

Comprehensive Framework Service Accessibility - Proposed Recommendations

Chapter 1. INTRODUCTION

1.1 OBJECTIVES OF THE FRAMEWORK

This document aims to provide clear, actionable guidelines to ensure services across sectors are accessible, respectful, and inclusive for persons with disabilities (PwDs) and their caregivers. Recognizing accessibility as a fundamental right, it emphasizes the importance of creating environments that support not only physical access but also emotional and psychological well-being. This document translates legal mandates into actionable steps, bridging the gap between policy and implementation. It outlines non-negotiable service accessibility standards, including physical, sensory, cognitive, and emotional accessibility, and establishes compliance mechanisms to ensure accountability.

1.2 LEGAL BASIS AND POLICY CONTEXT

The Rights of Persons with Disabilities (RPwD) Act, 2016 and international commitments such as the UN Convention on the Rights of Persons with Disabilities (CRPD) mandate that all public and private services must be accessible. However, implementation gaps persist due to weak enforcement mechanisms, unclear service obligations, and a lack of structured monitoring.

A landmark Supreme Court ruling (Rajive Raturi v. Union of India, 2023) reinforced accessibility as a non-negotiable right, striking down Rule 15 of the RPwD Rules, which treated accessibility as a recommendation rather than a mandatory requirement. The Court directed the government to establish strict, enforceable standards—a key focus of this document.

1.3 KEY PRIORITIES OF THE FRAMEWORK

These recommendations aim to transform accessibility from an aspirational goal into a legally binding standard, ensuring equal access to essential services for all. It provides practical, measurable, and enforceable service standards across sectors, ensuring:

- **Mandatory Accessibility Standards** – Service providers must comply with physical, sensory, cognitive, and emotional accessibility guidelines. These non-negotiable standards for service delivery ensure that all individuals can access services without barriers.
- **Service Delivery Expectations** – Clear rules for communication, reasonable accommodations, and personal assistance to ensure inclusive services. Sector-specific guidelines for implementation are detailed in the annexures.
- **Accountability & Compliance Mechanisms** – Regular audits, public reporting, and penalties to enforce accessibility standards, ensuring that service providers meet the outlined requirements and follow the prescribed service guidelines.

1.4 GUIDING PRINCIPLES FOR ACCESSIBILITY

- **Respecting for Dignity, Autonomy, and Individual Choice** - Services must respect the autonomy of persons with disabilities (PwDs), enabling them to make informed choices about the support they receive. All interactions must uphold dignity, self-determination, and independence.
- **Ensuring Non-Discrimination and Equality of Opportunity** - Every individual has the right to equal access to services, free from exclusion, discrimination, or systemic barriers. Policies and practices must foster inclusivity, ensuring that no one is denied services due to disability.
- **Implementing Universal Design and Accessibility** - Services must be designed from the outset to be accessible to all, eliminating the need for case-by-case modifications. Proactive accessibility ensures that all individuals, regardless of ability, can engage independently.
- **Recognising Diversity of Gender and Age-Specific Needs** - Services must acknowledge the varied accessibility requirements of children, older adults, women, and high-support needs groups. (and other intersectionality) Equity in access requires accommodations that reflect diverse needs.
- **Providing Reasonable Accommodations** - Even with universal design, some individuals may require personalized adjustments to ensure full access and participation. Service providers must be flexible in meeting diverse accessibility needs.
- **Ensuring Comprehensive Support** - Beyond mobility and sensory impairments, services must address cognitive accessibility and emotional well-being to create safe, welcoming, and inclusive environments.
- **Promoting Full and Effective Participation and Inclusion** -PwDs must be actively engaged in service planning, policy formulation, and accessibility audits. The voices of children with disabilities must be heard in matters pertaining to them.. and due support must be provided to enable them to do so. Children with disabilities. Inclusive decision-making strengthens accessibility implementation.
- **Ensuring Accountability, Monitoring, and Compliance** -Accessibility must be enforceable, with clear monitoring and corrective action mechanisms to ensure that services meet established accessibility standards.

CHAPTER 2 – DEFINING SERVICE PROVIDORS/AGGREGATORS AND REGULATORS

Defining Services: Services are activities or support provided to meet the needs of individuals, organizations, or communities, often involving direct interaction between the provider and the recipient. These services, offered by the government, private businesses, or non-profit organizations, address specific tasks or goals.

Importance of Service Accessibility: Service accessibility ensures that services are designed and delivered in a way that allows all individuals, including PwDs, to independently and effectively access, understand, and benefit from them without facing barriers or discrimination. It promotes equal participation, fostering independence and enabling

individuals to achieve personal and professional goals while enhancing usability for diverse needs.

Impact of Accessibility: Accessibility reduces dependency, expands workforce and economic participation, and fulfills legal obligations, reflecting a commitment to equality and inclusion. It also builds inclusive communities where everyone can access essential resources and contribute meaningfully to society.

3.1 Categories of Key Stakeholders in Service Delivery

Service accessibility involves three key stakeholder groups: Service Providers, Aggregators, and Regulators, each with distinct roles in ensuring inclusive and equitable service delivery.

3.1.1 Service Providers

Entities that directly deliver essential services to individuals, including:

- Government agencies – Entities providing healthcare, education, transport, and law enforcement services
- Private service providers – Businesses in banking, telecom, insurance, and other public-facing industries.
- Public-Private Partnerships (PPPs) – Collaborations where government and private entities jointly provide services, such as public transport, infrastructure, digital governance, and healthcare.
- NGOs and community organizations – Non-profit entities involved in service delivery, advocacy, and support programs.

3.1.2 Aggregators

Entities that facilitate service delivery by integrating multiple service providers, ensuring accessibility, efficiency, and coordination. These include:

- Digital Platforms – Marketplaces or aggregators providing access to multiple service providers (e.g., telehealth platforms, ride-hailing apps, financial service aggregators).
- Intermediary Agencies – Organizations that connect service providers with end users (e.g., disability service networks, employment agencies, helplines).
- Technology and Infrastructure Providers – Companies providing backend support, assistive technology, or digital accessibility solutions.

3.1.3 Regulators

Entities responsible for monitoring, enforcing, and ensuring compliance with accessibility standards. These include:

- Government Ministries & Regulatory Bodies – Entities responsible for policy-making, licensing, and enforcement (e.g., Department of Social Justice, Telecom Regulatory Authority, Financial Regulators).
- Independent Monitoring Agencies – Organizations conducting accessibility audits, compliance assessments, and policy reviews.
- Consumer Protection & Advocacy Groups – Bodies ensuring service users' rights are protected and handling complaints related to accessibility violations.

3.2 Responsibilities of Regulatory Authorities

Regulatory authorities are responsible for ensuring compliance, enforcement, and oversight of accessibility standards across all service sectors. Their key responsibilities include:

- **Setting and Enforcing Accessibility Standards** – Ensure that service providers and aggregators comply with mandatory accessibility requirements under the RPwD Act, 2016, UNCRPD, and other legal frameworks.
- **Monitoring and Compliance Mechanisms** – Conduct periodic audits, inspections, and assessments to verify adherence to accessibility guidelines.
- **Public Reporting and Transparency** – Mandate service providers to submit accessibility reports and publish findings for public accountability.
- **Penalties for Non-Compliance** – Establish corrective actions, penalties, and legal consequences for failure to meet accessibility requirements.
- **Capacity-Building and Guidance** – Provide guidelines, training programs, and technical support to help service providers integrate accessibility best practices.

