



State Commissioner for Persons with Disabilities

Government of Uttar Pradesh

कार्यालय, राज्य आयुक्त दिव्यांगजन (उत्तर प्रदेश सरकार)

WEDNESDAY, 19 FEB, 2025 11:45:39 AM

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SITEMAP

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HOME

USER MANUAL

APPLICATION REGISTER

APPLICANT LOGIN

DEPARTMENT LOGIN



YOGI ADITYANATH
Hon'ble Chief Minister
Uttar Pradesh



SHRI NARENDRA KASHYAP
Hon'ble Minister of State
(Independent Charge)



SHRI SUBHASH CHAND SHARMA, I.A.S
Principal Secretary
DEPwD, Uttar Pradesh



PROF. HIMANSHU SHEKHAR JHA
State Commissioner, Persons with
Disabilities Uttar Pradesh

WELCOME TO STATE COMMISSIONER FOR PERSONS WITH DISABILITIES U.P.

Under Section-79 of the Rights of Persons with Disabilities Act-2016, there is a provision for the appointment of Commissioner with Disabilities by the State Government. Presently this office is functioning from Visually Impaired Students Hostel, JBTTT Compound, Vidya Bhawan Complex, Nishatganjan, Lucknow. Under the Act, the implementation of the Disabled Rights Act-2016 has to be ensured by the Commissioner Disabled in the entire state of Uttar Pradesh.

User Manual

Applicant Registration

Applicant Login

Department Login

Important Link




This is the official Website of State Commissioner for Persons with Disabilities U.P. India.
Content on this website is published and Managed by State Commissioner for Persons with Disabilities U.P.
For any query regarding this website, Please contact the "Mectoi Technologies Pvt. Ltd."

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Click on the Applicant Registration button to register.



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**न्यायालय राज्य आयुक्त दिव्यांगजन**
उत्तर प्रदेश सरकार

Register

Please register your account.

APPLICANT NAME *

EMAIL *

MOBILE *

Sign Up

Already have an account? [Sign in instead](#)

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Please Enter Your Email

Please Enter Your Mobile No

Please Enter Your Name



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 **न्यायालय राज्य आयुक्त दिव्यांगजन**
उत्तर प्रदेश सरकार

OTP Verification

Enter the code we just send on your Email or
mobile phone

ENTER OTP

Verify

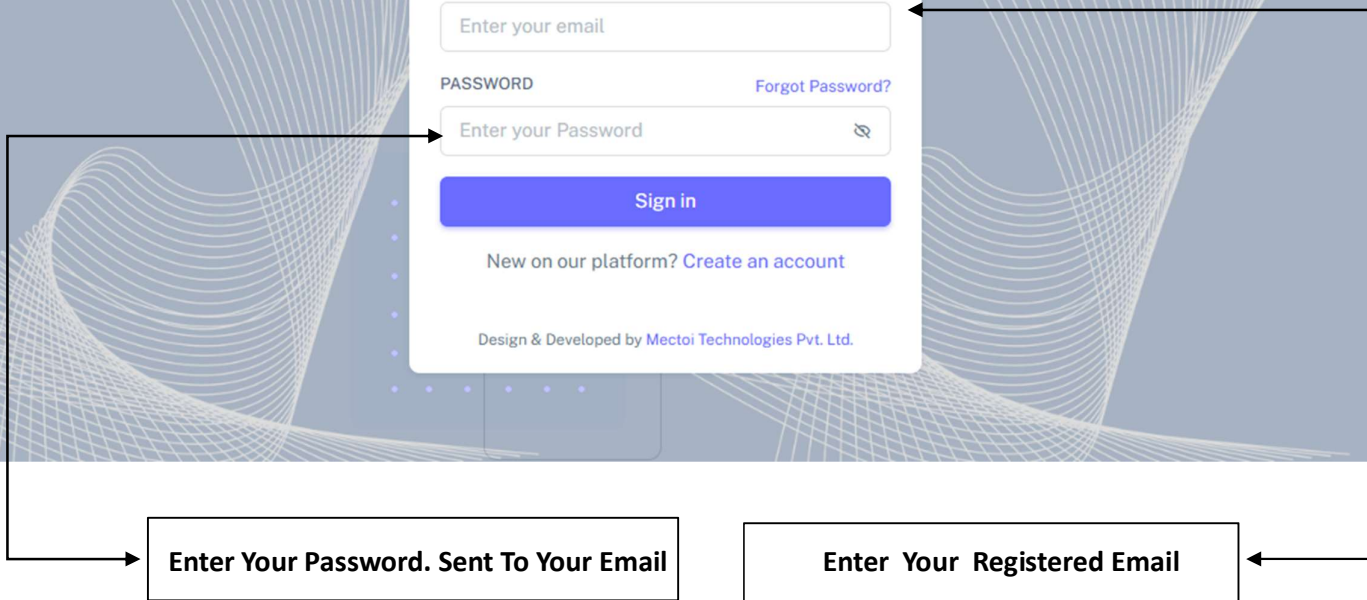
Enter the Code Sent to your email



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The form is titled 'Applicant Login' and includes the following elements:

- Government of Uttar Pradesh logo and text in Hindi: 'न्यायालय राज्य आयुक्त दिव्यांगजन उत्तर प्रदेश सरकार'.
- Section header: 'Applicant Login'.
- Instruction: 'Please Login to your account.'
- EMAIL field with placeholder 'Enter your email'.
- PASSWORD field with placeholder 'Enter your Password' and a toggle icon.
- 'Forgot Password?' link.
- 'Sign in' button.
- 'New on our platform? Create an account' link.
- Footer: 'Design & Developed by Mectoi Technologies Pvt. Ltd.'





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Applicant



Dashboards



All Applications

Applicant Dashboard



Application Status



Feedback

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To fill your Form go to All Application button menu



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उत्तर प्रदेश सरकार



Search Received Application

From Date:

To Date:

Search

Reset

Search:

S NO.	APPLICATION ID	APPLICATION TYPE	APPLICANT NAME	FATHER'S NAME	GENDER	DATE OF BIRTH	SUBMISSION DATE	VIEW STATUS	COMPLETE APPLICATION
1	SCDUP [REDACTED]	GRIEVANCE	[REDACTED]	[REDACTED]	Male	01/09/2014			
2	SCDUP [REDACTED]	GRIEVANCE	[REDACTED]	[REDACTED]	Male	01/09/2014			
3	SCDUP [REDACTED]	COURT	[REDACTED]	[REDACTED]	Male	01/09/2014	28/01/2025		
4	SCDUP [REDACTED]	COURT	[REDACTED]	[REDACTED]	Male	01/09/2014	28/01/2025		
5	SCDUP [REDACTED]	GRIEVANCE	[REDACTED]	[REDACTED]	Female	01/08/2025	29/01/2025		
6	SCDUP [REDACTED]	GRIEVANCE	[REDACTED]	[REDACTED]	Female	01/08/2025	29/01/2025		
7	SCDUP [REDACTED]		[REDACTED]				08/02/2025		
8	SCDUP [REDACTED]		[REDACTED]				08/02/2025		

Showing 1 to 8 of 8 entries

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Next

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Click on the Complete Application button to fill your form.



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न्यायालय राज्य आयुक्त दिव्यांगजन
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Application Forms

Basic Details

Address Details

Complaint Details

Other Details

Upload

APPLICANT NAME / आवेदक नाम *

FATHER'S/HUSBAND'S NAME /
पिता/पति का नाम *

EMAIL / ईमेल *

CONTACT / संपर्क *

DATE OF BIRTH / जन्म तिथि *

GENDER / लिंग *

NATIONALITY / राष्ट्रियता *

IDENTITY TYPE/ पहचान का प्रकार *

UPLOAD IDENTITY DOCUMENTS *

Are you disabled ?/ क्या आप दिव्यांग है ? *

REASON FOR COMPLAINING / शिकायत करने का
कारण *

@gmail.com

☐ Male/पुरुष

☐ Female/महिला

☐ Other/अन्य

Indian

SELECT

Identification No.

Choose File

No file chosen

Maximum file size 200kb (Upload only in .pdf formats)

☐ Yes

☐ No

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Save Draft & Next/ड्राफ्ट सहेजें और अगला

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Enter Your Basic Details

Click On Save Draft Button And Proceed



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Application Forms

- Basic Details
- Address Details
- Complaint Details
- Other Details
- Upload

CURRENT ADDRESS/ वर्तमान पता

TEHSHEEL/तहसील *	<input type="text"/>
BLOCK/ब्लॉक *	<input type="text"/>
STATE / राज्य *	UTTAR PRADESH
CITY/शहर *	-- SELECT CITY --
PIN CODE/पिन कोड *	<input type="text"/>

☐ As same as corresponding Address/संबंधित पते के समान

PERMANANT ADDRESS/स्थायी पता

TEHSHEEL/तहसील *	<input type="text"/>
BLOCK/ब्लॉक *	<input type="text"/>
STATE/राज्य *	-- SELECT STATE--
CITY/शहर *	-- SELECT CITY --
PIN CODE/पिन कोड *	<input type="text"/>

