



## न्यायालय मुख्य आयुक्त दिव्यांगजन

**COURT OF THE CHIEF COMMISSIONER FOR PERSONS WITH DISABILITIES (DIVYANGJAN)**

दिव्यांगजन सशक्तिकरण विभाग/Department of Empowerment of Persons with Disabilities (Divyangjan)

सामाजिक न्याय और अधिकारिता मंत्रालय/Ministry of Social Justice & Empowerment

भारत सरकार/Government of India

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**Case No: 15832/1121/2024**

**In the matter of -**

Suo-motu

... Complainant

**Versus**

Ministry of Health & Family  
Welfare

... Respondent

& 93 Others

Ayushmita Samal – Amicus Curiae

**Hearing (II):** A hearing was conducted on 05.05.2025 in hybrid mode (offline/online through video conferencing). The following parties/representatives were present during the hearing:

Sl. No.	Name of the State/UTs	Representative
1.	Maharashtra	Sangita Dawkhar, Nodal officer, Assistant Commissioner for Person with Disability Welfare Department, Maharashtra
2.	Andaman and Nicobar Islands	Director (SW), Andaman and Nicobar Islands
3.	West Bengal	State Commissioner for Persons with Disability, West Bengal
4.	Goa	Dr. Varsha Munj, North Goa District Hospital Mapusa
5.	West Bengal	Ashok Chauhan, Sr. Spl. Secretary, H&FW, GOV. of WB
6.	Himachal	Dr Ashok Chauhan, Deputy Director, Health

	Pradesh	Services
7.	Odisha	Dr Jeetendra Mohan Bebortha, Special Secretary(PH), H &FW,
8.	Chandigarh	Prof Vishal Guglani, Chairman Disability Cell, GMCH, Chandigarh Dr. Naveen Pandey, AMS, PGIMER, Chandigarh
9.	Odisha	Smt. Pratibha Behera, District Social Security Officer, Balasore,
10.	New Delhi	Dr Anshul Mudgal, Nodal officer Disability DGHS GNCTD
11.	Chandigarh	Dr Shivangi Mehta Chairperson, Disability Board, Mental Health Institute, Chandigarh
12.	Goa	Medical Superintendent, Institute of Psychiatry and Human Behaviour, Bambolim, Goa
13.	Telangana	Smt. B. Shailaja, State Commissioner, Telangana
14.	Tripura	Achintam kilikdar, Dy. Commissioner, Pwds, Tripura

## **RECORD OF PROCEEDINGS**

### **1. Court's opening concerns**

- (a) Rising complaints from several districts about errors and delays (>3 months) in issuing disability certificates/UDID cards.
- (b) Call for good-practice sharing by better-performing States/UTs to guide underperforming districts.

### **2. DEPwD (Joint Secretary): sources of delay**

- (a) Infrequent sittings of Medical Assessment Boards.
- (b) Poor portal communication to applicants about application status.
- (c) Insufficient specialists for assessments.

### **3. Submissions by districts/states/officials**

- (a) **Collector, Kolhapur (Maharashtra):** Adequate doctors; all pendency cleared as of March 2024. Applicants were informed by letters; many did not respond (often when disability % was low). Residual pendency to be cleared within one month; no fresh backlog.

**(b) DEPwD (Joint Secretary) with the permission of the CCPD questioned all Respondents:** 1) Are any UDID cards issued within 48–72 hours of application? 2) Per SoP, are private practitioners being used where govt. specialists are short? 3) On the DEPwD request to Health Secretaries for financial support to CMOs to streamline UDID—what action, if any?

**(c) Collector, Kolhapur (responses):** UDID cards currently in ~2 weeks; no need to engage private practitioners due to adequate govt. staff.

**(d) Uttarakhand (Mr. Anoop Mishra, Health Secretary):** No comments—concerned department absent.

**(e) Tapi (Chief District Health Officer):** Private practitioners not permitted for disability assessments (UDID purpose).

**(f) DEPwD (Joint Secretary):** Sought written views on why trained private practitioners (thousands trained) are deemed unsuitable.

**(g) Andaman & Nicobar Islands (Dr. Avijit Roy, Sr. Public Health Officer):** Many specialists missed earlier trainings; future invitations should be routed via Chief Secretary to ensure participation.

**Note- CCPD clarification:** Multiple data-entry IDs (up to five) can be allotted per district; single-ID misconception is incorrect.

#### 4. Amicus Curiae (Ayushmita Samal): issues & proposals

(a) Inconsistent SOPs/Access: CMOs may sit twice a week, but portal access frequency varies; need a uniform national SOP.

(b) Misapplication of law: Some still apply 1995 norms—denying certificates <40%; 2016 Act standards must apply (notably in Chhattisgarh, Uttar Pradesh).

(c) Specialist gaps: Many hospitals lack psychiatrists/neurologists/psychologists; misdiagnosis common (e.g., autism coded as mental retardation).

(d) ASD adults: Denials due to vague/insufficient guidelines.

(e) Frequent UDID errors (name/address/disability type), notably in Karnataka; CMOs often decline corrections, forcing reapplication.

(f) **Proposed solution:** Allow minor corrections (name/address/percentage) at system level without CMO intervention to ease burden.

(g) Certification authority discrepancies: Certificates issued at district level but related PHC data exists—lack of uniformity causes delays.

## 6. Court's key findings

- (a) Underuse of private practitioners despite SoP enabling it.
- (b) Statutory breach of timelines: Section 58(1) RPwD Act requires completion within 3 months; non-compliance is a violation.
- (c) Non-uniform SOP implementation (board frequency, evaluation scheduling).
- (d) Improper 40% threshold use leading to outright denials contrary to the 2016 Act/Rules.
- (e) Erroneous certificates/data entry (names/diagnoses), with notable prevalence in Karnataka.
- (f) Absence of key specialists (neurologists, psychologists, psychiatrists) leading to incorrect or denied certifications (e.g., ASD misdiagnosed as ID).
- (g) Unnecessary surrender/reapplication due to minor errors and refusal by CMOs to facilitate corrections.

## 7. Recommendations

### A) System & process

- i. UDID Portal Team: Enable minor corrections (name/address/percentage) without reapplication/surrender; CMOs must facilitate promptly.
- ii. States/UTs: Ensure uniform data reporting and standard operating procedures at sub-district levels; reconcile taluka/PHC data.

### B) Use of specialists

- iii. Where govt. specialists are scarce, permit private practitioners to conduct disability assessments at least once a week, consistent with DEPwD SoP.

### C) Compliance, timelines, and penalties

- iv. Districts with pendency >3 months and no credible clearance plan will face monetary penalties.
- v. Effective immediately: ₹10,000 fine on CMOs/responsible officers of such districts; ₹50,000 at the second hearing; up to ₹5,00,000 for continued violation.
- vi. All CMOs must review specialist availability and flag districts requiring private experts; State governments to issue financial/administrative approvals for such engagement immediately.
- vii. Denial of certificates <40% disability is unlawful. Submit a district-wise report within 30 days on any such denials.
- viii. The Court intends to impose a provisional ₹10,000 penalty on CMOs/departments with persisting pendency, reiterating that UDID must be issued or the case decided within 3 months.
- ix. File compliance within 30 days; failing which, escalated fines and further legal

action under the RPwD Act will follow.

8. This is issued with the approval of the Chief Commissioner for Persons with Disabilities.

**(Praveen Prakash Ambashta)**  
Dy. Chief Commissioner