3.3 Roles and Responsibilities of Service Providers and Aggregators

Service Providers Must:

- **Ensure Accessibility in Service Delivery** – Align all service infrastructure, platforms, and operations with universal design principles and provide reasonable accommodations.
- **Implement Inclusive Communication Strategies** – Offer alternative formats, sign language interpretation, captioning, and assistive technologies for diverse accessibility needs.
- **Develop Training and Capacity-Building Programs** – Equip staff with the knowledge and skills to effectively serve persons with disabilities.
- **Establish Accessible Complaint Mechanisms** – Ensure that grievance redressal systems are accessible, responsive, and inclusive.
- **Engage in Periodic Accessibility Audits** – Conduct internal evaluations to assess and improve accessibility compliance.

Aggregators Must:

- **Facilitate Accessible Service Integration** – Ensure that aggregated platforms (e.g., digital services, financial aggregators, transportation platforms) comply with accessibility requirements.
- **Bridge Gaps Between Providers and End-Users** – Create barrier-free interfaces to connect users with accessible service providers.
- **Ensure Digital Accessibility** – Platforms must integrate assistive technologies, alternative input methods, and multi-modal communication to enable equal access.
- **Support Regulatory Compliance** – Work in coordination with service providers and regulators to meet accessibility requirements.

2.1. Service Provider Obligations & Accountability

- 2.1.1. All service providers (government and private) shall integrate these accessibility standards into their policies, infrastructure, and operations.
 - 2.1.2. All regulatory authorities/governing service providers must develop an accessibility manual covering 1) mandatory accessibility requirements, 2) guidelines for service design/redesign, 3) measures to prevent and 4) discrimination and promote equality
 - 2.1.3. Each regulator must establish a dedicated accessibility team to update and ensure compliance with these standards.
 - 2.1.4. The concerned authorities shall conduct regular accessibility audits and ensure that compliance reports are publicly available.
 - 2.1.5. Failure to meet standards shall result in enforcement actions, including penalties and mandatory corrective measures. (Details in enforcement section.)
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CHAPTER 3 – DEFINING NON-NEGOTIABLE ACCESSIBILITY STANDARDS

3.1 General Accessibility & Non-Discrimination

- Service providers must establish and implement standardized informed consent protocols in all relevant services, ensuring PwDs receive clear, accessible information on their rights and available service options before making decisions.
- Service providers must develop, implement, and enforce anti-discrimination policies to prevent service denial based on disability and ensure all services are inclusive and accessible.
- Service providers must adopt and maintain equal access mechanisms, ensuring that service policies, procedures, and infrastructure do not create barriers for PwDs.
- Service providers must maintain strict confidentiality and privacy in all interactions, applying data protection protocols aligned with national privacy laws.
- Healthcare providers, public service agencies, and emergency response units must implement priority service provisions for PwDs, ensuring timely and equitable access without unnecessary delays.

3.2 Physical & Digital Accessibility

- Service providers must ensure barrier-free access in all service locations, including ramps, elevators, tactile paving, accessible signage, and designated seating areas.
- Public and private transport operators must provide accessible transport options, including wheelchair-friendly vehicles, designated parking spaces, and priority seating in public transportation.
- All digital service providers must integrate digital accessibility standards across websites, apps, and electronic services, ensuring screen reader compatibility, captioning, and keyboard navigation.

- All physical service locations must include accessible restrooms, waiting areas, and consultation rooms, meeting national accessibility regulations and best practices.

3.3 Communication & Sensory Accessibility

- Service providers must standardize alternative communication formats, including Braille, sign language interpretation, easy-read documents, audio descriptions, and large print materials for children and persons with disabilities at least in major languages of the country.
- Service providers must allow and implement customized communication methods, such as text-to-speech tools, visual aids, and tactile indicators, ensuring effective communication with diverse disability groups.
- All essential service providers must ensure real-time communication support, including sign language interpreters, captioning services, and assistive listening systems.

3.4 Cognitive & Emotional Accessibility

- Service providers must use plain, jargon-free language in all official documents, public communications, and service interactions to ensure clarity.
- Service providers must offer easy-to-read formats, pictograms, and structured step-by-step service navigation guides for persons with cognitive disabilities.
- Service providers must ensure dedicated support staff are available to assist individuals with cognitive or intellectual disabilities in navigating services and completing procedures.

3.5 Reasonable Accommodations & Support Services

- Service providers must establish and enforce a structured and transparent process for PwDs, children with disabilities and their care givers to request and receive accommodations based on their individual needs.
- Service providers must provide flexible service options, such as extended deadlines, remote service access, in-home support, and alternative document submission methods.
- Service providers must ensure trained personnel are available to offer personalized assistance, including interpreters, mobility guides, sighted guides, and assistive technology support specialists.
- Service providers must establish specialized support teams in key service sectors to assist PwDs, children with disabilities and their care givers in navigating complex service systems, such as healthcare, education, and legal aid.
- Service providers must ensure accessible helplines and peer support networks are available for guidance, complaint redressal, and emotional support.

3.6 Gender & Age-Sensitive Accommodations

- Service providers must include specific provisions for gender-sensitive and child-friendly accommodations, ensuring that women and children with disabilities receive tailored accessibility support.
- Service providers must ensure elderly persons with disabilities have access to mobility assistance, priority services, and age-appropriate assistive technologies.
- Service providers must implement safe spaces, deploy trained personnel, and develop specialized programs for women, children, and high-support individuals, ensuring dignified and respectful service delivery.

CHAPTER 4 – ENSURING INCLUSIVE AND ACCOUNTABLE SERVICE DELIVERY

This section establishes mandatory service delivery standards that all public and private service providers shall adhere to when interacting with persons with disabilities (PwDs).

2.1. Cultivating Respect, Empathy, and Inclusivity

- All service providers shall ensure that interactions with PwDs are dignified, respectful, and free from discrimination. (A link to a India standardized/validated etiquette manual would be inserted)
- No individual shall be denied services based on disability, and intersections of age gender, caste, or socio-economic status.
- Hospitals, schools, legal aid centers, and other public services shall be stigma-free spaces and shall implement measures to prevent discrimination.
- All service staff must undergo de-escalation training to ensure that conflicts and emotional distress are handled professionally.
- All service providers must implement safeguarding measures to prevent violence and abuse, particularly against vulnerable groups such as persons with disabilities, women, and children.

2.2. Accessible and Compassionate Communication

- All verbal and written communication shall be clear, jargon-free, and available in accessible formats (Braille, sign language, audio, digital text).
- Public services shall provide real-time communication support, including interpreters, captioning, and speech-to-text services.
- Service providers shall not assume the needs or abilities of PwDs but must directly engage with individuals before offering assistance.

2.3. Recognizing Rights and Intersectionality

- Service providers shall uphold the right to family and community life for PwDs, including children.
- Key service providers (police, social services, healthcare) shall establish structured referral and follow-up mechanisms to ensure coordinated service delivery.