< Previous/पिछला

Save Draft & Next/ड्राफ्ट सहेजें और अगला

Enter Your Address Detail

Click On Save Draft Button and Proceed



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Basic Details



Address Details



Complaint Details



Other Details



Upload

* शिकायत की श्रेणी/Category of complaint

SELECT

शिकायत का विषय/Subject of complaint

शिकायत का विषय दर्ज करें

आवेदन का विवरण/Application Details :-

* आवेदन पत्र का विस्तृत विवरण/Detailed description of application form

आवेदन पत्र का विस्तृत विवरण

UPLOAD SUPPORTING DOCUMENTS *

Choose File

No file chosen

Maximum file size 200Kb (Upload only in .pdf formats)

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Enter Your Complaint Details

Click On Save Draft Button And Proceed



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Basic Details



Address Details



Complaint Details



Other Details



Upload

क्या शिकायत किसी विभाग / अधिकारी से सम्बंधित है/Is the complaint related to any department/Officer?

☒ हाँ ☐ नहीं

विपक्ष / विभाग / अधिकारी का नाम /Name of opposition/Department/Officer

विपक्ष / विभाग / अधिकारी का नाम

राज्य/State

UTTAR PRADESH

शहर/City

-- SELECT CITY --

थाना/Thana

थाना दर्ज करें

पिन कोड/Pin code

पिन कोड दर्ज करें

विपक्षी का पता(पत्राचार पता)/Opponent's Address (Correspondence Address)

पता दर्ज करें

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Enter Your Other Details

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Basic Details



Address Details



Complaint Details

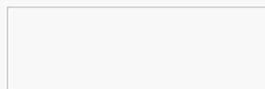


Other Details



Upload

SIGNATURE/THUMB *



Choose File

No file chosen

Maximum file size 100 Kb (Upload only in jpg, jpeg, and png
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Upload Your Signature/Thumb

Click this button for final submission of form



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New Application

VIEW APPLICATION/आवेदन देखें

Basic Details

APPLICATION No. / आवेदन संख्या :- [REDACTED]
APPLICANT NAME / आवेदक का नाम :- [REDACTED]
FATHER'S/HUSBAND NAME/पिता/पति का नाम :- [REDACTED]
EMAIL / ईमेल :- [REDACTED]@gmail.com
CONTACT / संपर्क :- [REDACTED]
BIRTH DATE / जन्म तिथि :- [REDACTED]
GENDER/ लिंग :- [REDACTED]
Natinolity/ राष्ट्रियता :- [REDACTED]
Identity No./पहचान संख्या :- [REDACTED]
Identity Document/पहचान दस्तावेज़ :- [REDACTED]
Are you disabled/ क्या आप दिव्यांग हैं :- [REDACTED]
Reason for complaining/ शिकायत करने का कारण :- [REDACTED]

Current Address/ वर्तमान पता

TAHSHEEL/तहसील :- [REDACTED] STATE/राज्य :- [REDACTED]
BLOCK/ब्लॉक :- [REDACTED] CITY/शहर :- [REDACTED]
Pin Code/पिन कोड :- [REDACTED] PIN CODE/पिन कोड :- [REDACTED]

PERMANANT ADDRESS/स्थायी पता

TAHSHEEL/तहसील :- [REDACTED] STATE/राज्य :- [REDACTED]
BLOCK/ब्लॉक :- [REDACTED] CITY/शहर :- [REDACTED]
Pin Code/पिन कोड :- [REDACTED] PIN CODE/पिन कोड :- [REDACTED]

Suspect Details/संदिग्ध विवरण

Category of complaint/शिकायत की श्रेणी :- [REDACTED]
Subject of complaint/शिकायत का विषय :- [REDACTED]
Application Details/आवेदन का विवरण :- [REDACTED]
Upload Supporting Documents/सहायक दस्तावेज़ :- [REDACTED]

Other Details/ अन्य विवरण

Name of opposition/Department/Officer/विभाग / अधिकारी का नाम :- [REDACTED]
Complaint related to any department/Officer/शिकायत किसी विभाग / अधिकारी से सम्बंधित है :- [REDACTED]
State/राज्य :- [REDACTED]
City/शहर :- [REDACTED]
Thana/थाना :- [REDACTED]
पिन कोड/Pin code :- [REDACTED]
Opponent's Address (Correspondence Address)/विपक्षी का पता(पत्राचार पता) :- [REDACTED]

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Print Your Application Form



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Application Status



Feedback

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Click on New Application to File New Complaint

Click Here To Check Your Application Status