पूर्व मध्य रेल
EAST CENTRAL RAILWAY

कार्यालय
महाप्रबंधक (का.)
हाजीपुर

PCPO's Cir. Sl. No.168/2025

RBE No.129/2025

No.ECR-HQ0PERS (RULE)/0001/2025 (Com.No.309129) Date: As Signed

1. CAO (Con.)/उत्तर एवं दक्षिण/पटना।
2. सभी PHOD/CHOD/पूमरे/हाजीपुर।
3. DRM/पूमरे/दानापुर, डीडीयू, धनबाद, सोनपुर एवं समस्तीपुर।
4. मुख्य कार्मिक अधिकारी/प्रशासन/पूमरे/हाजीपुर।
5. मुख्यालय के सभी कार्मिक अधिकारी।
6. CWM/पीडी/डीडीयू, यांत्रिक कारखाना/समस्तीपुर एवं हरनौत।
7. Sr.DPO/पूमरे/दानापुर, डीडीयू, धनबाद, सोनपुर एवं समस्तीपुर।
8. उप महाप्रबंधक/विधि/पटना।
9. प्राचार्य/क्षेत्रीय रेल प्रशिक्षण संस्थान/मुजफ्फरपुर एवं भूली।
10. सभी मुकार्याधी/कार्याधी/पूमरे/हाजीपुर।

विषयः- Instructions regarding adoption of revised Disability proforma under RPwD Amendment Rules, 2024.

संदर्भः- Railway Board's letter No.- E(NG)II/2017/RC – 2 /1 Policy, Dated-30.12.2025.

******

विषयांकित से संबंधित संदर्भित पत्र की छायाप्रति सूचना एवं अग्रेत्तर आवश्यक कार्रवाई हेतु प्रेषित की जा रही है।

A copy of above referred letter on the subject matter is being forwarded herewith for information and needful onward action please.

DA: As above.

Digitally signed by
PRAKASH KUMAR SINGH
Date: 27-01-2026
11:44:52

सकाधि/ई.एस.एम.
कृतें महाप्रबंधक (का.)/पूमरे/हाजीपुर

प्रतिलिपि/– निम्नलिखित को सूचनार्थ एवं आवश्यक कार्रवाई हेतु प्रेषितः–

1. महासचिव/ईसीआरईयू/पूमरे/हाजीपुर।
2. महासचिव/एस.सी.एवं एस.टी.एशोसिएशन/पूमरे/हाजीपुर।
3. सकाधि (एम.पी.पी.)/पूमरे/हाजीपुर–कृपया इसे वेबसाइट पर अपलोड कराने की व्यवस्था करें।
4. महासचिव/ओ.बी.सी.एशोसिएशन/पूमरे/हाजीपुर।

RBE No. 129/2025

GOVERNMENT OF INDIA
MINISTRY OF RAILWAYS
(RAILWAY BOARD)

No. E(NG)II/2017/RC-2/1 Policy New Delhi, Dated: 30.12.2025

The General Manager (P),
All Zonal Railways/Production Units,
All Chairpersons/RRBs.

Sub: Instructions regarding adoption of revised Disability proforma under RPwD Amendment Rules, 2024.

A Copy of Department of Personnel and Training's OM No. 36035/39/2025-PP(Res-II) dated 08.10.2025 on the above subject enclosing therewith a copy of DEPwD notification dated 16.10.2024 is enclosed for information and guidance / compliance. It is advised that the revised disability proforma may be adopted for the upcoming recruitment examinations which are yet to be notified, while the existing format shall continue for the already notified examinations.

DA: As above

(U. K. Tiwari)
Director/Estt.(N)
Railway Board

36035/39/2025-PP(Res-II)
Government of India
Ministry of Personnel, Public Grievances and Pensions
Department of Personnel and Training

Hall 31078, Kartavya Bhawan- 03
8th October, 2025

OFFICE MEMORANDUM

Subject: Instructions regarding adoption of revised Disability proforma under RPwD Amendment Rules, 2024- reg.

The Department of Empowerment of Persons with Disabilities (Divyangjan) has notified the Rights of Persons with Disabilities (Amendment) Rules, 2024 on 16.10.2024. These amendment introduced revised proformas, specifically **Form V (in case of Single Disability)** and **Form VI (in case of Multiple Disabilities)** to standardize and enhance the process of issuing disability certificates and Unique Disability Identity (UDID) Cards. These updated forms align with the Rights of Persons with Disabilities (RPwD) Act, 2016, including accurate and inclusive disability assessments.