- All service providers and government agencies must implement a twin-track approach for high-need groups, ensuring both mandatory inclusion in all general services and specialized provisions tailored to their specific needs, with the State Government responsible for defining implementation guidelines and oversight mechanisms.
- Within six months of the publication of these rules, the DEPwD shall constitute a committee, including representatives of PwDs and their caregivers (in case of children), to review existing schemes for children and PwDs, assessing their adequacy of support provisions, accessibility, rights-based design, with mandatory recommendations for improvements and timelines for implementation.
- Within six months of the publication of these rules, the Central Government shall constitute a committee to ensure the inclusion of children and persons with disabilities in all relevant schemes, identifying necessary changes and adaptations to guarantee their equal participation, with clear implementation timelines and accountability mechanisms
- Service providers must issue a written justification for service denial, along with an alternative referral, where applicable.

2.4. Personal Assistance & Reasonable Accommodations

- Service flexibility shall be built into policies—accommodations must be standard practice, not case-by-case exceptions.
- Trained aides, scribes, and mobility assistants shall be available in schools, hospitals, police stations, and public transport hubs.
- Caregivers must be permitted to accompany PwDs where needed—restrictions shall not be imposed arbitrarily. However, caregivers shall not be pressurised to substitute for any service provider.
- Women and children with disabilities face unique barriers to service accessibility. All service frameworks must integrate gender-sensitive and child-friendly accessibility measures, ensuring safety, dignity, and effective accommodations.

2.5. Service Responsiveness & Accountability

- All service providers shall integrate accessibility policies into their operational frameworks and set strict timelines for responding to service requests and implementing accommodations.
- Service providers shall issue a written justification for any service denial, specifying the reasons and providing an alternative referral where applicable, within a clearly defined timeframe, with oversight mechanisms to ensure compliance
- All service providers shall appoint accessibility facilitators within their teams and conduct periodic reviews of accessibility requirements through extensive consultations with stakeholders, including children and persons with disabilities, their caregivers, Disabled People's Organizations, and organizations representing children with disabilities and their families. These reports shall be made publicly available.

- All service providers will have accessibility facilitators in their teams and will revise accessibility requirement after consulting extensively with stakeholders ie children and persons with disabilities and their caregivers, disabled people's organisations, organisations representing children with disabilities and their families.
- Regulatory authorities shall impose penalties, mandatory corrective actions, and public disclosure for violations.

2.6. Emergency Response & Crisis Support

- Emergency response plans shall include persons with disabilities in all preparedness strategies.
- Women and children with disabilities must be prioritized in emergency planning. This includes creating gender-sensitive and child-friendly evacuation protocols, access to shelters, and emergency medical support
- All emergency responders shall undergo disability-inclusive response training to ensure effective support.
- Emergency alerts and information shall be made available in Braille, sign language, audio, and vernacular languages.

2.7. Strengthening Training & Organizational Support

- All service personnel must complete mandatory disability awareness training as part of employment requirements.
 - Sector-specific disability training shall be developed and implemented, ensuring all services meet accessibility needs.
 - Service providers shall establish accessible feedback and complaint mechanisms, available through multiple channels (online, toll-free, in-person).
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CHAPTER 5 - SERVICE-SPECIFIC ACCESSIBILITY STANDARDS AND REASONABLE ACCOMMODATIONS

Note: This section will be shared as a separate annexe. Suggestions for additional areas are welcome.

1. Accessibility in Healthcare & Disability Certification Services (Final draft is ready)
2. Education & Training Services (Final draft is ready)
3. Social Welfare, Legal, & Public Service Accessibility (This annexe needs to be developed)

Note: Role of government schemes in providing social welfare services to be included. These schemes cater to vulnerable groups, including children, persons with disabilities, and economically disadvantaged communities. The annexure should highlight how accessibility to these schemes can be improved—covering aspects like eligibility criteria, application processes, digital and physical accessibility, and information dissemination in accessible formats

4. Financial, Consumer, & Utility Services (This annexe needs to be developed)
 5. Transport Accessibility (This annexe needs to be developed)
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CHAPTER 6 – EMERGENCY RESPONSE AND CRISIS SUPPORT

6. Emergency Response and Crisis Support (Final draft is ready)
 7. Mobile & Home-Based Accessibility Services (This annexe needs to be developed)
 8. Crisis Support for Women & Children with Disabilities
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CHAPTER 7 - MANDATORY DISABILITY TRAINING FOR SERVICE PROVIDERS (Final draft of this annexe is ready)

CHAPTER 8 – ACCESSIBILITY AUDITS AND COMPLIANCE MONITORING (This annexe needs to be developed)

CHAPTER 9 – FEEDBACK AND GREIVANCE REDRESAL (This annexe needs to be developed)

सं.सी.11011/11/2024-एसएस-III(एफटीएस:8300389)

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
स्वास्थ्य सेवा महानिदेशालय
(सचिवालय सहायता अनुभाग-III)

निर्माण भवन, नई दिल्ली
दिनांक मई, 2025

OFFICE MEMORANDUM

Subject: Forwarding of document containing Non-negotiable Healthcare Accessibility Standards for disabled persons as per RPwD Act, 2016 prepared by MoH&FW.

The undersigned is directed to forward herewith a copy of document (copy enclosed) containing Non-negotiable Healthcare Accessibility Standards for disabled persons as per RPwD Act, 2016 prepared by MoH&FW. The non-negotiable minimum requirements that must be met by different healthcare setups according to applicability to their infrastructure and services are enclosed.

