Personnel Section
BSNL Corporate Office,
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Janpath New Delhi - 110001.
Ph:011-23711034, Fax:011-23328498

No. BSNL CO-PETS/11(11)/1/2026-PERS1/1 Dated: 08/07/2026

**To**
**The Chief General Managers (Circles)**
**All BSNL Circles**

**Subject: Annual Transfer and posting of BSNL Employees-Guidelines for considering cases in respect of Persons with Disabilities-regarding.**

Ref: 1. BSNL CO-PETS/12(11)/1/2025-PERS1 Dated: 09/05/2026
2. BSNLCO-PERS/15(11)/2/2024-PERS1 Dated: 14/03/2024
3. D.O No.: P-13013/23/2021-UDID (Part-3) Dated: 24/11/2025

The undersigned is directed to refer to this Office order of even number dated 09-05-2026 (ref:-1) regarding exemption from the routine exercise of rotational transfer on medical ground and letter dated 14/03/2024 (ref:-2) issuing the below instructions in respect of persons with disabilities:

*6(h) 'As far as possible, the employees with 'Specified Disabilities' as defined in the Schedule to RPwD Act-2016 may be exempted from the routine exercise of transfer/rotational transfer and be allowed to continue in the same job, where they would have achieved the desired performance. Further, preference in place of posting at the time of transfer/promotion may be given to the persons with disability subject to the administrative constraints.'*

*6(i) 'Further, An employee who is a care giver of dependent daughter/son/parents/ spouse/brother/sister with 'Specified Disabilities', as certified by the certifying authority as a person with benchmark disabilities as per Section 2(r) of the RPwD Act-2016, may be exempted from the routine exercise of transfer / rotational transfer subject to administrative constraints. The 'Specified Disability' shall be as in the Schedule to RPwD Act-2016------'*

2. As per D.O under refer 3 (copy enclosed), under Unique Disability ID (UDID) initiative by Ministry of Social Justice & Empowerment, Department of Empowerment of Persons with Disabilities (Divyangjan), certificates of Disability and Unique Disability Identity Cards are issued to Persons with Disabilities through competent medical authorities notified by respective State Governments/Union Territories. *[Unique Disability Identity Card is issued to each Person with Disability through online platform https://www.swavlambancard.gov.in]*

3. In order to ensure integrity and transparency in the delivery of benefits to Persons with Disabilities, following guidelines is to be followed:



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i) Such BSNL employee will submit an application in the prescribed format as enclosed with this letter (Enclosure – I for PwBD Employees and Enclosure – II for Caregiver of Employees) along with copy of Unique Disability Identity (UDID) Card. Upon receiving such representations from the employees concerned claiming exemption under category of Persons with Disabilities or care giver of dependent daughter/son/parents/spouse/brother/sister with 'Specified Disabilities, Circle concerned shall independently verify the disability credentials of the employee or the dependent from the UDID portal at www.swavlambancard.gov.in. Verification must confirm: (i) name matches; (ii) disability type and percentage are as claimed; (iii) UDID status is 'Active'. A printout of the verification page shall be placed on the file. No benefit shall be processed without prior UDID authentication, as mandated vide DEPwD Advisory dated 15.10.2025 and DO Letter dated 24.11.2025. The Circle CGM shall forward the representation along with the Summary Sheet, all original / attested documents submitted by the employee, and the Circle's recommendation to the Pers. Branch, Corporate Office, BSNL, within 10 working days of receipt of the complete representation at the Circle. The forwarding letter shall specifically mention whether the UDID authentication has been completed, and shall highlight any disciplinary proceeding pending against the employee. Representations where the employee has not submitted complete documents or where UDID authentication could not be completed should NOT be forwarded to Corporate Office. Such cases shall be held at Circle level, and forwarded only after completion of all required documentation.

ii) For cases without a valid Unique Disability Identity (UDID) Card as on the date of issue of the instructions, the concerned employee or for his/her dependent must submit a request for disability certificate to a competent government medical authorities notified by respective State Governments/Union Territories. A copy of acknowledgement/UDID registration reference number in respect of Unique Disability Identity (UDID) Card applied online at the UDID portal may be submitted to the competent authority for seeking any provisional exemption in transfer. Such cases, may also be immediately referred to the competent authority recommending deferment of their relieving to transferred circles for a period of 2 (two) months or till the submission of UDID card/certificate, whichever is earlier. Thereafter, the requests for revision/retention of transfer will not be considered.

iii) Representations pertaining to employees whose transfer / posting orders are issued by Circle-level Competent Authorities, shall be processed and decided at the Circle level itself, in accordance with the above guidelines. This letter and the procedure prescribed hereunder apply specifically to representations relating to employees whose transfer / posting is within the jurisdiction of Corporate Office, i.e., cases where the Competent Authority for transfer is at the Corporate Office level.



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4. In other cases pertaining to exemption on medical grounds, the matter will be dealt with as per the procedure/guidelines already stipulated in BSNL CO letter No. BSNL CO-PETS/12(11)/1/2025-PERS.1 dated 09-05-2026.

5. The above instructions may be brought into the notice of all the concerned and may be followed scrupulously.

This issues with the approval of the competent authority.

Enclosure – I:-Proforma for PwBD Employees.

