

FORM OF CASTE CERTIFICATE FOR SC/ST

This is to certify that Shri*/Smt/Kumari _____ son/daughter of _____ Village/Town _____/District/Division* _____ of the _____ State/Union Territory belongs to the _____ caste of Scheduled Caste /Tribe* under:

- *The Constitution Scheduled Caste Order, , 1950.
- *The Constitution Scheduled Tribe Order, 1950.
- *The Constitution (Scheduled Castes) (Union Territories) (Part C States) Order, 1951;
- *The Constitution of (Scheduled Tribes (Union Territories) (part C States) Order, 1951;
- As amended by the Scheduled Caste and Scheduled Tribes List (Modification Order 1956, the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971 and Scheduled Castes and Scheduled Tribes Orders (Amendment) Act 1976.
- *The constitution (Jammu and Kashmir) * Scheduled Castes Orders, 1965.
- *The constitution (Andaman and Nicobar Islands) * Scheduled Tribe order, 1959, as amended by the Scheduled Castes and Scheduled Tribes Orders 9Amendment) Act, 1976.
- *The constitution (Dadra and Nagar Haveli) * Scheduled Castes order, 1962.
- *The constitution (Dadra and Nagar Haveli) * Scheduled Tribes order, 1962
- *The constitution (Pondicherry) Scheduled Castes order, 1964.
- *The constitution (Uttar Pradesh) Scheduled Tribes order, 1967.
- *The constitution (Goa, Daman and Diu) Scheduled Castes order, 1968.
- *The constitution (Goa, Daman and Diu) Scheduled Tribes order, 1968
- *The constitution (Nagaland) Scheduled Tribes order, 1970.
- *The constitution (Sikkim) Scheduled Castes order, 1978.
- *The constitution (Sikkim) Scheduled Tribes order, 1978.
- *The constitution (Jammu & Kashmir) Scheduled Tribes order, 1989.
- *The constitution (SC) Orders (Amendment) Act, 1990.
- *The constitution (ST) Orders (Amendment) Ordinance Act, 1991.
- *The constitution (ST) Orders (Amendment) Ordinance Act, 1996.
- *The constitution (Scheduled Castes) Orders (Amendment) Act, 2002.
- *The constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002.
- *The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002.

2. Applicable in case of Scheduled Caste/Scheduled Tribes person who have migrated from one State/ union Territory Administration. This certificate issued on the basis of he Scheduled Castes/Scheduled Tribes Certificate issued to Shri/Shrimati* _____ father/mother* _____ of Shri/Shrimati/Kumari _____ Village/Town _____/District /Division* _____ of the _____ State/Union Territory who belongs to the _____ caste of Scheduled Caste* /Tribe which is recongised as Scheduled Caste/Scheduled Tribe in the Station / Union Territory Issued by the _____ dated _____.

3. Shri/Shrimati/Kumari* _____ and _____ /or* _____ his/her* family ordinarily reside(s) in village/Town* _____ District/Division* _____ of the State/Union Territory* of _____.

Place: _____

Date: _____

Signature: _____

Designation: _____

with seal of Office
State/Union Territory: _____

*Please delete the words, which are not applicable. @ Please quote specific Presidential Order % Delete paragraph, which is not applicable.

Note: (a) The Term "ordinarily resides(s) used here will have the same meaning as in Section 20 of the Representation of People Act, 1950. The Caste Certificate must be issued by the Competent Authorities in the above prescribed format.

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES (OBC) APPLYING FOR APPOINTMENT TO POST UNDER GOVERNMENT OF INDIA.

This is to certify that Shri/Smt/Kum* _____ son/daughter of _____ of village _____ District/Division _____ in the _____ state belongs to _____ the community which is recognized as a backward class under;

- i) Resolution No.12011/68/93-BCC, dated the 10th September, 1993 published in the Gazette of India Extraordinary - Part I, Section I, No. 186 dated 13th September, 1993.
- ii) Resolution No.12011/9/94-BCC, dated 19-10-1994 published in the Gazette of India Extraordinary - Part I, Section I, No. 163, dated 20th October 1994.
- iii) Resolution No.12011/7/95-BCC, dated the 24th May 1995 published in the Gazette of India Extraordinary - Part I, Section I, No. 88, dated 25th May, 1995.
- iv) Resolution No.12011/96/94-BCC, dated 9th March, 1996.
- v) Resolution No.12011/44/96-BCC, dated the 6th December, 1996, published in the Gazette of India Extraordinary - Part I, Section I, No. 210, dated the 11th December, 1996.
- vi) Resolution No.12011/13/97-BCC, dated 3rd December, 1997.
- vii) Resolution No.12011/99/94-BCC, dated 11th December, 1997.
- viii) Resolution No.12011/68/98-BCC, dated 27th October, 1999.
- ix) Resolution No.12011/88/98-BCC, dated the 6th December, 1999, published in the Gazette of India Extraordinary - Part I, Section I, No. 270, dated the 6th December, 1999.
- x) Resolution No.12011/36/99-BCC, dated 4th April, 2000, published in the Gazette of India Extraordinary - Part I, Section I, No. 71, dated 4th December, 2000.
- xi) Resolution No.12011/44/99-BCC, dated the 21.9.2000, published in the Gazette of India Extraordinary - Part I, Section I, No. 210, dated the 21.9.2000.

Shri/Smt/Kum _____ and/or his/her family ordinarily reside(s) in the _____ District/Division of the _____ state.

This is to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column No.3 of the Schedule to the Government of India, Department of Personnel and Training O.M.No.36012/22/93-Estt (SCT), dated 8.9.93 and modified via Govt. of India, DOP&T O.M.No.36033/3/20024 dated 09.03.2004, 14.10.2008, 27.05.2013 & 13-09-2017.

Dated:

District Magistrate Or
Deputy Commissioner etc.,
with seal

Note: I (a) The term "ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

The authorities competent to issue Caste Certificate are indicated below:

- (i) District Magistrate/Additional Magistrate/Collector/Dy. Commissioner/Additional Deputy Commissioner / Deputy Collector/1st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st class Stipendiary Magistrate)
- (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
- (iii) Revenue Officer not below the rank of Tehsildar.
- (iv) Sub-Divisional Officer of the area where the candidate and/or his/her family resides.

Note: II The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also, for assuming that the candidate does not fall in the creamy layer. The OBC candidates should furnish the relevant OBC certificate in the prescribed format prescribed for Central Government jobs issued by the competent authority on or before the Closing date as stipulated in the Notice.

DECLARATION TO BE SIGNED BY THE OBC CANDIDATES ONLY

I, _____ son/daughter of Shri/Smt/Kum _____ resident of Village/town/city _____ District _____ state _____
(Certificate enclosed) hereby declare that I belong to the _____ community which is recognized as a Backward class by the Govt. of India for the purpose of reservation in services as per the order contained in Department of Personnel and Training Office Memorandum No.36012/22/93-Estt(SCT), dated 8.9.1993. It is also declared that I do not belong to the Persons/Sections (Creamy Layer) mentioned in Column No.3 of the Schedule of the Government of India, Department of Personnel and Training O.M.No.36012/22/93-Estt.(SCT), dated 08.09.93 and its subsequent revision through O.M.No.36033/3/2004-Estt(Res), dated 09.08.2004, 27-05-213 and 13-09-2017.

Place: _____

(signature of the applicant in running handwriting)

Date: _____

Note: The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also for as summing that the candidate does not fall in the creamy layer.

Government of _____
(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKERS SECTIONS

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

This is to certify that Shri/Smt/Kumari _____ son/daughter/wife of _____ permanent resident of _____ village/street _____ Post Office _____ District _____ in the State/Union Territory _____ Pin code _____ whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income* of his/her 'family'** is below Rs.8 lakh (rupees: Eight Lakh only) for the financial year _____. His/her family does not own or possess any of the following assets***

- i) 5 acres of agricultural land and above;
- ii) Residential flat of 1000 sq.ft and above;
- iii) Residential plot of 100 sq. yards and above in notified municipalities;
- iv) Residential plot 200 sq. yards and above in areas other than the notified municipalities.