2. You are, therefore, requested for taking appropriate action at their end.

संलग्न: जैसा कि ऊपर बताया गया है।

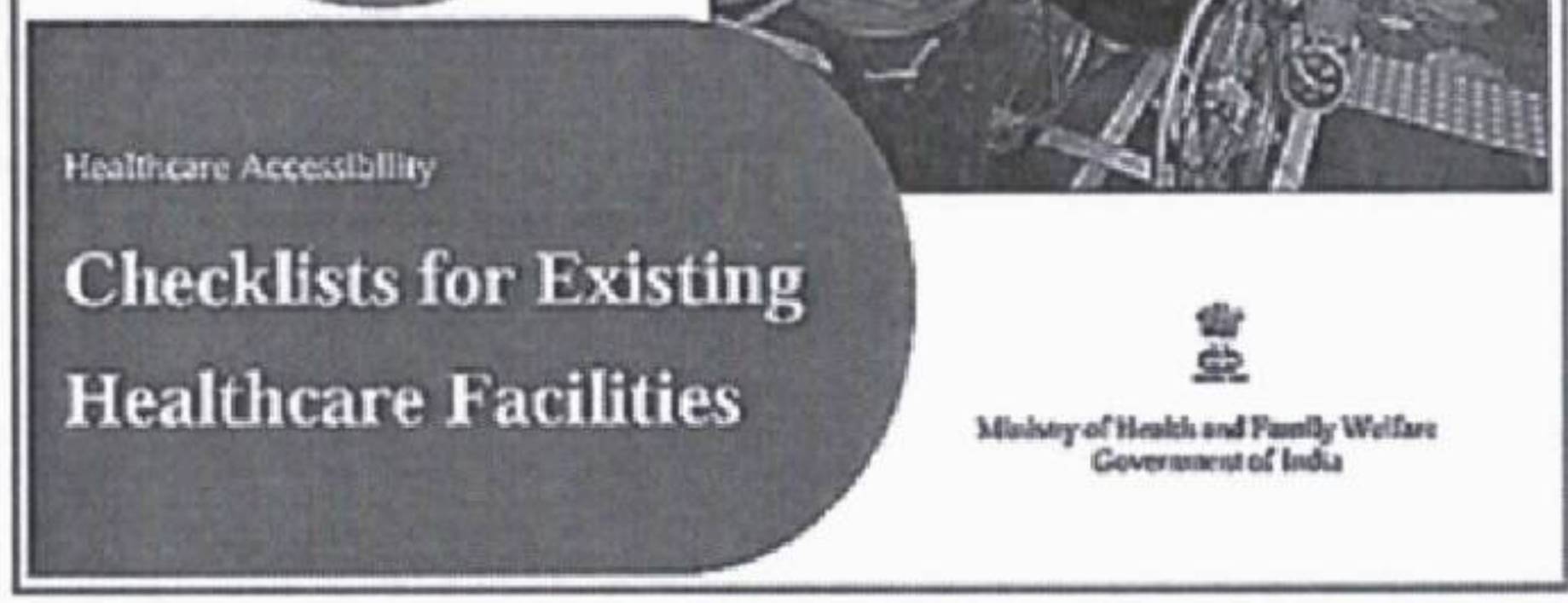
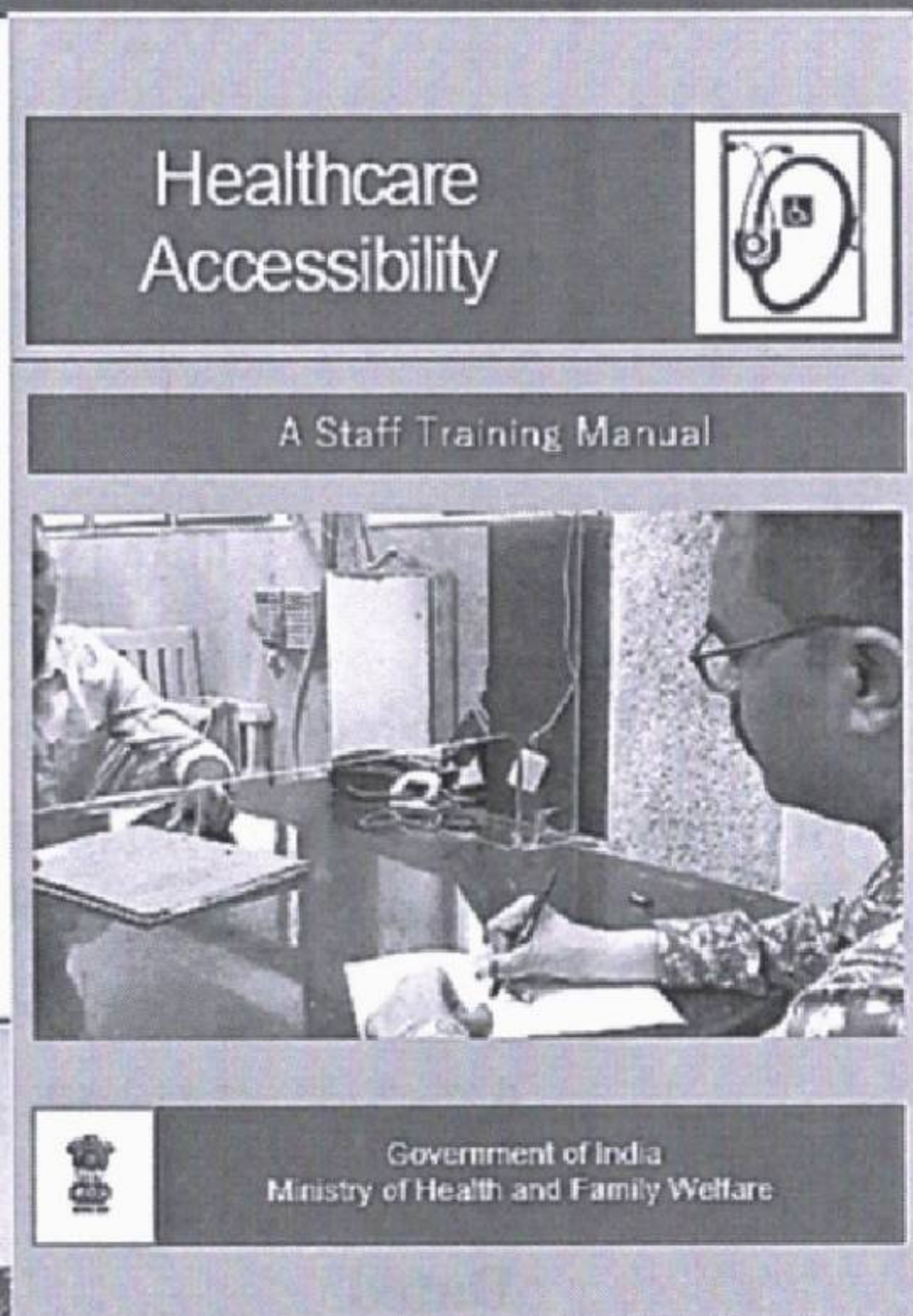
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(डॉ. रूपाली रॉय)
सहायक महानिदेशक
टेलीफोन: 011-23062781

To

Ms. Ipshita,
Director, Department of Empowerment of Persons with Disabilities
Ministry of Social Justice & Empowerment, 5th Floor,
Pt. Deen Dayal Antyodaya Bhawan, CGO Complex, New Delhi-110003.

The Non-Negotiable Accessibility Standard for Healthcare



Ministry of Health and Family Welfare

Please put up
DFA to forward
this to Mr. Ishita,
Director, DEPRD
So (SAS-19)

Subject

Implementation of Non-Negotiable Accessibility Standards in Healthcare Facilities under the RPwD Act, 2016

Issuing Authority

Ministry of Health and Family Welfare, Government of
India

Dated

May 4, 2025

References

Accessibility Standards for Healthcare, Gazette Notification dated May 4, 2023; Supreme Court Judgment (November 2024) in case of Rajiv Raturi v. Union of India.

Non-Negotiable Healthcare Accessibility Standards

**Committee for Identifying Non-Negotiable Healthcare
Accessibility Standards and preparing this document**

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Overview

Background

The key central departments for matters pertaining to citizens' health are the Department of Health and Family Welfare, Ministry of Health and Family Welfare, and the Government of India. In compliance with Sections 25 and 40 of the Rights of Persons with Disabilities (RPwD) Act, 2016, the Ministry developed standards for accessible healthcare facilities after consulting with stakeholders and the office of the Chief Commissioner for Persons with Disabilities. These guidelines were published in the gazette on May 4, 2023. Compliance with these standards altogether may not be possible or may take a long time. Therefore, non-negotiable standards need to be identified that must be complied with by all healthcare facilities within a prescribed time. The negotiable standards may be complied with later.

Judicial Mandate

The Hon'ble Supreme Court made it clear in its November 2024 ruling in the *Rajive Raturi v. Union of India* case that progressive compliance with the standards listed in the existing Rule 15(1) and the progress PART F towards the targets of the Accessible India Campaign must continue unabated. However, in addition, a baseline of non-negotiable rules must be prescribed in Rule 15.

Implementation

The Ministry has decided which of the healthcare accessibility requirements published in the gazette are non-negotiable based on their overall importance and priority. The adoption of these standards is not optional; rather, it is to be regarded as a basic requirement. These changes must be made either before or at the same time as the negotiable standards are put into effect. The negotiable standards must be applied after these if they are implemented first. When putting the non-negotiable criteria into practice, one may also consult the Ministry's Healthcare Accessibility Checklists for Existing Healthcare Facilities, the Gazette-notified Healthcare Accessibility criteria, and the Healthcare Accessibility Staff Training Manual To determine whether a healthcare facility is subject to specific non-negotiable requirements, the following factors will be applied:

- The facility's kind and classification
- its physical infrastructure and spatial constraints
- the range of medical services it provides
- its Operational capacity and the facility size

Compliance Responsibility

The administrative leaders and facility managers of healthcare facilities are in charge of putting these changes into effect. In order to protect the rights and dignity of people with disabilities as stipulated by the Rights of Persons with Disabilities Act, 2016, they must make sure that adherence to the non-negotiable requirements is accomplished within the allotted time.

Non-negotiable Healthcare Accessibility Standards

The non-negotiable minimum requirements that must be met by different healthcare setups according to applicability to their infrastructure and services are given below.

1. Signage and Name Board

- Facility name must be prominently displayed and legible from at least 6 meters.
- Signage shall be at a height of 1500 mm, with a minimum font size of 16 points, raised lettering, and high-contrast visuals (including pictograms where applicable).
- Directional signs must be present both externally and internally.

2. Parking

- If there is parking available, designated parking for people with disabilities (PwD) must be made available.
- Such parking shall be in close proximity to the facility entrance and clearly marked with international accessibility symbols.

3. Building Access and Entry Points

- People with visual impairments require a warning or curb-less walk at set down /pick-up zones.
- The loading zone shall be near the building's entrance.
- The building's entrance shall ideally be at floor level, and the transition from it to the loading zone shall be seamless. However, a ramp must be provided if there is even one step. The ramp shall have a 1:12 slope, a minimum width of 1200 mm (ideally 1500 mm).

4. Registration and Reception

- The reception area shall be near the entrance of the facility in a low-noise environment.
- Reception desks shall have two tiers to accommodate patients in wheelchairs and standing. The dual-height counters' heights shall be

- Lower level: wheelchair users can reach heights of 750–850 mm.
- Higher level: for standing people, 950–1100 mm.
- Under a desk, table, or writing surface, there shall be knee clearance space with a depth of at least 480 mm and a height of at least 680 mm.
- Chairs shall be available for those who are unable to stand for extended periods of time, even while they are asking questions at the front desk.
- The counter shall have sufficient lighting, and the receptionist's face shall be well lit from the front to facilitate lip reading.
- All general information shall be posted on an information board or in pamphlets that the PwD can obtain upon request. Depending on the nature of information, it shall be presented in plain common language using raised lettering, Braille, large print, and pictorial symbols, or signs.
- Make sure that everyone with a disability, including those who are blind and use screen-reading software, can use the setup's website.
- Accessible Wheelchair and patient transfer trolley shall be available near the reception.

5. Waiting Area

An accessible healthcare facility's waiting area shall have:

- Wheelchair-accessible spaces.
- Good lighting.
- Notices printed in large and high contrast print on a clear matt surface to minimize glare.
- Sufficient seating, including at least some seats with folding armrests that are helpful for taking support when getting out of the chair.
- Sources of drinking water with dual heights.

6. Accessible Payment Counter

- To give a wheelchair user enough room for knees and toes under a counter, the top of the counter shall be 800 to 900 mm off the ground. The ideal knee space is 480 mm deep and 750 mm wide.
- Individual money notes or coins shall be distributed and counted.
- Written material shall be efficiently conveyed to those who are illiterate.
- If paying with a card, the card shall be handed to the customer rather than left on the counter; additionally, it shall be possible to pay using mobile apps.

7. Accessible Route

- All paths of travel shall be accessible to persons with disabilities.
- To improve safety and independent mobility in healthcare facilities, tactile tiles shall be put on the walking surface to communicate directional orientation information. This will give people with visual impairments vital navigational cues and cautions.
- Nothing shall stick out into travel lanes because that could endanger someone who is blind or has low vision.
- Make sure there is a clear path that is 1500 mm wide.
- Moving from one level floor to another shall not be limited to stairs. If stairs are must, they shall be complemented by ramps with non-slip and non-skid surfaces. The ramp shall have a minimum width of 1200 mm and a slope of 1:12.

8. Room for Consultation and Patient Examination

- The entrance door shall be openable to 90° and have a clear door width of 900 mm.
- The path from the waiting area to the room shall be at least 900 mm wide.
- There shall be enough room inside for a wheelchair to turn, with a turning radius of 1500 mm.
- The height of the examination table shall be adjustable from 400 mm to 700 mm.

9. Dressing room /Minor Procedure Room /Plaster Room

- Dressing room / minor procedure room/ plaster room shall have an accessible door.
- There shall be a wheelchair turning space of at least 1500 mm X 1500mm in the room.
- The procedure table shall be with height adjustment from 400mm to 700mm, reclining back, and adjustable and removable supports.

10. Accessible Toilet

There shall be at least one toilet that is accessible with following features

- Toilet signs, symbols, and pictograms at 1500 mm above the ground. They shall have Braille writing or be in palpable figures or elevated lines.
- The toilet's minimum dimensions 1800 mm by 1800 mm.
- Entrance at least 900mm wide with swing door that opens into the turning space in the bathroom.
- Grab bars at 700 mm – 800 mm height, next to and behind commode mounted on the side and back walls.
- A suitable vertical/horizontal railing configuration with 50 mm of wall clearance.

- The W.C. seat at 500 mm off the ground.
- Non-slippery and level throughout floor.
- There shall be a textural variation in the guiding block close to the entrance.
- Insulated plumbing pipes beneath sinks.

11. Pharmacy

- There shall be an easy way to get to the pharmacy counter.
- There shall be adequate leg room beneath the counter. The counter's external depth shall be between 480 mm and 500 mm.
- The counter's height shan't exceed 1000mm, and it shall have enough light for someone with low vision to see medication labels and other medical supplies. Those with speech or hearing impairments shall benefit from the clear display of medical supplies.
- Electronic prescriptions produced by the hospital information system and e-pharmacy modules shall be in an easily accessible format.
- Labeling and usage instructions shall be in large text, Braille, and with pictures.

12. Diagnostic Laboratory

- The laboratory shall have enough room for a wheelchair to maneuver in all directions for both, a patient and a laboratory technician.
- For a person in wheelchair, the work table shall be with enough room for knees underneath it. The surface shall be 750 mm–850 mm above the floor in order to do that.
- Surfaces and different controls shall be in contrasting colors for people with low eyesight.
- The depth of the workstation shall be so that a person in a wheelchair can easily reach the sink, water faucet, soap dispenser, gas control, and electrical switches.
- It shall be simple to understand the signage.
- Any warning signal, such as a gas, smoke, or fire alarm, shall be audible to those with low vision and flash for those with hearing impairments.

13. Ward

- A ward's beds shall have adjustable height with a lower level of 400 mm - 450 mm from the floor. It shall be simple to move from a wheelchair to the bed and vice versa if the bed height is adjustable. For transfers, a sliding board shall be available.
- There must be 1500 mm by 1500 mm space for a manual or motorized wheelchair to turn next to a bed.
- All sorts of PwD shall have access to safe evacuation facilities in case of emergencies.

- Ward restrooms and toilets shall be easily accessible with handrails along the walls.
- When it's dinner, a person with low vision shall be informed that the food has come and is being served to them.
- The person shall be made aware of how the food is arranged on the plate.
- If assistance is needed, it shall be given with the patient's permission.

14. Bathroom in Ward

- A minimum of 900 mm by 900 mm shall be the size of the bathroom's interior.
- A bathroom seat, either folding or non-folding, that can support 125 kg of weight.
- Shower controls shall be placed between 900mm and 1100 mm above the ground.
- The faucet shall be lever-type, and the tap shall be mixer-type.
- Grab bars shall be able to support a load of at least 125 kg.
- The grab bar shall be 40 mm from the wall.
- The towel rail height shall be between 900 mm and 1100 mm above the ground.
- If available, coat hooks and self shall be at least 1000 mm, and no more than 1200 mm, above the ground.
- The floor shall be non-slippery.
- The bathroom shall be well-lit.
- The controls and switches shall be positioned between 900 mm and 1000 mm above the ground.

15. Emergency Exit

- In the event of an emergency, the walkway shall have a minimum of 1200 mm unobstructed width.
- Ramps are necessary because elevators shall not be utilized in certain emergency situations.
- Clearly designate the exit route, ideally with a way lighting system.
- There shall be emergency lights and alarms placed, and the path shall be clear of obstructions.
- The route's doors ought to be open.
- There shall be inside lighting for the exit signage above the exit door.

16. Medical Equipment & Furniture

(i) Gurneys or Wheeled Stretcher

In clinical facilities, patients are transferred on gurneys for diagnostic and therapeutic procedures like ultrasound examinations, electrocardiograms,

catheterization, etc. to certain equipment such as x-ray machines that may not be with adjustable height. In these situations, gurneys which are stretchers on wheels with height adjustment capabilities, can be used to carry and move people, if necessary, using a sliding board. They ought to possess the following qualities:

- Extra breadth, up to roughly 1000 mm.
- Capacity to support up to 250 kg of weight.
- Ability to raise and lower the top from 400 mm to 700 mm above the floor to bring its top to the level of the surface where the PwD is to be moved to facilitate transfers.
- Safety belts and folding bars to prevent falls.
- Wheels that can be locked to stop slipping or moving when a PwD is transferred.

(ii) Examination Table

Examination tables are used for examining the patients in supine, prone or side-lying position. When the examination or treatment tables in the healthcare facilities are with fixed height of 800 mm, persons with locomotor disability find it difficult to transfer themselves independently from their wheelchair onto the tables and vice-versa. Sometimes, even some standing patients find it difficult to get onto the table. An accessible examination table shall have the following features.

- Adjustable height with minimum height of 400mm to 500mm.
- Adjustable head and back support through the entire inclination range.
- Good enough cushioning on top to prevent pressure sores.
- Removable side rails to prevent falls. If required additional safety stirrups, straps and neck supports option shall be available.
- Sufficient length and width for easy lying, turning and transfers.
- A 1000 mm by 400 mm transfer board surface which prevents it from rotating.
- With a remote to adjust the height using powered bed position and height controls and call buttons.
- Required accessories like leg supports, articulating knee crutches, stirrups with flexible degrees of freedom for pelvic examination etc.
- The weight capacity of the table shall be about 250-400 kg.

17. Accessibility of Digital Content

- The website must comply with WCAG 2.0 AA {The World Wide Web Consortium created the Web Content Accessibility Guidelines (WCAG), which are technical standards that aid in making the digital world accessible to individuals with impairments}.

- There shall be an accessible digital payment method.
- Digital versions of the information and prescriptions shall be accessible.

18. Staff Training

- All staff members must get the mandatory training using the *Healthcare Accessibility - A Staff Training Manual* published by the Ministry of Health and Family Welfare, Govt. of India which covers etiquette, emergency response, and use of assistive technology etc.
- All employees must also be guided how to help and support PWD in the event the required accessibility adjustments are not available.

19. Table: Different Measurements for Accessible Healthcare Infrastructure.

Area	Measurement Details
Signage and Name Board	Visibility from ≥ 6 m distance Height: 1500 mm above ground Font size: Minimum 16 pt
Site and Entrance	Ramp slope: 1:12 Ramp width: Minimum 1200 mm (ideal 1500 mm) Ramp landings every 9 meters Door width: ≥ 900 mm
Reception and Registration	Lower counter height: 750–850 mm Higher counter height: 950–1100 mm Knee clearance: Depth ≥ 480 mm, Height ≥ 680 mm
Waiting Area	Dual height drinking water sources
Accessible Payment Counter	Lower counter height: 750–850 mm Higher counter height: 950–1100 mm Knee clearance: Depth ≥ 480 mm, Height ≥ 680 mm
Accessible Route and Corridors	Clear route width: 1500 mm Corridor minimum width: 1500 mm Handrail height: 850–900 mm
Consultation Room/ Examination Room	Passage width to room: ≥ 900 mm Door clear width: ≥ 900 mm Wheelchair turning radius: 1500 mm Examination table adjustable height: 400–700 mm
Accessible Washroom	Signage height: 1500 mm Door width: ≥ 900 mm Minimum toilet size: 1800 mm x 1800 mm Grab bar height: 700–800 mm W.C. seat height: 500 mm
Pharmacy	Counter depth: 480–500 mm Counter height: ≤ 1000 mm
Diagnostic Laboratory	Work surface height: 750–850 mm above floor Reachable controls/surfaces within arm's reach from wheelchair
Ward	Adjustable bed height: 400–450 mm from floor Wheelchair turning space beside bed: 1500 mm x 1500 mm
Emergency Exit	Exit path width: ≥ 1200 mm

Government of India
Ministry of Communications
Department of Telecommunications
(Licensing Policy Wing)

12th Floor, Sanchar Bhawan, 20 Ashoka Road, New Delhi – 110 001

File No: 800-10/2024-AS.II

Dated: 31.07.2025

To

UAS/UL (having Access Service Authorization)/UL (VNO) Licensees

Subject: Instructions for provisioning of telecom services to Persons with Disabilities (PwD)

This is in supersession of letter no. 800-26/2016-AS.II dated 16.12.2020 on the above-mentioned subject and in compliance of Hon'ble Supreme Court judgment dated 30.04.2025 on WP(C) no. 289/2024 (Pragya Prasun & Ors. Vs. Union of India & Ors.) & WP(C) no. 49/2025 (Amar Jain Vs. Union of India & Ors.).

2. In this regard, the undersigned has been directed to convey that the Licensee shall ensure that the directives issued in the above-mentioned judgment of the Hon'ble Supreme Court are strictly adhered to and the existing KYC process is implemented in a manner that is accessible and inclusive for PwDs.

3. In compliance to the above-mentioned judgment of the Hon'ble Supreme Court, the licensee, in respect to PwDs, shall follow the instructions as mentioned below but not limited to:

- i. The Licensee shall inform PwDs regarding the choice of extant KYC processes {e-KYC, Digital KYC (D-KYC), self-KYC and paper-based KYC as on date}. The type of KYC process shall be a voluntary choice of the PwD customer and no PwD customer shall be denied telecom services due to non-completion of the KYC process on account of their disability.
- ii. If a PwD customer opts for e-KYC, D-KYC or self-KYC process, then the mechanism for liveness detection in case of live photograph and video shall not be limited to eye blinking alone, and the licensee shall incorporate alternative methods to ensure inclusivity of all categories of PwD customers. The photograph of PwD certificate shall also be captured by PoS.
- iii. If a PwD customer opts for paper-based KYC, the Licensee shall ensure the availability of such facility as an accessible alternative for completing the KYC procedure. The copy of PwD certificate shall also be attached with the CAF.
- iv. The following mandatory field shall be inserted at Sl. No. 1A & 1B. of the CAF & Database:
 - 1A. *Persons with Disability (PwD)*_____ (Yes/No)
 - 1B. *Disability Type & Percentage* : _____

- v. A designated officer shall be appointed by the licensee to look into the issues of the PwD customers. In case any difficulty is faced by the PoS in enrolling a PwD customer, the PoS shall collect the necessary contact details of the PwD customer and refer the case, along with relevant details, to the designated officer of the Licensee. The Licensee shall take appropriate action to address the concern of the PwD customer and ensure that necessary updates are made in the corresponding system so that next time the similar difficulty is not faced by the PoS in enrolling a similar type of PwD customers.
- vi. In addition to the provision mentioned in para v. above, the designated officer of the licensee shall review those cases where the KYC applications of the PwD customers are rejected by the IT/ automated systems of the licensee. If found deemed appropriate, after recording the reasons in writing on the CAF, the designated officer may approve the enrolment of the PwD customer.
- vii. The Licensee shall establish grievance redressal mechanism to enable PwDs to report accessibility-related issues encountered during the KYC process or thereafter during availability of the services.
- viii. The Licensee shall establish a dedicated desk/ helpline within their call centres or customer support centres, which must be staffed by personnel trained and equipped to assist PwDs using assistive technologies. The calls from PwD category subscribers shall be automatically routed to such dedicated desk/ helpline and necessary step-by-step assistance may be provided to them.
- ix. For better sensitization of the PoS, designated officer or any other employee of the licensee regarding issues raised by PwD customers, the licensee shall conduct disability awareness and training programs from time to time.

4. The licensee shall submit an accessibility compliance report on 1st day of January and 1 day of July of every year through Saral Sanchar Portal. The accessibility compliance report is to be given by authorized signatory of the Licensee Company. The first compliance shall commence from 1st January, 2026. The format of compliance letter is attached as Annexure-I.

5. The abovementioned instructions shall be applicable from one month of issuance of the letter.

Encl.: As above

Digitally signed by
NISHA (Nisha)
Date: 31-07-2025 ADG (LPU)
10:48:27

Copy to:

1. DG-T, DoT HQ: for requesting process audit & compliance monitoring of above instructions.
2. DDG(AS)/DDG(AI&DIU)/DDG(SA)/DDG(SR)/DDG(DS)/DDG(CS)/

DDG(Satellite), DoT HQ: for kind information.

3. DDG (IT)- for implementation of uploading accessibility compliance report as per para 4 above through Saral Sanchar Portal.
4. Under Secretary(DRT), Department of Financial Services, Ministry of Finance: for kind information
5. Additional Secretary, DEPwD: for kind information

Annexure-I**Format for Accessibility compliance report**

This is to certify that we do hereby comply with the directives given by Hon'ble Supreme Court in judgment dated 30.04.2025 in WP(C) no. 289/2024 (Pragya Prasun & Ors. Vs. Union of India & Ors.) & WP(C) no. 49/2025 (Amar Jain Vs. Union of India & Ors. & extant DoT instructions while provisioning of telecommunication services to PwD customers.

(Signature of Authorised Signatory)

Name:

Designation:

Date:

Email Id:

Mobile No.:

Name of Licensee:

Type of Licensee: UASL/UL/UL(VNO)

License No.:

Service Area:

REPORT ON NON-NEGOTIABLE ACCESSIBILITY NORMS FOR SERVICES TO PERSONS WITH DISABILITIES

EXECUTIVE SUMMARY

Accessibility is not a matter of discretion but a **legal right and mandatory service standard** under the Rights of Persons with Disabilities (RPwD) Act, 2016 and India's international commitments under the UNCRPD. All service providers — government, private, and non-profit — are required to ensure that persons with disabilities (PwDs), including those with high-support needs, can independently and effectively access essential services without discrimination. This Report outlines **non-negotiable norms, recommended practices, sector-specific requirements, and international benchmarks** to guide Ministries, Departments, and service providers in institutionalizing accessibility as a core service standard.

INTRODUCTION

The Rights of Persons with Disabilities Act, 2016 (RPwD Act) mandates equal access to services for persons with disabilities (PwDs). Services are provided to PwDs from an array of service providers, including government agencies, private entities, aggregators. Sectors providing services inter alia include housing, education, employment, shopping, religious activities, entertainment, medical care, banking, communication. Providers must design and deliver in a way that allows all persons with disabilities, to independently and effectively access, understand, and partake of such services without facing barriers or discrimination. The design of services need to respect autonomy, ensure equal access, and address needs of persons with disabilities and those with high-support requirements.

Depending upon the lived experience of persons with disabilities and regulatory requirements of a sector, additions/ deletions may be made in the list of non-negotiable service norms.

DEFINITION

Services: Services are activities or support provided to meet the needs of individuals, organizations, or communities, often involving direct interaction between the provider and the recipient. These services, offered by the government, private businesses, or non-profit organizations.

Service Accessibility: Service accessibility ensures that services are designed and delivered in a way that allows all individuals, including PwDs, to independently and effectively access, understand, and benefit from them without facing barriers or discrimination. It promotes equal participation, fostering independence and enabling

Service Providers: Service Providers are entities that directly deliver essential services to individuals, including government and private agencies providing healthcare, education, transport, law enforcement services, banking, telecom, insurance, assistive technology, digital accessibility solutions and other public-facing industries. Non-profit

entities involved in service delivery, advocacy, and support programs also come within the ambit of service providers.

LEGAL BASIS AND POLICY CONTEXT

The Rights of Persons with Disabilities (RPwD) Act, 2016 and international commitments such as the UN Convention on the Rights of Persons with Disabilities (CRPD) mandate that all public and private services must be accessible. A Supreme Court ruling (Rajive Raturi v. Union of India, 2023) reinforced accessibility as a non-negotiable right and directed the government to establish strict, enforceable standards.