3. In view of the above, all the central recruiting agencies (including UPSC, SSC, etc.) are requested to adopt the revised **Form V** and **Form VI** as prescribed under the RPwD Amendment Rules, 2024 *(copy enclosed)* in order to ensure uniformity and facilitate seamless verification of disabilities.

4. This issues with the approval of Secretary (P).

(Charu Vijay)
Under Secretary to the Government of India
Tele: 011- 24010441

To

i. The Secretaries of all Ministries/Departments of the Government of India.
ii. The Secretary, Department of Financial Services, Ministry of Finance, Jeevan Deep Building, Parliament Street, New Delhi, with a request to issue similar instructions for compliance by Public Sector Banks/Financial Institution/Insurance Companies.

MINISTRY OF SOCIAL JUSTICE AND EMPOWERMENT

(Department of Empowerment of Persons with Disabilities)

NOTIFICATION

New Delhi, the 16th October, 2024

G.S.R. 649(E).—Whereas a draft of certain rules further to amend the Rights of Persons with Disabilities Rules, 2017, were published, as mandated by sub-sections (1) and (2) of section 100 of the Rights of Persons with Disabilities Act, 2016 (49 of 2016), vide G.S.R. 455(E), dated the 29th July, 2024 in the Official Gazette of India, Extraordinary, Part-II, Section-3, Sub-section (i), inviting objections and suggestions from the public and persons likely to be affected thereby, before exiry of thirty days from date on which the copies of the Official Gazette containing the said notification was made available to the public;

And whereas, the copies of the Official Gazette in which the said notification were made available to the public on 29th July, 2024;

And whereas, the objections and suggestions received from the public were considered by the Central Government;

Now, therefore, in exercise of powers conferred by sub-sections (1) and (2) of section 100 of the Rights of Persons with Disabilities Act, 2016 (49 of 2016), the Central Government hereby makes the following rules further to amend the Rights of Persons with Disabilities Rules, 2017, namely:-

(1) These rules may be called the Rights of Persons with Disabilities (Amendment) Rules, 2024.

(2) They shall come into force from the date of their publication in the Official Gazette.

2. In the Rights of Persons with Disabilities Rules, 2017 (hereinafter referred to as the said rules), for rule 17 the following rule shall be substituted, namely:-

"17. Application for disability certificate and UDID Card.- (1) Any person with specified disability may apply in Form -IV for a disability certificate/ **Unique Disability Identity** (UDID) Card and submit the application through UDID Portal to:

(a) a medical authority or any other notified competent medical authority to issue such a certificate in the district of residence of the applicant as mentioned in the proof of residence in the application; or

(b) the concerned medical authority in a hospital where he may be undergoing or may have undergone treatment in connection with his disability:

Provided that where a person with disability is a minor or suffering from intellectual disability or any other Disability which renders him unfit or unable to make such an application himself, the application on his behalf may be made by his legal guardian or by any organisation registered under the Act having the minor under its care.

(2) The application shall be accompanied by -

(a) proof of identity;

(b) a recent photograph not older than six months;

(c) proof of residence;

(d) aadhaar number or aadhaar enrolment number.

Note: if an Aadhaar Card is submitted as proof of identity, no additional documents will be required for address proof in case Aadhaar has the same residential address"

In the said rules, for rule 18, the following rule shall be substituted, namely:-

"18 Issue of disability certificate/ UDID Card.- (1) On receipt of an application under rule 17, the medical authority or any other notified competent medical authority shall verify the information as provided by the applicant and shall assess the disability in terms of the relevant guidelines issued by the Central Government and after satisfying himself that the applicant is a person with disability, issue a disability certificate in Form-V and Form-VI and one of the three types of colour-coded UDID card in form VII in his favour , as the case may be. One of the three types of colour-coded UDID Card shall be issued based on the severity of the disability-

a. White Band Card: When the disability percentage of a Person with Disability is below forty percent.

b. Yellow Band Card: When the disability percentage of a Person with Disability is forty percent or above but below eighty percent.

c. Blue Band Card: When the disability percentage of a Person with Disability is eighty percent or above.

(2) The medical authority shall issue the Disability certificate and UDID card within three months, in case any disability is diagnosed.

