



Dr. N.T.R. UNIVERSITY OF HEALTH SCIENCES, A.P., VIJAYAWADA – 520 008

No.2925/EA2/PG/2025

Dated. 17-01-2026

NOTICE TO PwBD CANDIDATES

Sub:- Dr. NTRUHS – **Admissions into PG Medical Courses under Persons with Benchmark Disabilities (PwBD) Category** – Interim Guidelines on Assessment method of grant of admission into PG Medical Courses for the academic year 2025-26 - Certain Instructions to the PwBD Candidates who are qualified in NEET PG 2025 and seeking admission under State Quota of Andhra Pradesh – Reg.

Ref:- MCC Public Notice Ref. U-12021/ 11 / 2025- MEC dated: 17.10.2025 of Interim Guidelines on Assessment Method for Granting Admission in Post Graduate Courses to PwD Candidates for AY 2025-26.

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It is hereby informed that the MCC Public Notice dated.17.10.2025 stated that the Interim Guidelines on Assessment Method for Granting Admission in Post Graduate Courses to PwBD candidates have been framed and are made implementable for the admission in the academic year 2025-26.

In compliance of the said guidelines, all the NEET PG-2025 qualified candidates of PwBD category who are seeking admission into PG Medical courses for the academic year 2025-26 under State Quota are hereby informed to go through the Public Notice dated.17.10.2025 issued by MCC, New Delhi along with Interim Guidelines on Assessment Method for Granting Admission in Post Graduate Courses to PwD Candidates for Academic Year 2025-26 which is placed in the University website on 18-10-2025 and submit the following documents while appearing for physical examination before the University Medical Board as per the schedule to be notified by the University.

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1. A valid UDID card issued by a designated medical authority under Ministry of Social Justice and Empowerment (MoSJE).
2. Self-Certified affidavits in the format provided under Schedule -I

APPENDIX- A	Self Certification Form- General <b>(Mandatory) for all PwBD candidates</b>
APPENDIX- B	Affidavit for Declaring the Hearing Impairment <b>(If applicable)</b>
APPENDIX -C	Affidavit for declaring the Locomotor Disability (Upper Limb Extremity) <b>(If applicable)</b>
APPENDIX-D	Affidavit for Declaring the Locomotor Disability (Lower Limb Extremity) <b>(If applicable)</b>
APPENDIX-E	Affidavit for declaration by a Person With Mental Illness/ SLD/ ASD <b>(If applicable)</b>
APPENDIX-F	Affidavit for declaration by a Person With Visual Disability <b>(If applicable)</b>

3. In addition to the above, a copy of Medical Assessment Report -2025 issued by Medical Board of Medical Counselling Committee (MCC) is also required.

The PwBD candidates who do not have UDID card are advised to apply for the same immediately through <https://swavlambancard.gov.in/> duly selecting nearest Govt. General Hospital for speedy process for issuance of UDID card.

Further, all the qualified PwBD candidates are required to attend before the Medical Board as per the schedule to be notified by the University along with above said documents.

This has got the approval of the Competent Authority.

Sd/-  
REGISTRAR

**Note:** The newly qualified PwBD candidates are requested to **e-mail** a copy of APPENDIX- A duly filled to [pgquery23@gmail.com](mailto:pgquery23@gmail.com) immediately.

## PREAMBLE:

In pursuit of equitable and inclusive medical education, the National Medical Commission (NMC) remains steadfast in its commitment to ensuring fair access to medical courses for all eligible candidates, including Persons with Disabilities (PwD). In alignment with the provisions of the Rights of Persons with Disabilities Act, 2016, and the Post-Graduate Medical Education Regulations, 2023, this interim report outlines the foundational framework and preparatory measures for facilitating the admission of PwBD candidates in Post Graduate Medical Education Course.

This report serves as a step towards strengthening existing mechanisms, identifying challenges, and proposing recommendations for creating an enabling environment that upholds the principles of dignity, non-discrimination, and equal opportunity. It focuses on key aspects such as assessment of disability, eligibility criteria, reasonable accommodations, accessibility standards, and institutional readiness.

The NMC acknowledges the valuable contribution of a diverse medical workforce and envisions a system where every aspiring student, irrespective of physical or cognitive ability, is empowered to pursue a career in medicine and serve society with competence and compassion.

