }

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Members:

Signature:

Name and Address of the Medical Authority Issuing the Certificate:

भारत सरकार का लोगो (प्रतीक चिह्न)	दिव्यांगजन सशक्तिकरण विभाग, भारत सरकार का लोगो (प्रतीक चिह्न)	संबंधित राज्य/संघ राज्य क्षेत्र का लोगो (प्रतीक चिह्न)
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सामाजिक न्याय और अधिकारिता मंत्रालय,
दिव्यांगजन सशक्तिकरण विभाग, भारत सरकार

फार्म-V

दिव्यांगता प्रमाण पत्र

(एकल दिव्यांगता के मामले में)

[नियम 18(1) देखें]

(प्रमाण पत्र जारी करने वाले चिकित्सा प्राधिकारी का नाम और पता)

दिव्यांगजन का
नवीनतम
पासपोर्ट आकार
का फोटो (केवल
चेहरा दिख रहा
हो)

प्रमाण पत्र/यूडीआई नं.

जारी करने की तिथि:

यह प्रमाणित किया जाता है कि मैंने/हमने <आवेदक का नाम>, पुत्र/पुत्री/अभिभावक<पिता/माता/संरक्षक का नाम>, जन्म तिथि (दिन/माह/वर्ष), लिंग <पुरुष/महिला/ट्रांसजेंडर>, पंजीकरण संख्या <यूडीआईडी नामांकन संख्या> दिव्यांगजन का पता> का निवासी जिसकी फोटो ऊपर चिपकी हुई है, की सावधानीपूर्वक जांच की है और मैं संतुष्ट हूँ कि:

(क) उक्त व्यक्ति (निम्नलिखित दिव्यांगताओं में से किसी एक) से ग्रसित है:

- i. गतिविषयक दिव्यांगता
- ii. मांसपेशीय दुर्बिकास
- iii. कुष्ठ रोग उपचारित
- iv. बौनापन
- v. प्रमस्तिष्क घात
- vi. एसिड अटैक पीडित
- vii. निम्न दृष्टि
- viii. दृष्टिबाधिता
- ix. श्रवण बाधिता
- x. वाक् और भाषा दिव्यांगता
- xi. बौद्धिक दिव्यांगता
- xii. विनिर्दिष्ट सीख दिव्यांगता
- xiii. ऑटिज्म स्पेक्ट्रम विकार

- xiv. मानसिक रूग्णता
 xv. चिरकालिक तंत्रिका दशाएं
 xvi. मल्टिपल स्क्लेरोसिस
 xvii. पार्किंसंस रोग
 xviii. हीमोफीलिया
 xix. थैलेसीमिया
 xx. सिकल शैल रोग

(ख) शरीर के प्रभावित हुए अंग का नाम:

(ग) उसके मामले में मूल्यांकन यह है _____

(घ) व्यक्ति में _____ % (आंकड़ों में) _____ प्रतिशत (शब्दों में) दिव्यांगता है और प्रमाण पत्र की प्रकृति {स्थायी/अस्थायी और (दिन/माह/वर्ष) तक वैध} है, जैसा कि भारत सरकार द्वारा जारी <अधिसूचना संख्या> दिनांक (दिन/माह/वर्ष) के तहत दिव्यांगजन अधिकार अधिनियम, 2016 के तहत शामिल व्यक्ति में विनिर्दिष्ट दिव्यांगता की सीमा का दिशानिर्देशों के अनुसार आकलन करने के उद्देश्य से है।

दिव्यांगजन के हस्ताक्षर / अंगूठे का निशान:

अधिसूचित चिकित्सा प्राधिकारी सदस्य (सदस्यों) के हस्ताक्षर:

हस्ताक्षर:

प्रमाण पत्र जारी करने वाले चिकित्सा प्राधिकारी का नाम और पता:

भारत सरकार का लोगो (प्रतीक चिह्न)	दिव्यांगजन सशक्तिकरण विभाग, भारत सरकार का लोगो (प्रतीक चिह्न)	संबंधित राज्य/संघ राज्य क्षेत्र का लोगो (प्रतीक चिह्न)
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सामाजिक न्याय और अधिकारिता मंत्रालय,
 दिव्यांगजन सशक्तिकरण विभाग, भारत सरकार

फार्म-VI

दिव्यांगता प्रमाण पत्र

(बहु दिव्यांगता के मामले में)

[नियम 18(1) देखें]

(प्रमाण पत्र जारी करने वाले चिकित्सा प्राधिकारी का नाम और पता)

दिव्यांगजन का नवीनतम पासपोर्ट आकार का फोटो (केवल चेहरा दिख रहा हो)

प्रमाण पत्र /यूडीआईडी नं.

जारी करने की तिथि:

यह प्रमाणित किया जाता है कि हमने <आवेदक का नाम>, पुत्र/पुत्री/अभिभावक <पिता/माता/संरक्षक का नाम>, जन्म तिथि (दिनांक/माह/वर्ष), लिंग <पुरुष/महिला/ट्रांसजेंडर>, पंजीकरण संख्या <यूडीआईडी नामांकन संख्या> <दिव्यांगजन का पता> का निवासी जिसकी फोटो ऊपर चिपकी हुई है, की सावधानीपूर्वक जांच की है और हम संतुष्ट हैं कि:

क. वह बहु दिव्यांगता से ग्रस्त है। इनकी शारीरिक दिव्यांगता/दिव्यांगता की सीमा का मूल्यांकन भारत सरकार द्वारा अधिसूचित दिव्यांगजन अधिकार अधिनियम, 2016 के तहत शामिल व्यक्ति में विनिर्दिष्ट दिव्यांगता की सीमा का आकलन दिशानिर्देशों के अनुसार करने के उद्देश्य से किया गया है, जिसे नीचे दी गई दिव्यांगताओं के लिए <अधिसूचना संख्या> दिनांक (दिन/माह/वर्ष) के माध्यम से अधिसूचित किया गया है:

क्र.सं.	दिव्यांगता	शरीर के प्रभावित अंग का नाम	निदान	दिव्यांगता का प्रतिशत
1.	गतिविषयक दिव्यांगताएं			
2.	मांसपेशीय दुर्बिकास			
3.	कुष्ठ रोग उपचारित			
4.	बौनापन			
5.	प्रमस्तिष्क घात (सेरेब्रल पाल्सी)			
6.	एसिड अटैक पीडित			
7.	निम्न दृष्टि			
8.	दृष्टिहीन			
9.	श्रवण बाधित			
10.	वाक् और भाषा दिव्यांगता			
11.	बौद्धिक दिव्यांगता			
12.	विनिर्दिष्ट सीख दिव्यांगता			
13.	ऑटिज्म स्पेक्ट्रम विकार			
14.	मानसिक रूग्णता			
15.	चिरकालिक तंत्रिका दशाएं			
16.	मल्टीपल स्केलेरोसिस			
17.	पार्किंसंस रोग			
18.	हीमोफीलिया			
19.	थैलेसीमिया			
20.	सिक्कल सेल रोग			

i. (नोट: केवल मूल्यांकन की गई दिव्यांगताओं को सूचीबद्ध किया जाएगा)

(ख) इनमें _____% (आंकड़े में) _____ प्रतिशत (शब्दों में) समग्र दिव्यांगता है और प्रमाण पत्र की प्रकृति {स्थायी/अस्थायी और (दिनांक/माह/वर्ष) तक मान्य है}

दिव्यांगजन के हस्ताक्षर / अंगूठे का निशान:

अधिसूचित चिकित्सा प्राधिकारी सदस्यों के हस्ताक्षर:

हस्ताक्षर:

प्रमाण पत्र जारी करने वाले चिकित्सा प्राधिकारी का नाम और पता:

