

Assistive Technology (Standards and Accessibility) Rules, 2025

Chapter I – Preliminary

1. Short Title and Commencement

- (1) These rules may be called the *Assistive Technology (Standards and Accessibility) Rules, 2025*.
- (2) They shall come into force on the date of their publication in the Official Gazette.

2. Definitions

In these rules, unless the context otherwise requires,—

- (a) “Assistive technology” means any item, piece of equipment, product, software, service or system, whether acquired commercially, modified, or customised, that is used to increase, maintain, or improve the functional capabilities of individuals with disabilities;
- (b) “Assistive products” shall have the same meaning as assistive technology;
- (c) “Device” means any instrument, apparatus, implement, machine, appliance, implant, software, or other similar or related article intended to be used for persons with disabilities;
- (d) “Service provider” means any person or entity engaged in the assessment, prescription, fitting, training, maintenance, or repair of assistive technology. *Explanation: For the purposes of these Rules, this definition is adopted for regulatory purposes, ensuring accountability.*
- (e) “User” means a person with disability under the Rights of Persons with Disabilities Act, 2016 (49 of 2016). *Explanation: ‘User’ includes persons with disabilities under the RPwD Act, 2016, and may extend to those with temporary functional limitations (such as fractures or post-surgical conditions).*
- (f) “Essential Assistive Technology” means assistive technology that is required commonly by persons with disabilities, such as mobility aids, spectacles, hearing aids, and wheelchairs;
- (g) “Specialised Assistive Technology” means assistive technology required for specific groups of persons with disabilities, such as screen readers, augmentative and alternative communication devices, cochlear implants, and prosthetics;
- (h) “Emerging Assistive Technology” means innovative and advanced technologies that may enhance independence and participation, such as AI-enabled communication devices, robotics, and brain-computer interface systems;
- (i) “Certified manufacturer” means *manufacturers licensed by the Bureau of Indian Standards, or otherwise recognised as competent by the Department of Empowerment of Persons with Disabilities, including self-certified essential devices as may be notified.*

Chapter II – Classification of Assistive Technology

3. Categories of Assistive Technology

Assistive technology shall be classified into the following three categories,—

- (i) Essential Assistive Technology;
- (ii) Specialised Assistive Technology; and

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(iii) Emerging Assistive Technology.

Assistive technology across all categories may include provision for customisation, adaptation, or retrofitting to meet user-specific functional requirements.

An indicative list of essential, specialised, and emerging assistive technologies shall be notified by the competent authority from time to time, drawing upon WHO Priority Assistive Products List, NLEAP, and other nationally recognised lists.

Chapter III – Standards and Certification

4. Standards of Assistive Technology

All assistive technology, before being made available for public use, shall conform to the standards prescribed by the Bureau of Indian Standards (BIS) or such other authority as may be notified by the Central Government. *

5. Certification

(1) Certification of assistive technology shall be undertaken by competent authorities notified by the Central Government. *

(2) The time frame for certification of devices shall be notified by the competent authority from time to time. *

6. Compliance with Other Laws

Manufacture, import, storage, and distribution of assistive technology shall also comply with other applicable laws, as may be specified. *

7. Phased Implementation of Standards

The Central Government may notify phasing of implementation based on category of assistive technology. *

Chapter IV – Procurement and Distribution

8. Procurement

Government procurement of *assistive technology — including devices, software, and integrated systems* — shall be through a transparent tendering process, sourcing only from *certified manufacturers, which shall mean manufacturers licensed by the Bureau of Indian Standards, or otherwise recognised as competent by the Department of Empowerment of Persons with Disabilities, including self-certified entities for Category I devices as may be notified.*

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Essential assistive technology may also require prescription, customisation, or fitting, wherever medically or functionally necessary.

9. Distribution

A structured distribution framework for assistive technology shall be integrated with existing public health logistics, medical supply chains, and consumer warehouse systems, to ensure timely and efficient availability at district and regional levels.

10. Online Portal

The competent authority shall establish an online Assistive Technology Portal for applications, certification, procurement, distribution tracking, and grievance monitoring.

Chapter V – Financial Support and Affordability

11. Financial Support

- (1) The Central Government and State Governments shall frame schemes for providing financial support for procurement of assistive technology to eligible users.
- (2) The schemes shall also include provision for subsidies, reimbursements, and insurance coverage.

All insurance policies and government schemes shall cover not only the initial cost of assistive technology but also replacement, repair, and reimbursement where users have borne costs directly.

The provisions of grievance redressal, insurance coverage, and replacement shall apply to all categories of assistive technology, including essential items under Category I.

12. Replacement in Disasters or Emergencies

In the event of disasters or emergencies, the competent authority, in coordination with disaster management authorities, shall ensure immediate replacement or provision of essential assistive technology to affected users as part of relief and rehabilitation measures.

Chapter VI – Innovation, Awareness, and Enforcement

13. National Toll-Free Helpline

A national toll-free helpline shall be established for user feedback and complaints, with a mandatory resolution timeline of thirty days.

The toll-free helpline, grievance redressal systems, and public awareness campaigns shall be multi-modal, including voice, text-based platforms, and Indian Sign Language interpretation, to ensure accessibility for all users.

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14. Safety and Incident Reporting

If any assistive device becomes dysfunctional causing injury or accident, an investigation shall be ordered.

The competent authority shall establish a National Assistive Technology Safety Incident Database to record, monitor, and publish reports of accidents and dysfunctions involving assistive technology.

The Department of Empowerment of Persons with Disabilities shall designate a competent authority, such as BIS or any other notified body, to establish and maintain an Assistive Technology Incident Report Database.

Chapter VII – Implementation

15. Integration with Other Schemes

The appropriate government shall ensure that assistive technology is integrated into existing health, rehabilitation, and social welfare schemes, rather than being treated as a stand-alone silo.

16.	Phased	Implementation
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(i) The competent authority, in coordination with the Bureau of Indian Standards, shall facilitate the participation of industry-specific associations and user organisations in relevant technical committees to ensure inclusive and evidence-based standard setting.

Explanatory Note

- An asterisk * has been placed on all those rules where further consultation with experts is required.
- Since Depwd MoSJE is the line ministry for this theme, it is suggested that a meeting of BIS experts, RCI experts and officials, ALIMCO officials, manufacturers and innovators of Assistive Technology and the core group on Assistive Technology be convened and a final call on the rules be reached. This deliberation is required so that the regulation creates the much needed balance between quality and availability.