(3) In case, due to any reason not attributable to concerned Medical authority, no decision is taken by the Medical authority on the application of the applicant for a period above two years, such application shall be made inactive, and the applicant needs to apply afresh on portal, or approach the medical authority to re-activate the pending application.

(4) The medical authority shall, after due examination-

(i) issue a permanent Disability certificate/UDID card in cases where there are no chances of improvement over time in the degree of disability; or

(ii) issue a certificate of disability/UDID Card indicating the period of validity, in cases where there is any chance of improvement over time in the degree of disability.

(5) If an applicant is found ineligible for issuance of certificate of disability/UDID Card after assessment by Specialist or Medical Board or as the case may be, the medical authority shall convey the reasons to him in Form-VIII through online platform within a period of one month from the date of such rejection. The aggrieved applicant may file appeal within ninety days of such rejection, using the mechanism prescribed under Section-59 (1) of the Rights of Persons with Disabilities Act, 2016.

(6) The State Government and Union territory Administration shall ensure that the certificate of disability/UDID Card is granted through online platform as notified by the Central Government.

[(F.No. P-13013/50/2024-UDID/IT/STATISTICS]

RAJEEV SHARMA, Jt. Secy.

Note:- The Rights of Persons with Disabilities Rules, 2017 were published in the Gazette of India, Extraordinary, Part-II, section-3, sub-section (i) *vide* notification number G.S.R. 591 (E), dated the 15th June, 2017 and was last amended *vide* G.S.R. 361 (E), dated the 2nd July, 2024.

FORM- IV

Application for Obtaining Certificate of Disability/Unique Disability Identity (UDID) Card by Applicant

[See rule 17(1)]

1. Personal Details:

Recent passport size photograph (Showing face only) of the applicant

a) Applicant's Full Name : _____

b) Gender (Male/Female/Transgender): _____

c) Date of Birth : DD/MM/YYYY

d) Mobile number (10 digits only): _____

e) Email id (Optional) : _____

f) Name of Applicant's Father/Mother/Guardian: _____

g) Contact Number of Father/Mother/Guardian _____

h) In case of Guardian, relation of Guardian with Applicant: _____

2. Proof of Identity:

a) Aadhaar no. of the applicant : _____

b) I agree to share Aadhaar information with Government Department:

(Please see **Note** at the end of this Form in case Aadhaar Card is not available.)

3. Proof of Address:

(a) Address : _____

(b) State/UT: _____

(c) District: _____

(d) Sub District: _____

(e) Village / Town (Optional): _____

(f) Pin Code: _____

(g) Nature of Document for Address Proof (Please tick as applicable):

i. Aadhaar Card

ii. Indian Passport

iii. Ration/Public Distribution System Photograph Card or E-Ration Card

iv. Voter Identity Card or E-Voter Identity Card

v. Disability Certificate issued under RPwD Rules, 2017

vi. Photograph Identity Card or Certificate with Photograph issued by Central Govt./State Government like Bhamashah, Domicile Certificate, Resident Certificate, Jan-Aadhaar, MGNREGA/ NREGS Job Card, Labour Card etc.

vii. ST/SC/OBC Certificate issued by Central/State Government

viii. Transgender Identity Card or Certificate issued under Transgender Persons Act, 2019

ix. Certificate issued by MP or MLA or MLC or Municipal Councillor

x. Certificate issued by Gazetted Officer of Central/State Government etc.

xi. Certificate issued by Superintendent or Warden or Matron or Head of Institution of recognized shelter or Home or orphanages (for children of concerned shelter home or orphanage only)

xii. Certificate issued by Village Panchayat Head or President or Mukhiya or Gaon Bura or Panchayat Secretary etc.

xiii. Electricity bill (but not older than three months)

xiv. Water bill (but not older than three months)

xv. Telephone Landline bill or Postpaid mobile bill/Broad band bill (but not older than three months)

xvi. Valid Registered Sale Agreement or Registered Gift Deed in Registrar Office or Registered or non registered rent

xvii. Lease agreement or Leave and License agreement

xviii. Gas Connection bill (but not older than three months)

xix. Allotment letter of accommodation issued by Central Government or State Government or Public Sector Undertaking or Regulatory Bodies or Statutory bodies (Not older than one year)

xx. Life or Medical Insurance Policy (Valid upto one year from the date of issue of the policy)

4. Disability Details:

(a) Disability Type (Please tick as applicable):

(i) Acid Attack Victim

(ii) Autism Spectrum Disorder

(iii) Blindness

(iv) Cerebral Palsy

(v) Chronic Neurological Conditions

(vi) Dwarfism

(vii) Hearing Impairment

(viii) Hemophilia

(ix) Intellectual Disability

(x) Leprosy cured

(xi) Locomotor Disability

(xii) Low Vision

(xiii) Mental Illness

(xiv) Multiple Sclerosis

(xv) Muscular Dystrophy

(xvi) Parkinson's Disease

(xvii) Sickle Cell Disease

(xviii) Specific Learning Disabilities

(xix) Speech and Language Disability

(xx) Thalassemia

(xxi) Multiple Disabilities *

(***Note:** In Case of Multiple Disabilities, Please choose 2 or more out of the 20 disabilities listed above)

(b) Disability due to:

(i) Accident

(ii) Congenital

(iii) Diseases

(iv) Hereditary

(v) Infection

(vi) Medicine

(vii) Any other

(c) Period since when disabled: From Birth or since year _____

(d) Do you have the old (manual) disability certificate (Yes/No): _____

If yes, scanned copy of disability certificate to be uploaded with below details

i) Certificate Number

ii) Date of Issue

iii) Details of Issuing Medical Authority

5. Mention the hospital for assessment/issue of Unique Disability Identity card /disability certificate:

Is your treating Hospital in other State or District (Yes/No): _____

If yes,

(a) Hospital Treating State / UTs: _____

(b) Hospital Treating District: _____

(c) Hospital Name

If No, choose Hospital from your domicile district

Hospital Name : _____

Declaration: I hereby declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further state that if any inaccuracy is detected in the application, I shall be liable to forfeiture of any benefits derived and other action as per law.

_____

(Signature or left thumb impression of person with disability, or of his/her legal guardian in case of persons with intellectual disability, autism, cerebral palsy and multiple disabilities, etc)

Date:

Place:

Enclosures:

1. Proof of Identity- Aadhaar Card (Please see **Note** at the end of this Form in case Aadhaar Card is not available.)

2. Proof of Address (As indicated in Para 3(g) above) if it is other than Aadhaar.

Note (In Reference to Para 2: Proof of Identity):

If Applicant has Enrolled for Aadhaar but has not got Aadhaar Number till now, mention your Aadhaar Enrollment Number _____ and Attach or Upload the Aadhaar Enrollment Slip along with any one of the following documents, namely:-

I. Bank or Post Office Passbook with Photo; or

II. Permanent Account Number (PAN) Card; or

III. Passport; or

IV. Ration Card; or

V. Voter Identity Card; or

VI. Mahatma Gandhi National Rural Employment Guarantee Act Card; or

VII. Kisan Photo Passbook; or

VIII. Driving License Issued by the Licensing Authority under Motor Vehicle Act, 1988 (59 of 1988); or

IX. Certificate of Identity having Photo of such Person Issued by a Gazetted Officer or a Tehsildar on an Official Letter Head; or

X. Any other Document as Specified by the Department;

Logo of Government of India	Logo of Department of Empowerment of Persons with Disabilities, GoI	Logo of Respective State or Union Territory

Department of Empowerment of Persons with Disabilities,

Ministry of Social Justice and Empowerment, Government of India

Form-V

Disability Certificate

(In case of Single Disability)

[See rule 18(1)]

(Name and Address of the Medical Authority Issuing the Certificate)

Recent passport size photograph (Showing face only) of the person with disability

Certificate/UDID No. Date of Issue :

This is to certify that I/we have carefully examined <Name of the applicant>, Son/Daughter/Care of < name of father/mother/guardian> , Date of Birth (DD/MM/YYYY), Gender < Male/Female/Transgender> , Registration No. <UDID Enrolment No.> Resident of < address of PwD> whose photograph is affixed above, and I am /we are satisfied that:

(A) He/She is a case of (Any one of the following disabilities):

i. Locomotor Disability

ii. Muscular Dystrophy

iii. Leprosy Cured

iv. Dwarfism

v. Cerebral Palsy

vi. Acid Attack Victim

vii. Low Vision

viii. Blindness

ix. Hearing Impairment

x. Speech and Language Disability

xi. Intellectual Disability

xii. Specific Learning Disabilities

xiii. Autism Spectrum Disorder

xiv. Mental Illness

xv. Chronic Neurological Conditions

xvi. Multiple Sclerosis

xvii. Parkinson's Diseases

xviii. Haemophilia

xix. Thalassemia

xx. Sickle Cell Disease

(B) Name of affected body part:

(C) The diagnosis in his/her case is _____

(D) He/She has _____% (in figure) _____ percent (in words) disability and the nature of certificate is (Permanent / temporary and valid till (DD/MM/YYYY) } as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide <Notification No> dated (DD/MM/YYY).