## 1. Introduction

In alignment with the **Rights of Persons with Disabilities (RPwD) Act, 2016**, and subsequent notifications, particularly the directive issued by the **Ministry of Social Justice and Empowerment (MoSJE)** on **12.03.2024**, which underscores the principles of inclusive education and reasonable accommodation, and the landmark judgment of the **Hon'ble Supreme Court dated 25.10.2024** in *Om Rathod vs Union of India & Others* (SLP (C) No. 21942 of 2024), a significant shift has been initiated in the national approach toward disability inclusion in higher education. That as a result of said exercise, the Under Graduate Medical Education Board (UGMEB) on 19.07.2025 issued Interim Guidelines for granting admission to PwBD candidates in MBBS course for Academic Year 2025-26. Following the said interim guidelines, the Post Graduate Medical Education Board has also initiated the necessary steps and expanded the existing expert committee to review the Disability guidelines for PG courses by including two additional experts. As a conclusion to the deliberation in the meetings held on 23.09.2025; 29.09.2025 and 03.10.2025, the experts recommended that considering the fact that Post Graduate course contains multiple specialties and each specialty requires specific criteria which is a complex and lengthy process, therefore in order the safeguard the interest of PG aspirants and patients, the interim Guidelines dated 19.07.2025 shall be followed by the NMC for AY 2025-26 with certain modifications to fulfill requirement of postgraduate study/practice.

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1. Upper limit of disability range which makes person ineligible to pursue a postgraduate medical course as per note no. 4 of Annexure 9 of PGMER-23 will be kept in abeyance till final guidelines are issued.

## 2. Functional Competency Approach

These legal and policy developments collectively emphasize the prioritization of **functional competency** over rigid **percentage-based disability thresholds**. In response, the **National Medical Commission (NMC)** has undertaken proactive measures to ease challenges faced by PwBD candidates, ensuring a fair and inclusive medical education environment. This includes facilitating reasonable accommodations, revisiting eligibility norms, and adopting evaluation criteria focused on individual capabilities.

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## 4. Interim Admission Approach for AY 2025–26

Defining essential competencies for each type of disability in each specialty involves a very complex process which is multi-dimensional & dynamic. Assistive devices & medical technologies are also rapidly advancing & evolving. Striking a balance between inclusion and the imperatives of patient safety and clinical competence in medical education and practice is of paramount importance.

Pertinent to mention that Post Graduate medical courses shall require specialty specific deliberations, as the required competencies and skills may vary over a wider range and therefore extensive consultations with medical experts/ beneficiaries/ stakeholders are needed.

In view of aforesaid facts, final guidelines after following all procedural aspects and further consultations, shall be notified & implemented from subsequent Academic Years. However, the admission process for **PwBD** candidates for **AY 2025–26** must continue uninterrupted. Accordingly, **the group of medical experts under the committee duly constituted by NMC** (under the chairmanship of **Dr. Achal Gulati**), have unanimously reached to a conclusion to adopt **interim guidelines** for admissions in AY 2025–26.

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#### 6. Mandatory Use of UDID Portal

As per **Gazette Notification S.O. 1736(E) dated 05.05.2021**, issued by the **Department of Empowerment of Persons with Disabilities (DEPwD)**, all disability certificates and UDID cards must be issued via the **UDID online portal**, effective **June 1, 2021**.

Accordingly, the UDID card has been established as a mandatory document for persons with disabilities. In this context, it may be regarded as an essential and authoritative proof for evaluating the eligibility of meritorious NEET PG candidates under the disability category.

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#### 7. Evaluation Framework Based on MoSJE Guidelines

Further in view of the paramount importance of patient safety and clinical competence, the assessment of candidates with disabilities may be conducted in accordance with the recently notified guidelines dated 12.03.2024 issued by the Ministry of Social Justice and Empowerment (MoSJE). These guidelines provide a structured and uniform framework to ensure that the evaluation of disability is both comprehensive and consistent with the responsibilities inherent to medical practice.