Enclosure – II:- Proforma for Caregiver Employees

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(Nereus Barwa)
AGM(Pers.-I)

Copy to:-

1. PPS to all Directors, BSNL
2. Unit Heads of cadre controlling BSNLCO.

## ENCLOSURE – I

## REPRESENTATION PROFORMA FOR PwBD EMPLOYEE

| | |
|---|---|
| 1. Employee Name | |
| 2. Employee Per No | |
| 3. Designation & Cadre | |
| 4. Present Place of Posting (Station / Unit) | |
| 5. Date of Joining Present Station | |
| 6. Mobile Number / Official Email ID | |
| DISABILITY DETAILS | |
| 7. Nature / Type of Specified Disability | (as per RPwD Act, 2016 Schedule) |
| 8. Percentage of Disability | % |
| 9. UDID Card Number | |
| 10. Date of Issue of UDID / Disability Certificate | |
| 11. Issuing / Certifying Authority | |
| 12. Validity of Certificate (if applicable) | |

| NATURE OF REQUEST (tick as applicable) | |
|---|---|
| 13. Nature of Request | ☐ Exemption from routine / rotational transfer<br>☐ Modification / cancellation of transfer order dated _____<br>☐ Retention at present station<br>☐ Preference in posting to station: _____<br>☐ Transfer on medical / disability grounds to: _____ |
| 14. Reasons / Justification (in brief) | |
| DOCUMENTS ENCLOSED (tick) | |
| 15. Documents Enclosed | ☐ Copy of UDID Card (both sides)<br>☐ Copy of Disability Certificate<br>☐ UDID Portal verification printout (swavlambancard.gov.in)<br>☐ Medical / fitness report (if applicable)<br>☐ Service particulars (from HRMS) |

DECLARATION: I hereby declare that the information furnished above is true and correct to the best of my knowledge and belief.

Signature of Employee:

Date: _____

Name: _____

Designation: _____

**FOR OFFICE USE ONLY**

| | |
|---|---|
| Date of Receipt | |
| Receipt Serial No. (PwBD Register) | |
| UDID Verification Status | Verified ☐ \| Not Verified ☐ \| Old Certificate – Sent for Verification ☐ |
| Decision | Accepted ☐ \| Partially Accepted ☐ \| Declined ☐ |
| Reasons (if not fully accepted) | |
| Order No. / Date | |
| Date Forwarded to Corporate Office | |

It is certified that the aforesaid documents are examined and verified.

GM (HR)
O/o CGMT, .....Telecom Circle

Date: _____

Name: _____
Designation: _____

## ENCLOSURE – II

## REPRESENTATION PROFORMA FOR CAREGIVER EMPLOYEE

**(Employee who is Primary Caregiver of a Dependent with Benchmark Disability)**

| DETAILS OF EMPLOYEE (APPLICANT) | |
|---|---|
| 1. Employee Name | |
| 2. Employee Per No. | |
| 3. Designation & Cadre | |
| 4. Present Place of Posting (Station / Unit) | |
| 5. Date of Joining Present Station | |
| 6. Mobile Number / Official Email ID | |
| DETAILS OF DEPENDENT FAMILY MEMBER WITH BENCHMARK DISABILITY | |
| 7. Name of Dependent Family Member | |
| 8. Relationship with Dependent (tick) | ☐ Son ☐ Daughter ☐ Spouse ☐ Father ☐ Mother ☐ Brother ☐ Sister |
| 9. Nature / Type of Specified Disability of Dependent | (as per RPwD Act, 2016 Schedule) |
| 10. Percentage of Disability of Dependent | % |
| 11. UDID Card Number of Dependent | |
| 12. Date of Issue of UDID / Disability Certificate of Dependent | |
| 13. Issuing / Certifying Authority | |

| | |
|---|---|
| 14. Brief description of how the employee is the primary caregiver | |
| NATURE OF REQUEST (tick as applicable) | |
| 15. Nature of Request | ☐ Exemption from routine / rotational transfer<br>☐ Modification / cancellation of transfer order dated _____<br>☐ Retention at present station<br>☐ Transfer to preferred station (for better care of dependent): _____<br>☐ Preference in posting to station: _____ |
| 16. Reasons / Justification (in brief) | |
| DOCUMENTS ENCLOSED (tick) | |
| 17. Documents Enclosed | ☐ Copy of UDID Card of Dependent (both sides)<br>☐ Copy of Disability Certificate of Dependent<br>☐ UDID Portal verification printout for Dependent (swavlambancard.gov.in)<br>☐ Proof of relationship (Birth Certificate / Marriage Certificate / Ration Card, etc.)<br>☐ Self-declaration of dependency (employee is primary caregiver)<br>☐ Service particulars (from HRMS) |

DECLARATION: I hereby declare that: (i) the information furnished above is true and correct; (ii) the family member named above is my dependent and I am the primary caregiver; (iii) I will promptly inform the HR Branch of any change in the disability status of my dependent. I am aware that making false declarations to avail benefits meant for PwBD persons.

Signature of Employee:

Date: _____

Name: _____

Designation: _____

FOR OFFICE USE ONLY

| | |
|---|---|
| Date of Receipt | |
| Receipt Serial No. (PwBD Register) | |
| Relationship Verified | Yes ☐ \| No ☐ |
| UDID Verification Status (Dependent) | Verified ☐ \| Not Verified ☐ \| Old Certificate – Sent for Verification ☐ |
| Decision | Accepted ☐ \| Partially Accepted ☐ \| Declined ☐ |

It is certified that the aforesaid documents are examined and verified.

GM (HR)
O/o CGMT, .....Telecom Circle

Date: _____

Name: _____
Designation: _____