DR. SONE LAL PATEL AUTONOMOUS STATE MEDICAL COLLEGE, PRATAPGARH, U.P.

STANDARD OPERATING PROCEDURE (SOP)

ENABLING UNIT FOR PERSONS WITH BENCHMARK DISABILITIES (PwBD)

SOP No.	DSLPASMC/EU-PwBD/2026/02	**Effective Date**	26 September 2026
Version	1.0	**Review**	Annually / on regulatory revision

1. PURPOSE

To establish a transparent, accessible, confidential and non-discriminatory mechanism for reasonable accommodation and appropriate academic, clinical and institutional support for students with benchmark disabilities (PwBD). The SOP shall operate in accordance with the Rights of Persons with Disabilities Act, 2016, applicable Rules, and NMC directions.

2. SCOPE

This SOP applies to eligible students requiring disability-related support during:

- Classroom teaching and tutorials
- Laboratory/practical teaching
- Internal and university examinations
- OSPE/OSCE and viva, where applicable
- Clinical postings, skill-lab activities and internship
- Co-curricular/institutional activities
- Access to academic, hospital, hostel and other relevant campus facilities

3. CONSTITUTION OF ENABLING UNIT

As per Office Order Ref. No. DSLPASMC/PBH/2026/1870 dated 24/09/2026, the Unit comprises:

S. No.	Name & Designation	Role
1	Dr. Mona, Professor, Biochemistry	Chairperson
2	Dr. Akanksha Verma, Assistant Professor, Obs & Gynae	Member
3	Dr. Agni Saroj, Assistant Professor, Community Medicine	Member

The Enabling Unit shall function as the single point of contact for students with benchmark disabilities within the institution.

4. ROLES AND RESPONSIBILITIES

- Single Point of Contact: Receive and coordinate disability-related requests.
- Facilitate Access: Coordinate reasonable accommodation, academic/clinical support and barrier-free access.
- Grievance & Request Redressal: Receive, process and follow up requests, including those relating to clinical training and internship.
- Information Dissemination: Ensure information about the Unit, its role and contact details is available at admission, on the institutional website and notice boards.
- Inter-departmental Coordination: Coordinate with the Disability Assessment Board, faculty, hospital administration and other competent authorities.
- Record Management: Maintain secure and confidential records of requests and accommodations.

5. STUDENT REQUEST AND ACCOMMODATION PROCEDURE

Step 1 – Request: Student submits the prescribed Accommodation Request Form to the Enabling Unit.

Step 2 – Acknowledgement: The Unit records the request and assigns a case/request number.

Step 3 – Preliminary Review: Review the requested support and available documentation on a need-to-know basis.

Step 4 - Assessment: Where necessary, coordinate assessment/recommendation through the designated Disability Assessment Board or competent authority.

Step 5 - Decision: Determine/record the approved accommodation in accordance with applicable rules and assessment.

Step 6 – Implementation: Communicate only the necessary implementation details to the concerned HOD/Examination Cell/Hospital Administration.

Step 7 – Follow-up: Verify that the accommodation has been provided effectively.

Step 8 - Closure: Record status as Implemented, Ongoing, Review Required or Closed.

6. REASONABLE ACCOMMODATION

Depending on assessed functional requirements and applicable rules, accommodation may include accessible seating/venue, appropriate examination arrangements, additional time where approved, scribe or assistive support where applicable and approved, assistive technology, accessible learning materials, academic support, and suitable arrangements for practical/clinical teaching and internship. Accommodation shall be individualized and shall not compromise applicable academic, professional, clinical or patient-safety requirements.

7. EXAMINATION AND ASSESSMENT SUPPORT

- Accessible examination venue and seating
- Approved additional time
- Approved scribe/assistive support
- Assistive devices/technology
- Invigilator/examiner briefing on approved arrangements
- Practical/OSPE/viva arrangements, where applicable
- Confidential communication with the Examination Cell

A separate Examination Accommodation Checklist shall be completed for each applicable examination/assessment.

8. ACADEMIC, CLINICAL AND INTERNSHIP SUPPORT

The Unit shall coordinate with relevant departments to facilitate participation in lectures, tutorials, practicals, ward/OPD/emergency postings, skill-lab activities, clinical demonstrations and internship. Necessary support shall be implemented while preserving competency standards and patient safety.

9. GRIEVANCE REDRESSAL

Any student facing difficulty in receiving approved accommodation may approach the Enabling Unit. Process: Complaint/Request → Registration → Review → Coordination → Corrective action → Follow-up → Closure. Urgent examination, clinical or safety matters shall be escalated promptly to the competent authority.

10. CONFIDENTIALITY AND NON-DISCRIMINATION

- Disability-related information shall be treated as confidential.
- Information shall be shared only on a need-to-know basis.
- Medical/disability documents shall not be unnecessarily circulated.
- Secure records shall be maintained.
- No public list of students with disabilities shall be displayed.
- The Unit shall promote dignity, equal opportunity, respect and non-discrimination.

11. ACCESSIBILITY

The Unit shall periodically coordinate with the competent institutional authorities to identify barriers in academic buildings, laboratories, library, examination areas, hospital/clinical areas, hostels, toilets, pathways, ramps/lifts, signage and digital/information access. Identified deficiencies shall be referred for corrective action.

12. RECORDS AND REGISTERS

- Enabling Unit Constitution File
- Student Accommodation Request Forms
- Accommodation Assessment/Action Forms

- Confidential Accommodation Register
- Grievance/Request Register
- Disability Assessment Board Coordination File
- Examination Accommodation Records
- Clinical/Internship Accommodation Records
- Meeting Minutes and Action Taken Reports
- Website/Notice Board Dissemination Record
- Annual Enabling Unit Report

13. MEETINGS AND MONITORING

The Unit shall meet at least once every six months and whenever an important matter requires consideration. Minutes shall record date, members present, agenda, decisions, responsibility, timeline and action taken. The Chairperson shall monitor pending requests and implementation.

14. ANNUAL REPORT

An annual report shall summarize requests received, accommodations implemented, pending cases, grievances received/resolved, accessibility initiatives, awareness activities, meetings and recommendations. Unnecessary personal or medical information shall not be included.

15. REVIEW OF SOP

This SOP shall be reviewed annually or whenever NMC directions, Government notifications, RPwD Rules, court directions or other applicable regulatory requirements are revised.

16. PROCESS FLOW

Student/Representative	→	Enabling Unit	→	Preliminary Review
If required	→	Disability Assessment Board / Competent Authority	→	Recommendation/Decision
Approved accommodation	→	Concerned Department / Exam Cell / Hospital Administration	→	Implementation
Implementation	→	Follow-up	→	Record & Closure

17. APPROVAL

Prepared by	Dr. Mona Professor, Department of Biochemistry Chairperson, Enabling Unit
Reviewed by	Members, Enabling Unit
Approved by	Principal Dr. Sone Lal Patel Autonomous State Medical College, Pratapgarh, U.P.
Date	26/9/26
Institutional Seal & Signature	प्रधानाचार्य डा0 सोनेलाल पटेल स्वशासी राज्य चिकित्सा महाविद्यालय, प्रतापगढ़

Primary Contact Person

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ANNEXURE I - STUDENT ACCOMMODATION REQUEST FORM

To be submitted to the Enabling Unit

1. Student Name	_____
2. Roll/Enrollment No.	_____
3. Course/Batch	_____
4. Department/Year	_____
5. Contact Details	_____
6. Nature of accommodation requested	_____
7. Academic/Clinical/Examination activity concerned	_____
8. Supporting document attached	Yes / No
9. Student's statement/request	_____
10. Date & Signature	_____

For Enabling Unit: Request No. _____ Date Received _____ Preliminary action _____

ANNEXURE II - ACCOMMODATION ASSESSMENT & ACTION FORM

Field	Entry
Request No. / Date	_____
Requirement Identified	_____
Assessment/Recommendation required	Yes / No
Assessment/Recommendation reference	_____
Accommodation approved/recommended	_____
Responsible department/authority	_____
Date communicated	_____
Implementation verified on	_____
Status	Implemented / Ongoing / Review Required / Closed
Remarks	

Confidential: Maintain and access only as authorized.