#### 8. Institutional Responsibilities under the RPwD Act

The medical colleges as per the recommendations prescribed under RPwD Act, 2016, shall make maximum efforts in accommodating and facilitating the candidates with disabilities:

- ***Non-Discrimination in Admission and Education (Section 16):***

*Institutions must ensure that no student with a disability is denied admission on the grounds of disability and must provide an inclusive education system at all levels.*

- ***Infrastructure Accessibility (Section 45):***

*Institutions must ensure barrier-free access to buildings, classrooms, libraries, laboratories, hostels, and other facilities as per the standards notified by the Government of India.*

- ***Sensitization and Capacity Building:***

*Colleges are encouraged to conduct awareness and sensitization programs for faculty, staff, and students to promote an inclusive environment and reduce attitudinal barriers.*

- ***Nodal Officer for Disability Affairs:***

*Institutions are advised to appoint a dedicated Nodal Officer or establish a Disability Cell to address the concerns and support needs of students with disabilities.*

- ***Grievance Redressal Mechanism:***

*An accessible and responsive grievance redressal system must be in place to address complaints related to discrimination or lack of accommodation.*

#### 9. Decision Taken

The expert panel **unanimously agreed** on the following for PG admissions under the PwBD category for **AY 2025–26**:

1. PwBD candidates must submit:
  1. A **valid UDID card** issued by a designated medical authority under MoSJE.
  2. **Self-Certified affidavits** in the format provided under **Schedule -I**.
  3. **The candidate will have to approach the designated medical board for verification of their self-certified affidavit.**
2. Designated Medical Boards (~~46~~ 29 designated medical boards) are required to undertake following duties:
  1. The competencies mentioned in the appendix under Schedule-I are basic & mandatory. The candidates, to the satisfaction of the designated medical board, may demonstrate the competencies that have been declared by him/her. If the board finds the declared competencies unsubstantiated based on the candidate's performance, it must issue a reasoned decision declaring him/her ineligible to pursue medical course.
  2. If the candidate while self-declaring the essential competencies mentions one or more competencies in negative or is not able to demonstrate one or more of the listed essential competencies, the board shall see if he/she is able to compensate such deficits, by other alternative functionalities; and may take a holistic view regarding his capability to pursue PG course.
  3. The designated medical boards may utilize standardized tests and tools to evaluate the abilities of the candidates, as per their declaration, instead of focusing on the disabilities.
  4. All decisions of the designated medical board(s) shall be in the form speaking orders. The Board, based on the functional competency of the candidate, may also recommend the appropriate course, in case the board finds that the candidate may not be able to perform in the preferred course.
  5. In case the candidate is aggrieved by the report/ certificate issued by the medical board, he/she may avail the existing appeal provision under the jurisdiction of DGHS/ MCC wherein the MCC may direct him/her to any other medical board for re-assessment.

Admissions will be processed by the **counseling authority**, based on **NEET-PG 2025 scores**, institutional preferences, and verification of required documents by the concerned designated medical board(s). Medical colleges will provide accommodations accordingly.

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## **SCHEDULE-I**

**APPENDIX- A** SELF CERTIFICATION FORM- GENERAL

**APPENDIX- B** AFFIDAVIT FOR DECLARING THE HEARING IMPAIRMENT

**APPENDIX –C** AFFIDAVIT FOR DECLARING THE LOCOMOTOR DISABILITY (UPPER LIMB EXTREMITY)

**APPENDIX-D** AFFIDAVIT FOR DECLARING THE LOCOMOTOR DIABILITY (LOWER LIMB EXTREMITY)

**APPENDIX-E** AFFIDAVIT FOR DECLARATION BY A PERSON WITH MENTAL ILLNESS/ SLD/ ASD

**APPENDIX-F** AFFIDAVIT FOR DECLARATION BY A PERSON WITH VISUAL DISABILITY

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## APPENDIX-A

### Self-Certification Affidavit

(To be filled by all applicants applying under PwBD Category)

Name of Candidate: \_\_\_\_\_

NEET-PG Roll No.: \_\_\_\_\_

NEET Score: \_\_\_\_\_

UDID No.: \_\_\_\_\_

Disability Type:

1. Locomotor
2. Hearing
3. Visual
4. Cognitive/SLD/
5. \*Others : \_\_\_\_\_ (Please specify)

Disability Percentage as per [UDID card]: \_\_\_\_\_ %

Assistive Devices Used (If any): \_\_\_\_\_

Essential Functional Competencies:

Competency Area	Description	Candidate Declaration (✓/ X)
<b>A. Communication</b>	1. I can communicate clearly and empathetically with people using assistive devices.	
<b>B. Hearing</b>	2. I can hear and respond to speech in both quiet and noisy environments, with or without hearing aids or cochlear implants. 3. I undertake to fulfill the eligibility criteria set under Form <b>Appendix -B</b>	
<b>C.Dominant Hand Functionality</b>	1. I can write and hold instruments using my dominant or aided hand. 2. I undertake to fulfill the eligibility criteria set under <b>Appendix -C and D</b>	
<b>D.Understanding/Communication</b>	3. I can follow and comprehend medical terminology and maintain social interaction. 4. I undertake to fulfill the eligibility set under Form <b>Appendix -E</b>	
<b>E. Vision</b>	5. My vision improves to the percentage lower than 40% 6. I can perform with the help of Low vision Aid 7. I undertake to fulfill the eligibility criteria set under Form <b>Appendix -F</b>	

- I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the following Post Graduate Medical courses that I intend to pursue.
  - 1.
  - 2.
  - 3.
- I am aware that any false declaration may result in revocation of admission.

Deponent Signature: \_\_\_\_\_

Date:

Place:

Notarized by:

**\*Note: Persons with benchmark disabilities other than Locomotor/Visual/ Hearing/SLD/ASD/Mental Illness will have to submit the self-certified affidavit at Appendix-A only (eg.: Blood disorders - Haemophilia, Thalassemia and Sickle cell disease Chronic Neurological Conditions etc.)**

## AFFIDAVIT

(HEARING IMPAIRMENT)

I, \_\_\_\_\_, aged \_\_\_\_\_ years, son/daughter of \_\_\_\_\_, resident of \_\_\_\_\_, holding a valid UDID Card No. \_\_\_\_\_ issued by \_\_\_\_\_ on \_\_\_\_\_, do hereby solemnly affirm and declare as follows:

I have hearing loss in:

- ☐ Right Ear
- ☐ Left Ear
- ☐ Both Ears
- ☐ Neither

2. I use:

- ☐ Prescribed Hearing Aid
- ☐ Cochlear Implant
- ☐ None

3. I declare as under:

Sl. No.	Functional Ability regarding following Activities declared	Candidate Declaration (✓/ ✗)
1.	Communicate effectively using the above-mentioned assistive devices.	
2.	Engage in a conversation in a quiet room and in a noisy environment.	
3.	Understand and respond to verbal instructions.	
4.	Carry out phone conversations.	

4. I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the following Post Graduate Medical courses that I intend to pursue.

- 1.
- 2.
- 3.

5. I am aware that any false declaration may result in revocation of admission.

Deponent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Notarized by:



**AFFIDAVIT**

(LOCOMOTOR DISABILITY)  
{UPPER EXTREMITY- COORDINATED ACTIVITY}

I, \_\_\_\_\_, aged \_\_\_\_\_ years, son/daughter of \_\_\_\_\_, resident of \_\_\_\_\_, holding a valid UDID Card No. \_\_\_\_\_ issued by \_\_\_\_\_ on \_\_\_\_\_, do hereby solemnly affirm and declare as follows:

2. I declare that I am suffering from \_\_\_\_\_ Disability.
3. The condition causing this disability is diagnosed as .....
4. I am using/not using any assistive device/artificial limb etc.
5. I declare my functional ability in performing the basic Coordinated Activities as below:

Sl. No.	Functional Ability regarding following Activitiesdeclared	Candidate Declaration (✓/ ✗)
1.	Can you lift overhead objects and place them at the same place?	
2.	Can you touch tip of the nose with the tip of a finger?	
3.	Can you eat by yourself?	
4.	Can you groom, comb and plate by yourself?	
5.	Can you put on a shirt/kurta/upper garment on your own?	
6.	Can you clean yourself after toileting (Act of Ablution)?	
7.	Can you Drink water holding a Glass/tumbler?	
8.	Can you button/unbutton your clothes?	
9.	Can you put on trousers/pant/lower garment/Tie Nara, Dhoti, using the Zip as the case may be?	
10.	Can you hold a Pen/Pencil and write?	

