



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

Versus

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1. Introduction

1.1 This suo motu proceeding is initiated under Sections **75(1) (a)** and **75 (1) (b)** read with **Section 77** of the Rights of Persons with Disabilities Act, 2016 ("RPwD Act") to verify compliance with **Sections 56-59** of the Act and **Rules 17-20** of the RPwD Rules, 2017 regarding disability assessment, certification, issuance of the Unique Disability ID (UDID), and the statutory **three-month** issuance timeline; notice dated **29.10.2024** sought State/UT data in a prescribed format.

2. Summary of responses

2.1 Replies in the prescribed pro-forma were received from **Andaman & Nicobar Islands, DNH & DD, Karnataka, Telangana, Uttarakhand** at the notice stage; Action Taken Reports (ATRs) post-hearing were additionally received from **Meghalaya** and **Mizoram**,

indicating partial compliance but revealing pendency, inconsistent SOPs, irregular Medical Board sittings, limited use of qualified private specialists where government specialists are unavailable, and gaps in portal-level error-correction.

3. Dates of hearings

3.1. Hearings were held on **13.11.2024** and **05.05.2025**. Records of Proceedings (RoPs) were issued consequent to each covered issues, directions and follow-up ATRs as summarized below.

4. Record of Proceedings

4.1 Hearing-I (13.11.2024): This Court noted continued delays and harassment in the issuance of disability certificates/UDIDs despite the Central mandate to **use the UDID portal and discontinue manual certification**. States/UTs reported operational bottlenecks (insufficient user IDs/DEOs, limited Medical Board sittings, portal limitations). Directions included scaling user IDs/DEOs, enabling engagement of private specialists under safeguards, quarterly reviews, and warning of penal/departmental action for non-compliance.

4.2 Post Hearing-I ATRs: Meghalaya reported 32,044 applications (as of 30.10.2024), 10,356 UDIDs issued, 248 pending, daily monitoring and an appellate mechanism; Mizoram reported 2,992 UDIDs issued since 01.06.2021 with 135 pending and 2–3 working days issuance in routine cases, citing error/missing documents as primary causes of pendency.

4.3 Hearing-II (05.05.2025): Persistent breaches of the **three-month** limit under Rule 18 were flagged. Best-practice exemplars (e.g., Kolhapur's two-week TAT) contrasted with under-performing districts (e.g., disallowing qualified private specialists). The Amicus pointed to inconsistent SOPs, misuse of pre-2016/1995 norms, misclassification (e.g., autism as intellectual disability), and refusal to permit minor portal corrections without CMO approval. This Court directed: allow system-level minor corrections; enforce uniform SOPs; permit weekly private specialist sittings where needed; require CMOs to file specialist-gap assessments; and set an escalation matrix including monetary penalties for pendency >3 months.

5. Observations

5.1 **Statutory mandate & timelines.** Rule 18 of the RPwD Rules prescribes the issuance of disability certificates/UDID within **three months**; continued delays and manual certification post-01.06.2021 undermine the central mandate for **online-only** certification via UDID. The DEPwD, vide its notification dated 18.05.2021, **appointed 01.06.2021 for the issuance of only online UDID certificates.**

5.2 **Guidelines in force.** States/UTs must assess disabilities strictly per **Central guidelines—2018 baseline and latest notified guidelines dated 14.03.2024**—and not revert to outdated norms; misclassification and SOP inconsistency erode legality and fairness.

5.3 **Amendment Rules, 2024.** The **RPwD (Amendment) Rules, 2024** (notified on 16 Oct 2024) refine procedures and timelines; States/UTs are obliged to align SOPs and portal workflows accordingly.

5.4 **Judicial reinforcement.** The Supreme Court has consistently required effective operationalization of disability rights and elimination of procedural impediments through its various orders in **Justice Sunanda Bhandare Foundation v. UOI** (2014 & 2025)) and continuing directions; and in **Rajive Raturi v. UOI** (accessibility action points and compliance). These precedents condemn undue delay and arbitrary rejection as violative of **Articles 14 and 21.**

5.5 **Systemic issues evidenced on record.** The case file shows (i) backlogs beyond three months; (ii) refusal to allow minor portal corrections without CMO; (iii) non-utilization of qualified private specialists; and (iv) data errors that impede issuance—collectively pointing to **process design failures** rather than applicant-side default.

6. Recommendations

6.1 Time-bound issuance & escalation (a) The DEPwD to enforce a **reasonable time-cap** in consultation with stakeholders for processing an application on the portal to its issuance; (b) auto-escalation beyond the time cap so fixed to District DM&HO and to the level of State Nodal Officer beyond a second timeline to be fixed for the District DM & HO; (c) publish pendency >90 days by district; (d) apply a graded penalty regime for administrative delays, consistent with

Section 89 and departmental rules.

6.2 Single SOP & minor-correction gateway (within 30 days).

SNOs to adopt a **State-wide SOP** aligned to 2018/2024 Central guidelines; and enable **“minor-correction” module** (name/date/typographical fields) without CMO approval as already circulated by the DEPwD, with audit logs and post-decisional sample checks.

6.3 Specialist availability (within 45 days; review quarterly).

CMOs shall file **district specialist-gap maps** and, where gaps exist, **panel and schedule private specialists at least weekly** under Medical Board supervision (honoraria, conflict-of-interest declarations, and random video audits).

6.4 UDID-only workflow & rejection quality (within 15 days).

Reiterate **UDID-only** issuance; disable manual certification, except for notified downtime contingencies with automatic portal syncing. All rejections must be **speaking orders** with appeal guidance under **Section 59**.

6.5 Data integrity & analytics (within 60 days). Deploy mandatory validation rules, deduplication check (Aadhaar/ABHA where permissible by policy), standardised codes for causes of pendency, and **public monthly dashboards** (applications, rejection reasons, appeals, outcomes).

6.6 Capacity-building (rolling, every 6 months). Biannual training for Medical Boards/DEOs on 2024 guidelines, reasoned decision-making, autism spectrum differentiation, and portal workflows; publish modules and assessment quizzes online for transparency.

6.7 Grievance & appeal (within 30 days). Online **appeal tracking** under Section 59; integrate a **grievance ticket**; permit assisted filing via District Disability Rehabilitation Centres.

6.8 Independent audits (start in 90 days; annual). Commission **third-party process audits** (randomized files) to verify correctness; publish summary reports.

6.9 In terms of Section 76 of the RPwD Act, 2016, the respondents are advised to forward an Action Taken Report within 90 days. Where

any recommendations require more time for implementation, file an Implementation Plan with justifications, milestones and designated nodal officers. Non-acceptance of any recommendation may also be informed through a reasoned response, with a proposed alternative that achieves the statutory objective.

7. Accordingly, the case is disposed of in these terms.

(Rajesh Aggarwal)
Chief Commissioner