2. Shri/Smt/Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribes and Other Backward Classes (Central List)

Signature with seal of office _____

Name: _____

Designation: _____

Recent Passport size
attested photograph
of the applicant

The income and assets of the families as mentioned would be required to be certified by an office not below the rank of Tehsildar in the States/UTs

=====

*Note-1: Income covered all sources i.e., salary, agricultural, business, profession, etc.,

**Note-2: The term "family" for this purpose include the person, who seeks benefit of reservation, his/her parents are sibling below the age of 18 years as also his/her spouse and children below the age of 18 years

***Note-3: The property held by a "Family" in different locations or different places/cities have been clubbed while applying the land Or property holding test to determine EWS status.

(Format of certificate to be submitted by Government Employees seeking age-relaxation)

(To be filled by the Head of Office Or Department in which the candidate is working)

1. It is certified that, Shri/Smt/Kum*. _____ is a Central Government Civilian employee holding the post of _____ in the pay scale / Pay Matrix Level of Rs. _____ with 03 years regular / continuous service in the grade as _____.

2. There is no objection to his/her appearing for the post of _____ and document verification for the said recruitment.

Place: _____

Date: _____

Signature: _____

Name: _____

Tele.No. _____

Official seal: _____

(*Please delete the words which are not applicable)

Certificate of Disability (Form-V)

(In cases of amputation Or complete permanent paralysis of limbs and in cases of blindness)

{See rule 18 (1)}

(Name and Address of the Medical Authority issuing the Certificate)



Certificate No. _____

Date: _____

1. This is to certify that I have carefully examined Shri/smt/Kum _____ son/wife/daughter of Shri _____ Date of Birth _____ (DD/MM/YYYY), Age _____ years, male/female _____ registration No. _____ permanent resident of House No. _____ Ward/village/Street _____ Post Office _____ District _____ State _____

whose photograph is affixed above, and I am satisfied that;

- (A) He/she is a case of
- Locomotor disability
 - Dwarfism
 - Blindness
- (Please tick as applicable)

(B) The diagnosis in his/her case _____

(c) He/she has _____% (in figure) _____ percent (in words) permanent Locomotor Disability / dwarfism / blindness in relation to his/her _____ (part of body) as per guidelines (_____ number and date of issue of the guidelines to be specified)

2. The applicant has submitted the following documents as proof of residence: -

Name of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of the Authorized Signatory of Notified Medical Authority)

Signature/Thumb impression of the person in whose favour certificate of disability certificate issued.

Certificate of Disability (Form VI)
(In cases of multiple disabilities)

{See rule 18 (1)}

(Name and Address of the Medical Authority issuing the Certificate)

Recent Passport size
Attested Photograph
(showing the face
only) of the person
with disability

Certificate No. _____

Date: _____

1. This is to certify that we have carefully examined Shri/Smt/Kum _____
 son/wife/daughter of Shri _____ Date of Birth _____ (DD/MMM/YYYY) _____
 Age _____ Years, male/female _____ Registration No. _____ permanent
 resident of House No. _____ Ward/village/Street _____ Post Office _____
 District _____ State _____ whose photograph is affixed above, and are satisfied that,

(A) He/she is a Case of Multiple Disability, His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (_____ number and date of issue of the guidelines to be specified for the disabilities ticked below, and shown against the relevant disability in the table below:

S. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/ mental disability (in%)
1	Locomotor disability	@		
2	Muscular Dystrophy			
3	Leprosy Cured			
4	Dwarfism			
5	Cerebral Palsy			
6	Acid attack Victim			
7	Low vision	#		
8	Blindness	#		
9	Deaf	£		
10	Hard of hearing	£		
11	Speech and Language disability			
12	Intellectual Disability			
13	Specific Learning Disability			
14	Autism Spectrum Disorder			
15	Mental illness			
16	Chronic Neurological conditions			
17	Multiple sclerosis			
18	Perkinson's disease			
19	Hemophilia			
20	Thalassemia			
21	Sickle Cell disease			

(B) in the light of the above, his/her over all permanent physical impairment as per guidelines (_____ number and date of issue of the guidelines to be specified), is as follows:

In figures: _____ percent

In words: _____ percent

2. The condition is progressive / non-progressive/ likely to improve / not like to improve.

3. Reassessment of disability is:

(i) not necessary

Or

(ii) is recommended / after _____ years _____ months, and therefore this certificate shall be valid till _____ (DD/MM/YYYY)