6. I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the following Post Graduate Medical courses that I intend to pursue.
  - 1.
  - 2.
  - 3.
7. I am aware that any false declaration may result in revocation of myadmission.

Deponent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Notarized by:

## AFFIDAVIT

(LOCOMOTOR DISABILITY)  
 {LOWER EXTREMITY- STABILITY COMPONENTS}

I, \_\_\_\_\_, aged \_\_\_\_\_ years, son/daughter of \_\_\_\_\_, resident of \_\_\_\_\_, holding a valid UDID Card No. \_\_\_\_\_ issued by \_\_\_\_\_ on \_\_\_\_\_, do hereby solemnly affirm and declare as follows:

2. I declare that I am suffering from \_\_\_\_\_ Disability.
3. The condition causing this disability is diagnosed as .....
4. I am using/not using any assistive device/artificial limb etc.
5. I declare my ability to perform the following functions as below:

Sl. No.	Functional Ability regarding following Activities declared	Candidate Declaration (✓/ ✕)
1.	Can you bear weight and stand on both legs?	
2.	Can you bear weight and stand on your affected leg?	
3.	Can you walk on plain surfaces?	
4.	Can you sit on a chair by yourself?	
5.	Can you take turn to the right and left side?	

6. I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the following Post Graduate Medical courses that I intend to pursue.
  - 1.
  - 2.
  - 3.
7. I am aware that any false declaration may result in revocation of my admission.

Deponent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Notarized by:

**AFFIDAVIT**

(MENTAL ILLNESS/SPEECH DISORDERS/SPECIFIC LEARNING DISORDER/AUTISM SPECTRUM DISORDER)

I, \_\_\_\_\_, aged \_\_\_\_\_ years, son/daughter of \_\_\_\_\_, resident of \_\_\_\_\_, holding a valid UDID Card No. \_\_\_\_\_ issued by \_\_\_\_\_ on \_\_\_\_\_, do hereby solemnly affirm and declare as follows:

2. I declare that I am suffering from \_\_\_\_\_ Disability.
3. The condition causing this disability is diagnosed as .....
4. I am using/not using any assistive device/artificial limb etc.
5. I declare my ability to perform the following functions as below:

SL. NO.	Description	Candidate Declaration (✓ X)
1.	I can communicate clearly and empathetically with families and colleagues.	
2.	I can listen and respond to speech in both quiet and noisy environments.	
3.	I can follow instructions, comprehend required medical terminology, and maintain social interaction.	
4.	I can understand and respond to verbal instructions and can carry out phone conversations.	

6. I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the following Post Graduate Medical courses that I intend to pursue.
  - 1.
  - 2.
  - 3.
7. I am aware that any false declaration may result in revocation of my admission.

Deponent Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
Place: \_\_\_\_\_

Notarized by:

\_\_\_\_\_

## AFFIDAVIT

(VISUAL IMPAIRMENT)

I, \_\_\_\_\_ aged, \_\_\_\_\_ years, son/daughter of \_\_\_\_\_, resident of \_\_\_\_\_, holding a valid UDID Card No. \_\_\_\_\_ issued by \_\_\_\_\_ on \_\_\_\_\_, do hereby solemnly affirm and declare as follows:

1. I have Visual Impairment in:

- Left Eye
- Right Eye
- Both Eye
- Neither

2. I am using Low Vision Aid(s) \_\_\_\_\_.

3. With the use of Low Vision Aid, I declare the fulfillment of following criteria:

SL. NO.	ALL MANDATORY CRITERIAS FULFILLED WITH THE LOW VISION AID	Candidate Declaration (✓/ ✗)
1.	Best corrected visual acuity improves such that the visual disability becomes less than 40%	
2.	The field of vision is > 40 degree in the eye which is using the LVA	
3.	The LVA is hands free and suitable for everyday use	

4. I hereby affirm that I can perform with the use of Low Vision Aid.

5. I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the following Post Graduate Medical courses that I intend to pursue.

- 1.
- 2.
- 3.

6. I am aware that any false declaration may result in revocation of my **Post Graduate Medical admission**.

Deponent Signature: \_\_\_\_\_

Date:

Place:

Notarized by: