सत्यमेव जयते

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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Model Consent and Privacy Clause

Consent and Privacy Declaration (to be signed by the Complainant)

I, _____ (name), having read or been explained the following, hereby give my voluntary consent for disclosure of some parts of my personal information by the O/o the CCPD for processing and disposing of my complaint under Sections 3(1), 75, and 77 of the *Rights of Persons with Disabilities Act, 2016* ("the Act"):

1. I understand that the Chief Commissioner/Commissioner for Persons with Disabilities functions as a quasi-judicial authority and that its orders, recommendations, and proceedings may be published on the official website or other public platforms, in the larger public interest, as required under Sections 75(1) (d) and 77(2) of the Act.
2. I consent to the **disclosure of information limited to my type and percentage of disability**, and any other fact strictly necessary to establish jurisdiction or to determine the issues in the complaint.
3. I understand that my **personal identifiers** such as address, contact number, email address, Aadhaar or ID details, medical certificate number, and other sensitive information shall **remain confidential** and shall not be published.
4. I understand that in **exceptional cases**—for instance, where disclosure may risk my safety, dignity, or privacy—the Commission may withhold even disability details from public publication at its discretion under Sections 3(1), 4, 5 and 6 of the Act.
5. I may, at any time before final publication of the order, request in writing limited redaction or anonymisation of details that may identify me personally.

I hereby affirm that this consent is given voluntarily, without coercion, and with full knowledge of its implications.

Signature of Complainant: _____

Date: _____

Place: _____