KEY PRIORITIES

The aim of the Rules to be framed is to transform accessibility from an aspirational goal into a legally binding standard, ensuring equal access to essential services for all. It would have practical, measurable, and enforceable service standards across sectors, ensuring:

- **Mandatory Accessibility Standards** – Service providers must comply with physical, sensory, cognitive accessibility guidelines. These non-negotiable standards for service delivery ensure that all individuals can access services without barriers.
- **Service Delivery Expectations** – There should be clear guidelines for reasonable accommodations, communication and personal assistance to ensure inclusive services.
- **Accountability & Compliance Mechanisms** – Regular audits, public reporting, and penal provisions need to be put in place to enforce that the service providers meet the outlined requirements and follow the prescribed service guidelines.

ACCESSIBILITY PROTOCOLS

Within a reasonable time from the notification, service-providers must establish accessibility protocols. While preparing the protocols, the service-providers have to be cognizant of the following:

1	Facility names must be prominently displayed to be legible from at least a distance of 6 ft.	Non-negotiable	-
2	Services not universally designed can be modified, unless it causes disproportionate claim on the available resources.	Negotiable	Balancing between accessibility and resource allocation is required
3	All websites must comply WCAG (Web Content Accessibility Guidelines) 2.0 AA	Non-negotiable	
4	Every provider of service shall ensure access to various means and methods of communication required by persons with disabilities.	Non-negotiable	-
5	Service design should incorporate safety measures, plain-language guides, and procedures for requests, accessible escalation matrix leading to the State or Chief Commissioners for Persons with Disabilities.	Non-negotiable	
6	Onsite help desks can be accessible, equipped, and staffed by trained personnel offering assistance	Negotiable	Only big service providers can afford a dedicated/ well-equipped help desk
7	All providers of services must put in place safety protocols to prevent violence and abuse against PwDs.	Non-negotiable	
8	Verbal and written communication shall be clear, jargon-free, and available in accessible formats (Braille, sign language, audio, digital text etc.)	Non-negotiable	
9	All service frameworks can integrate	Negotiable	May not apply to all types

	gender-sensitive and child-friendly accessibility measures, ensuring safety, dignity, and effective accommodations.		of service providers
10	Emergency response plans shall include persons with disabilities in all preparedness strategies.	Non-negotiable	
11	Sensitisation/ training of the employees about the requirement of persons with all the specified disabilities is an obvious requirement.	Non-negotiable	
12	Providers can appoint Accessibility Officers to oversee arrangements, training, and reasonable accommodation records.	Negotiable	Only big service providers may need and afford a dedicated staff for overseeing accessibility
13	Availability of flexible service options, such as extended deadlines, remote service access, in-home support, and alternative document submission methods	Negotiable	Only essential services like healthcare/ education may require such elaborate requirement.
14	Availability of alternative communication formats, including Braille, sign language interpretation, easy-read documents, audio descriptions, large print materials	Negotiable	Small/ kiosk-based service providers may not be enough resourceful to make such arrangements

GENERAL OBLIGATIONS ACROSS SERVICES

All service providers must adhere to guiding principles of universal design for **independent access**, **Reasonable Accommodation**, **Scope of Assistance** and

channel of feedback for PwD clients. The physical/ functional requirement of PwDs has to be ensured (i.e. **non-negotiable**) through:-

- ❖ Connecting to the accessible route and the tactile guidance network with direction signs at accessible drop off point and parking area (preferably near the facility entrance;
- ❖ Providing dual height counters and chairs with arm rests;
- ❖ Indicating on public maps - tactile, print and digital;
- ❖ Including a bell, buzzer or haptic alert system for blind, deafblind, and hard of hearing persons;
- ❖ Supporting the filling up of forms and complete formalities;
- ❖ Keeping water sources at dual heights;
- ❖ Ensuring sufficient light , to facilitate lip-reading in any counter;
- ❖ Providing accessible toilets for onsite service delivery;

DELIBERATIONS AND RECOMMENDATIONS

Based on the online meetings with the Service Sub-Sector Departments/ Ministries and the written inputs from Director General of Health Services, the probable sector specific non-negotiable norms are tabulated

Sector	Service	Requirement
Healthcare	Navigating	Clear signage, designated parking,
	Hassle-free movement	Ramps at entry, low counters, tactile paths
	Ease of obtaining medical attendance	Wheelchair spaces in waiting areas, adjustable examination tables, adjustable beds in wards, height-adjustable equipment, stable gurneys
	Convenience	Grab bars in toilets, Braille labels at pharmacies, accessible labs,

		roll-in showers
	Safety	evacuation plans
	Documentation	screen readers for digital content
	Building access	Loading zone shall be near the building entrance
Banking	Flag PwDs in Core Banking Solution	Creating database; special facilities; doorstep banking
	ATMs	Embossed/ Braille/ contrasting buttons; tactile symbols for card slots; language selection; audio support for validation/ alerts; voice guidance; raised or contrasting numbers
	Monitoring	Banks to nominate a nodal officer at every branch for customers with disabilities. Bank should also nominate a sufficiently senior officer as nodal officer at Head Office who should be over all in charge for the issues pertaining to persons with disabilities. The contact details of the nodal officer at head office be made available on the website of the Bank. Periodic audit of Accessibility Standards
Reserve Bank of India (RBI) will ensure periodic monitoring and enforcing compliance of Accessibility Standards as laid down under Section 44, 45 & 46 of the RPwD Act, 2016		

in banking sector.		
Insurance	Collection/Delivery	Home collection; delivery of documents; claims via agents/ post/ courier/ electronic mea
	Assistance	Accepting communications at any office (forward to dealing office)
		magnifying glasses available with notices
Financial Institutions (SIDBI & NHB)	Collection/Delivery	Visiting home for documents; claims via post/ courier/ electronic means
	Doorstep Services	Accept communications at any office, where accessibility is limited;
		Providing the service of read/ fill forms (with witness, where required); Magnifying glasses with notices.
Pension Reforms Sector	Forms/ documents to be filled up	Accepting toe impressions or digital signatures for forms. Providing forms in Braille/ large font/ accessible soft copy; braille PRAN cards; sign language explanations/ videos;
	Other needs	Doorstep services and periodic audit
Telecommunications	KYC	No denial due to disability;
	Liveness Detection	Accepting alternatives to eye blinking for live photo/video
	Resolution of issues	Appointing staff to resolve enrollment issues; Referring cases from PoS with contact details;

INTERNATIONAL BEST PRACTICES

Best practices around the world can be studied to design non-negotiable norms for accessibility for providing services. Out of various such practices, the following practices may be considered which might strike a balance between the requirement of PwDs and allocation of resources:

Public websites & federal procurement: meet WCAG (aim WCAG 2.2 AA	Practiced in USA	
In providing healthcare: longer appointment times, accessible exam tables, sign-language / remote interpreters	Practiced in USA	
In providing customer service in any field: Providing alternative formats, assisted telephone services, priority/ quiet hours for sensory sensitivities	Practiced in UK	
Transport & local services: To ensure accessible ticketing/ timetables/ customer help points. Arranging visual displays, audio announcements, staff assistance).	Practiced in UK	
All services: Multilingual accessible content	Practiced in EU	Applicable in metro cities
Service delivery: To include accessibility in service-level agreements and vendor contracts.	Practiced in Canada	

CONCLUSION

Accessibility reduces dependency, expands workforce and economic participation, and fulfills legal obligations, reflecting a commitment to equality and inclusion. It also builds inclusive communities where everyone can access essential resources and contribute meaningfully to the society.