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Member(s):

Signature:

Name and Address of the Medical Authority Issuing the Certificate:

Logo of Government of India	**Logo of Department of Empowerment of Persons with Disabilities, GoI**	**Logo of Respective State or Union Territory**

Department of Empowerment of Persons with Disabilities,

Ministry of Social Justice and Empowerment, Government of India

Form-VI

Disability Certificate

(In case of Multiple Disabilities)

[See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport size photograph (Showing face only) of the person with disability

Certificate/UDID No. Date of Issue:

This is to certify that we have carefully examined <Name of the applicant>, Son/Daughter/Care of <write name of father/mother/guardian> , Date of Birth (DD/MM/YYYY) , Gender< Male/Female/Transgender > , Registration No. <UDID Enrolment No.> Resident of < address of PwD> whose photograph is affixed above, and we are satisfied that:

(A) He/She is a case of **Multiple Disabilities**. His/her extent of physical impairments/ disabilities have been evaluated as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide <Notification No> dated (DD/MM/YYY) for the disabilities below:

S. No.	Disability	Name of Affected Body Part	Diagnosis	Disability Percentage
1.	Locomotor Disability			
2.	Muscular Dystrophy			
3.	Leprosy Cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid Attack Victim			
7.	Low Vision			
8.	Blindness			
9.	Hearing Impairment			
10.	Speech and Language Disability			
11.	Intellectual Disability			
12.	Specific Learning Disabilities			
13.	Autism Spectrum Disorder			
14.	Mental Illness			
15.	Chronic Neurological Conditions			
16.	Multiple Sclerosis			
17.	Parkinson's Diseases			
18.	Haemophilia			
19.	Thalassemia			
20.	Sickle Cell Disease			

(Note: Only the disabilities diagnosed will be listed)

(B) He/She has _____% (in figure) _____ percent (in words) overall disability and the nature of certificate is { permanent/ temporary and valid till (DD/MM/YYYY) }

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Members:

Signature:

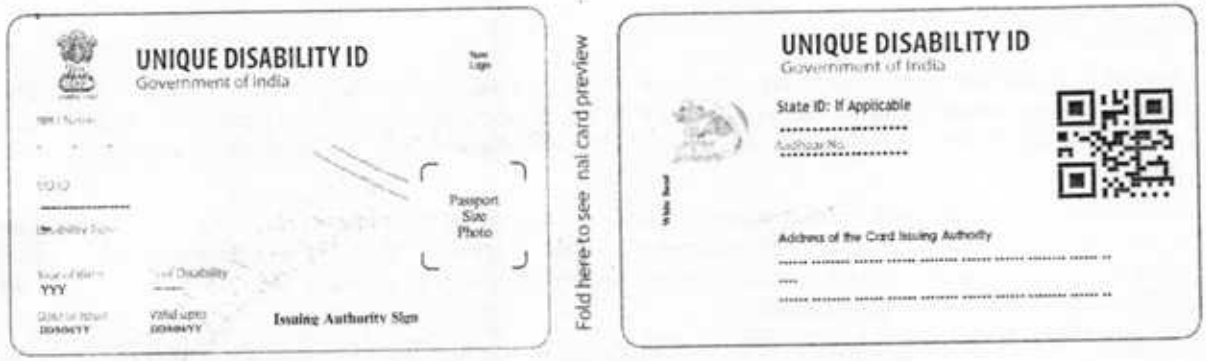
Name and Address of the Medical Authority Issuing the Certificate:

Form-VII

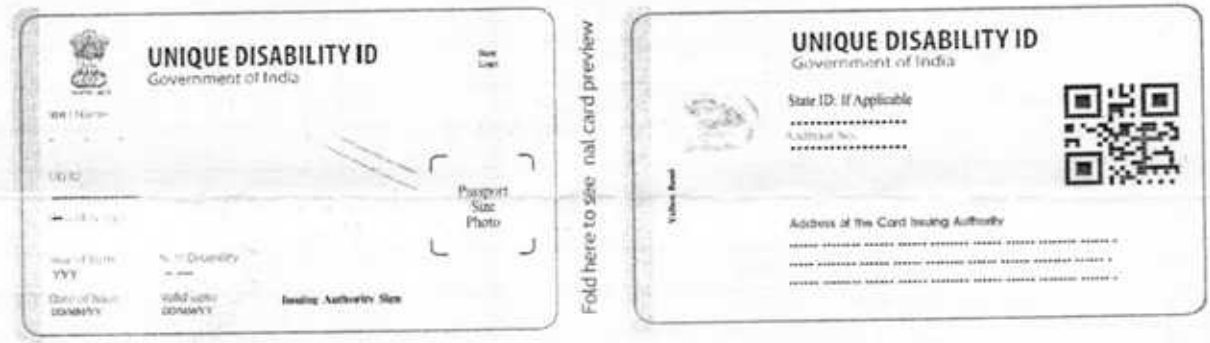
UDID Card

[See rule 18(1)]

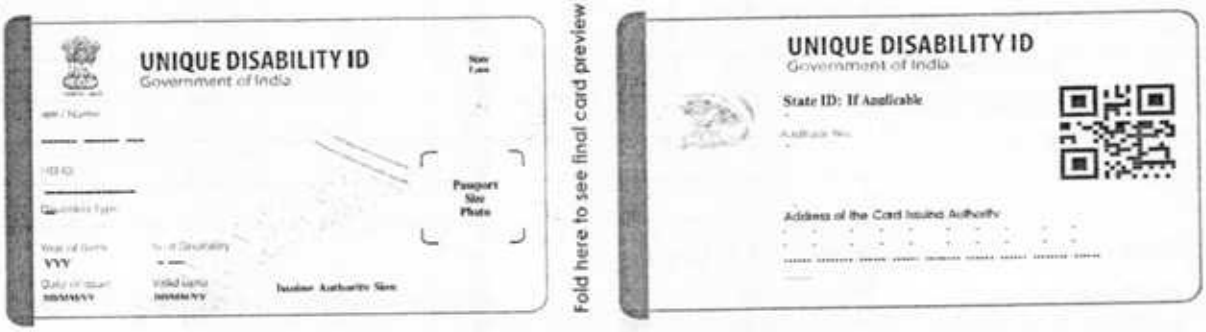
A. **White Card:** When the disability percentage of a Person with Disability is below forty percent



B. **Yellow Card:** When the disability percentage of a Person with Disability is forty percent and above but below eighty percent



C. **Blue Card:** When the disability percentage of a Person with Disability is eighty percent and above



Logo of Government of India	Logo of Department of Empowerment of Persons with Disabilities, GoI	Logo of Respective State or Union Territory

Department of Empowerment of Persons with Disabilities,

Ministry of Social Justice and Empowerment, Government of India

Form-VIII

Rejection Certificate

(In case of Rejection of Application for Certificate of Disability)

[See rule 18(5)]

(Name and Address of the Medical Authority Issuing the Certificate)

Recent passport size photograph (Showing face only) of the applicant

Date of Rejection:

To,

(Name and Address of the Applicant for Certificate of Disability)

Subject: Rejection of Application for Certificate of Disability/Unique Disability Identity Card

Sir/Madam,

Please refer to your UDID Application/Registration No. <UDID Enrolment No.> dated <DD/MM/YYYY.> for issuance of a Certificate of Disability/UDID Card for the following disability:

(i)

(ii)

(iii)

2. Pursuant to your application, you have been examined dated <DD/MM/YYYY> by the undersigned/Medical Authority and I regret to inform that it is not possible to issue a Certificate of Disability/UDID Card in your favour for the reason(s) mentioned below:

(i)

(ii)

(iii)

3. In case you are aggrieved by the rejection of your application, you may represent to the Appellate Authority within 90 days requesting for review of this decision.

Signature:

Name and Address of the Medical Authority Issuing the Certificate:

Uploaded by Dte. of Printing at Government of India Press, Ring Road, Mayapuri, New Delhi-110064
and Published by the Controller of Publications, Delhi-110054.