Disability Self Identification Form

| (Company Name) is an |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| |
| The Right for Persons with Disability Act, 2016, requires all Govt. and Private establishments to maintain records of employees with disability. |
| It is the policy of |
| Any answer you give will not be used to discriminate in any way. This information will remain confidential with the following exceptions: |
| To manage reasonable accommodation or any other specific need/ adjustment relevant people may be informed. On need basis, relevant support staff and emergency personnel, so that everyone is prepared in emergency situations. If a request is made by appropriate Government authority. |
| Self Identification Form for Persons with Disabilities |
| 1. Name: |
| 2. Employee Number: |
| 3. Department Unit: |
| 4. Location/ Cube No: |
| 5. Email Id and Telephone No: |
| Please check one of the boxes below: |
| Yes, I have a disability |
| No, I do not have a disability |
| (If yes, please fill form on Reasonable Accommodation and Emergency Preparedness) |

Disability Self Identification Form

As an Equal opportunity employer, we will provide reasonable accommodation to qualified individuals with disabilities

| What is the nature of your disability? |
|---------------------------------------------------------------------------------------------------------------------------------------------------|
| |
| 2. Please mention Aids/ Appliances/ Assisstive/ Adaptive Technology being used |
| |
| Please mention, if any support or adjustment is required as part of Reasonable Accommodation to perform your job function |
| a) Yes |
| If Yes, please provide relevant information: |
| |
| b) No |
| 4. Please mention, if any help or support in the event of an emergency evacuation? |
| a) Yes |
| If Yes, please provide relevant information: |
| b) |
| |
| Employee Name: |
| Employee ld: |
| Date: |