

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 theDistrict/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)

Recent PP Size Attested Photograph (Showing face only) of the person with disability
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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 :-

Nature of Document	Date of Issue	Details of authority issuing certificate

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

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

Form – III

Disability Certificate
(In cases of multiple disabilities)
(See rule 4)

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

Recent Attested Photograph (Showing face only) of the person with disability

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 :

S.No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

(B) In the light of the above, his/her over all 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 _____.

(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 :-

Nature of Document	Date of Issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority.

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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 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)**

Recent PP Size Attested Photograph (Showing face only) of the person with disability
--

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 :

S.No.	Disability	Affected Part of Body	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

(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 :-

Nature of Document	Date of Issue	Details of authority issuing certificate

**(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* _____ 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 (Jammu and Kashmir) Scheduled Castes Order, 1956;

* 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 (Jammu and Kashmir) Scheduled Tribes Order, 1989;

* 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/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* of _____.

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

* Delete the paragraph which is not applicable

Applicable in the case of SC/ST Persons who have migrated from another State/UT.

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 /Ist 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 (Lakshdweep 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
No.36033/3/2004 Estt.(Res.) dated 9/3/2004 and further modified vide OM No
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 & ASSEST 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 holding test to determine EWS status.