@ e.g. Left/right/both arms/legs

e.g. Single eye

£ Left/Right/both ears

4. The applicant has submitted the following document as proof of residence: -

Name of Document	Date of Issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority

(Signature)	(signature)	(signature)
Name and seal of Member	Name and seal of Member	Name and seal of the Chairperson

Signature/Thumb impression of the person in whose favour certificate of disability certificate issued.
--

Certificate of Disability
(In cases of other than mentioned in Forms V and IV)
 (Name and Address of the Medical Authority issuing the Certificate)
 {See rule 18 (1)}

Recent Passport size
 Attested Photograph
 (showing the face
 only) of the person
 with disability

Certificate No. _____

Date: _____

1. This is to certify that we have carefully examined Shri/Smt/Kum _____
 son/wife/daughter of Shri _____ Date of Birth _____ (DD/MMM/YYYY) _____
 Age _____ Years, male/female _____ Registration No. _____ permanent
 resident of House No. _____ Ward/village/Street _____ Post Office _____
 District _____ State _____ whose photograph is affixed above, and are satisfied that,

(A) He/she is a Case of Multiple Disability, His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (_____ number and date of issue of the guidelines to be specified for the disabilities ticked below, and shown against the relevant disability in the table below:

S. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/ mental disability (in%)
1	Locomotor Disability	@		
2	Muscular Dystrophy			
3	Leprosy Cured			
4	Cerebral Palsy			
5	Acid attack Victim			
6	Low vision			
7	Deaf			
8	Hard of hearing			
7	Dwarfism	#		
8	Blindness	#		
9	Speech and Language disability	£		
10	Intellectual Disability			
11	Specific Learning Disability			
12	Autism Spectrum Disorder			
13	Mental illness			
14	Chronic Neurological conditions			
15	Multiple sclerosis			
16	Perkinson's disease			
17	Hemophilia			
18	Thalassemia			
19	Sickle Cell disease			

(Please stick out the disabilities which are not applicable)

Cond...2/-

2. The condition is progressive / non-progressive/ likely to improve / not like to improve.

3. Reassessment of disability is:

(i) not necessary

Or

(ii) is recommended / after _____years_____ months, and therefore this certificate shall be valid till _____ (DD/MM/YYYY)

@ e.g. Left/right/both arms/legs

e.g. Single eye

£ Left/Right/both ears

4. The applicant has submitted the following document as proof of residence: -

Name of Document	Date of Issue	Details of authority issuing certificate

(Authorized Signatory of notified Medical Authority)

(Name and Seal)

(Counter signature and seal of the Chief Medical Officer /

Head of Government Hospital, in case the

Certificate is issued by a medical authority who is not

a Government Servant (with seal)

Signature/Thumb
impression of the
person in whose
favour certificate
of disability
certificate issued.

Note: In case this certificate is issued by a medical authority who is not a Government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District

CERTIFICATE REGARDING PHYSICAL LIMITATION OF AN EXAMINEE TO WRITE (Annexure-II)

This is to certify that, I have examined Mr/Ms/Mrs _____(name of the candidate with disability), a person with _____ (nature and percentage of disability as mentioned in the certificate of disability),S/o D/o _____,a resident of _____(Village/District/State) and to state that he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

Signature: _____
Chief Medical Officer/Civil Surgeon/Medical superintendent
of a government health care institution

Name & Designation
Name of Government Hospital/Health Care Centre with Seal

Place:

Date:

Note: Certificate should be given by a specialist of the relevant stream/disability (eg. Visual impairment-Ophthalmologist, Locomotor Disability-Orthopaedic specialist/PMR)

**DECLARATION/UNDERTAKING BY PERSON WITH DISABILITIES (PWD) CANDIDATES
WHO WISH TO USE SCRIBE (Annexure-III)
(Letter of Undertaking for Using Own Scribe)**

I, _____ a candidate with _____ (name of the disability) appearing for the _____ (name of the examination) bearing Application No./Roll No. _____ at _____ (centre name) in the _____ (City), _____, (name of State). My highest qualification is _____ and scribe's highest qualification is _____ We (Candidate & Scribe) together hereby declare that _____ (name of the scribe) will provide the service of scribe/reader/lab assistant for the candidate for taking the aforesaid examination and also undertake that we (Candidate & Scribe) have read/been read out the instructions of 'Guidelines regarding Persons with Disabilities (PWD) using the services of a Scribe' issued by Department of Social Justice and Empowerment, Ministry of Social Justice and Empowerment, Govt. of India and hereby undertake to abide by them. It is also stated that the Scribe arranged by the candidates should not be a candidate for the same examination and also cannot be a Scribe for another candidate. We also understand that in case it is detected at any stage of recruitment and even after recruitment that we do not fulfil the eligibility norms and/or that the information furnished by us is incorrect/false or that we have suppressed any material fact(s), or that scribe's qualification is not as declared and I Shall forfeit my right to the post and claims relating thereto.

Given under our signature: -

Signature and Left-Hand Thumb impression of the Scribe

Signature and Left-Hand Thumb impression of the candidate

Correspondence Address: _____

Roll No: _____

Seat No: _____

Post Code: _____

Post Name: _____

Date of Exam: _____

Shift: _____

ID Proof No: _____

Exam Centre: _____

ID Number: _____

Correspondence Address: _____

Mobile No. if any: _____

STD Code: _____

Phone No: _____

Mobil No. if any _____

Recent passport size
photograph of the
Scribe, To be signed
by Scribe and
Candidate

Signature of Test Administrator (TA)

Signature of Centre Coordinator-cum-observer

***Scribe is required to carry his ID Proof in original at the time of Examination**

Appendix-IX(a)

Certificate for person with specified disability covered under the definition of Section 2 (s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing.

This is to certify that, we have examined Mr/Ms/Mrs _____ (name of the candidate), S/o /D/o _____, a resident of _____ (Vill/PO/PS/District/State), aged _____ years, a person with _____ (nature of disability/condition), and to state that he/she has limitation which hampers his/her writing capability owing to his/her above condition. He/she requires support of scribe for writing the examination.

2. The above candidate uses aids and assistive device such as prosthetics & orthotics, hearing aid (name to be specified) which is /are essential for the candidate to appear at the examination with the assistance of scribe.

3. This certificate is issued only for the purpose of appearing in written examinations conducted by recruitment agencies as well as academic institutions and is valid upto _____ (it is valid for maximum period of six months or less as may be certified by the medical authority)

Signature of medical authority

Signature & Name	Signature & Name	Signature & Name	Signature & Name	Signature & Name
Orthopaedic / PMR specialist	Clinical Psychologist/ Rehabilitation Psychologist/Psychiatrist / Special Educator	Neurologist (if available)	Occupational therapist (if available)	Other Expert, as Nominated by the Chairperson (if any)
(Signature & Name)				
Chief Medical Officer/Civil Surgeon/Chief District Medical Officer.....Chairperson				

Name of Government Hospital/Health Care Centre with Seal

Place: _____

Date: _____

Letter of Undertaking by the person with specified disability covered under the definition of Section 2 (s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing

I _____, a candidate with _____ (nature of disability/condition) appearing for the _____ (name of the examination) bearing Roll No. _____ at _____ (name of the centre) in the District _____, _____ (name of the State). My educational qualification is _____.

2. I do hereby state that _____ (name of the scribe) will provide the service of scribe for the undersigned for taking the aforementioned examination.

3. I do hereby undertake that his qualification is _____. In case, subsequently it is found that his qualification is not as declared by the undersigned and is beyond my qualification. I shall forfeit my right to the post or certificate/diploma/degree and claims relating thereto.

(Signature of the candidate)

Place: _____

Date: _____

NO OBJECTION CERTIFICATE

(To be produced on the Letter Head of the Department and to be filled by the Head of the Department in which the candidate is working)

This is to certify that Mr./Mrs./Miss/Dr. _____
_____ (name and designation) is working on regular post at
_____ (office name and address)
since _____. The particulars furnished by him/her in the application form are correct and
he/she possesses educational qualification and experience mentioned in the Vacancy Circular no.
_____ dated _____.
_____. This organization has no objection in his/her applying to the post of
_____ as mentioned in the above stated circular. There is no vigilance
case pending against him/her. His/her integrity is beyond doubt and there is no major/minor penalties
imposed on him since _____.

Signature: _____

Name: _____

Designation: _____

Seal of the office: _____

Place: _____

Date: _____