FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES
APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA
AND CENTRAL GOVERNMENT PUBLIC SECTOR UNDERTAKING

This is to certify that Shri/Smt./Kumari…………………………………………..son/daughter of
………………………………………………………………………………………………………………. of Village/town …………………………………………………… in
District/Division…………………………………………………………….in the State/Union Territory
…………………………………………………………………………………belongs to the……………………………….. Community which
is recognized as a Backward Class under the Government of India, Ministry of Social Justice and
Empowerment’s Resolution No. …………………………………………….. dated
………………………………*.

Shri/Smt./Kumari…………………………………………………………….and/or his/her family ordinarily
reside(s) in the ………………………………………..District/Division of the ……………………..
State/Union Territory.

This is also to certify that he/she does not belong to the persons (Creamy Layer) mentioned in
column 3 of the Schedule to the Government of India, Department of Personnel & Training O.M.
NO.36012/22/93-Estt.(SCT) dated 8.9.1993**.

District Magistrate
Deputy Commissioner etc.

Dated:

Seal

* The authority issuing the certificate may have to mention the details of Resolution of
Government of India, in which the caste of the candidate is mentioned as OBC.

** As amended from time to time.

Note:- The term “Ordinarily” used here will have the same meaning as in Section 20 of the
Representation of the People Act, 1950.
Form – II

Disability Certificate
(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)
(See rule 4)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Certificate No. Date:

This is to certify that I have carefully examined 
Shri/Smt./Kum.__________________________________________
Son/Wife/daughter of Shri _______________________________________
Date of Birth _____________ Age______ Years, Male/Female ____________
(DD/MM/YY)
Registration No._____________________________ permanent resident of House
No._________________________________________ward/Village/Street______________Post
Office____________________District_____________State_____________
whose photograph is affixed above, and am satisfied that :

(A) he/she is a case of :
• locomotor disability
• blindness
(Please tick as applicable)

(B) the diagnosis in his/her case is _________________
(A) He/She has ____________% (in figure) ________________ percent (in words) permanent physical impairment/blindness in relation to his/her ________________ (part of body) as per guidelines (to be specified).

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

<table>
<thead>
<tr>
<th>Nature of Document</th>
<th>Date of Issue</th>
<th>Details of authority issuing certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Signature and Seal of Authorised Signatory of notified Medical Authority)

Signature/Thumb impression of the person in whose favour disability certificate is issued.
Disability Certificate
(In cases of multiple disabilities)
(See rule 4)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Certificate No.                  Date:

This is to certify that we have carefully examined

Shri/Smt./Kum.______________________ Son/Wife/ daughter of Shri _____________________________________

Date of Birth __________ Age______ Years, Male/Female ____________

(DD/MM/YY)

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 (to be specified) for the disabilities ticked below, and shown against the relevant disability in the table below :
<table>
<thead>
<tr>
<th>S.No.</th>
<th>Disability</th>
<th>Affected Part of Body</th>
<th>Diagnosis</th>
<th>Permanent physical impairment/mental disability (in %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Locomotor disability</td>
<td>@</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Low vision</td>
<td>#</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Blindness</td>
<td>Both Eyes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Hearing impairment</td>
<td>£</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Mental retardation</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Mental-illness</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(B) In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

- In figures: ___________________ Percent
- In words: ___________________ Percent.

2. This condition is progressive/non-progressive/likely to improve/not likely 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 ______ ______ _______.

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

# e.g. Single eye/both eyes

£ e.g. Left/Right/both ears
4. The applicant has submitted the following document as proof of residence:

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5. Signature and seal of the Medical Authority.

<table>
<thead>
<tr>
<th>Name and seal of Member</th>
<th>Name and seal of Member</th>
<th>Name and seal of the Chairperson</th>
</tr>
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Signature/Thumb impression of the person in whose favour disability certificate is issued.
Form – IV

Disability Certificate
(In cases of other than those mentioned in Forms II and III)
(See rule 4)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Certificate No.  
Date:

This is to certify that I have carefully examined Shri/Smt./Kum. ____________________________ Son/Wife/ daughter of Shri __________________________________

Date of Birth ____________________ Age _______ Years, Male/Female ____________

(DD/MM/YY)

Registration No. ___________________________ permanent resident of House No. ___________________________ ward/Village/Street ___________________________ Post Office ___________________________ District __________ State ___________

whose photograph is affixed above, and am satisfied that he/she is a case of ____________________________ disability. His/Her extent of permanent physical impairment/disability has been evaluated as per guidelines (to be specified) and is shown against the relevant disability in the table below:

<p>| Recent PP Size Attested Photograph (Showing face only) of the person with disability |</p>
<table>
<thead>
<tr>
<th>S.No.</th>
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<th>Diagnosis</th>
<th>Permanent physical impairment/mental disability (in %)</th>
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<td></td>
</tr>
<tr>
<td>5</td>
<td>Mental retardation</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Mental-illness</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Please strike out the disabilities which are not applicable)

2. The above condition is progressive/non-progressive/likely to improve/not likely 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)      (YY)

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

# e.g. Single eye/both eyes

£ e.g. Left/Right/both ears
4. The applicant has submitted the following document as proof of residence:

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(Authorised Signatory of notified Medical Authority)
(Name and Seal)

Countersigned

{Countersignature and seal of the CMO/Medical Superintendent/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 disability certificate is 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.”

Note: The principal rules were published in the Gazette of India vide notification number SO.908 (E), dated the 31st December, 1996.
SC/ST Certificate Proforma

FORM OF CERTIFICATE TO BE PRODUCED BY SCHEDULED CASTES OR SCHEDULED TRIBES CANDIDATES

This is to certify that Shri/Shrimati/Kumari* ________________________________son/daughter* of ________________ __________________________ of Village/Town* __________________________ in District/Division* __________________________ of State/Union Territory* __________________________ belongs to the __________________________ Scheduled Caste/Scheduled Tribe* under:-

* The Constitution (Scheduled Castes) Order, 1950
* The Constitution (Scheduled Tribes) Order, 1950
* The Constitution (Scheduled Castes) (Union Territories) Order, 1951
* The Constitution (Scheduled Tribes) (Union Territories) Order, 1951
[As amended by the Scheduled Castes and Scheduled Tribes Lists (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, the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002]
* The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959, as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976;
* The Constitution (Dadara and Nagar Haveli) Scheduled Castes Order, 1962;
* The Constitution (Dadara 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 (Scheduled Castes) Order (Amendment) Act, 1990;
* The Constitution (Scheduled Tribes) Order (Amendment) Act, 1991;
* The Constitution (Scheduled Tribes) Order (Second Amendment) Act, 1991;

2. # This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes* Certificate issued to Shri/Shrimati* ___________________________________________ father/mother* of Shri/Shrimati /Kumari* ________________________________ of Village/Town* __________________________ in District/Division* __________________________ of the State State/Union Territory* __________________________ who belong to the Caste/ Tribe* which is recognised as a Scheduled Caste/Scheduled Tribe* in the State/Union Territory* __________________________ issued by the __________________________ dated ____________.

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

Signature: __________________________
Designation __________________________
(with seal of the Office)

Place: __________ State/Union Territory* __________________________
Date: __________

* Please delete the word(s) which are not applicable.
* Please quote specific Presidential Order

IMPORTANT NOTES
1. The term "ordinarily reside(s)**" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
2. Officers competent to issue Caste/Tribe certificates:
(i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary Magistrate/City Magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.
(ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
(iii) Revenue Officers not below the rank of Tehsildar.
(iv) Sub-Divisional Officer of the area where the candidate and/or his family normally reside(s).
(v) Administrator/Secretary to Administrator/Development Officer (Lakshadweep Island).

3. Certificate issued by any other authority will be rejected
DECLARATION/UNDERTAKING - FOR OBC (Non Creamy Layer) CANDIDATES ONLY

I, Mr./Ms.______________________________ son/daughter of Shri
______________________________ resident of village/town/city
______________________________ district _________________ State _________________ hereby declare
that I belong to the _________________ community which is recognised as a backward class by the
Government of India for the purpose of reservation in services as per orders 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 persons/sections (Creamy Layer)
mentioned in Column 3 of the Schedule to the above referred Office Memorandum, dated
8/9/1993, which is modified vide Department of Personnel and Training Office Memorandum
36033/3/2004-Estt.(Res.) dated 14/10/2008 or the latest notification of the Government of
India.

I also declare that the condition of status/annual income for ‘Creamy Layer’ of my parents is
within prescribed limits as on financial year ending on March 31, .........................

Signature of the Candidate

Place:
Date:

Note: Declaration/undertaking not signed by Candidate will be rejected
Government of ............
(Name & Address of the authority issuing the certificate)

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER 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 of 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 Tribe and Other Backward Classes (Central List)

Signature with seal of Office _______________
Name _______________
Designation _______________

Recent Passport size attested photograph of the applicant

*Note1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note 2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings 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 having test to determine EWS status.