

**The form of certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under the Government of India**

This is to certify that Shri/Shrimati/Kumari\*.....  
son/daughter\* of ..... of village/town\*  
..... in District/Division\* ..... of the  
State/Union Territory\* ..... belongs to the..... caste/tribe\* which is  
recognised as a 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 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, the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976., the State of Mizoram Act, 1986, the State of Arunachal Pradesh Act, 1986 and the Goa, Daman and Diu (Reorganisation) Act, 1987.]

- @ 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 (Dadar and Nagar Haveli) Scheduled Castes Order, 1962
- @ The Constitution (Dadar 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) Order (Amendment) Act, 1990
- @ The Constitution (ST) Order (Amendment) Act, 1991
- @ The Constitution (ST) Order (Second Amendment) Act, 1991
- @ The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act 2002
- @ The Constitution (Scheduled Castes) Order (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes and Scheduled Tribes) Orders (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002

% 2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration to another.

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 belongs to the caste/tribe\* which is recognised as a Scheduled Caste/Scheduled Tribe in the State/Union Territory\* of ..... issued by the ..... dated .....

% 3. Shri/Shrimati/Kumari\*..... and/or\* his/her\* family ordinarily resides in village/town\*..... of..... District/Division\* of the State/Union Territory\* of.....

Signature.....  
\*\*Designation.....

(With Seal of Office)  
State/Union Territory\*

Place: .....  
Date: .....

\*Please delete the words which are not applicable.

@Please quote specific Presidential Order.

% Delete the paragraph which is not applicable.

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

\*\*List of authorities empowered to issue Scheduled Caste/Scheduled Tribe Certificate.

- (i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary Magistrate/† Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.  
†(not below of the rank of 1st Class Stipendiary Magistrate).
- (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/her family normally resides.
- (v) Administrator/Secretary to Administrator/Development Officer(Lakshadweep)

**OBC-NCL Certificate Format****FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES (NCL)\* APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri/Smt./Kum\*\* \_\_\_\_\_ Son/  
 Daughter\*\* of Shri/Smt.\*\* \_\_\_\_\_ of Village/  
 Town\*\* \_\_\_\_\_ District/Division\*\* \_\_\_\_\_ in  
 the State/Union Territory \_\_\_\_\_ belongs to the  
 \_\_\_\_\_ community that is recognized as a backward class  
 under Government of India\*\*\*, Ministry of Social Justice and Empowerment's Resolution No.  
 \_\_\_\_\_ dated \_\_\_\_\_ \*\*\*\*

Shri/Smt./Kum. \_\_\_\_\_ 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/sections (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 08/09/93 which is modified vide OM No. 36033/3/2004  
 Estt.(Res.) dated 09/03/2004, further modified vide OM No. 36033/3/2004-Estt. (Res.) dated  
 14/10/2008, again further modified vide OM No.36036/2/2013-Estt (Res) dtd. 30/05/2014, and  
 again further modified vide OM No. 36033/1/2013-Estt (Res) dtd. 13/09/2017.

District Magistrate /  
 Deputy Commissioner /  
 Any other Competent Authority

Dated:

Seal

- \* Visit <http://www.ncbc.nic.in> for latest guidelines and updates on the Central List of State-wise OBCs.  
 \*\* Please delete the word(s) which are not applicable.  
 \*\*\* As listed in the Annexure (for FORM-OBC-NCL)  
 \*\*\*\* The authority issuing the certificate needs to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

**NOTE:**

- (a) The term 'Ordinarily resides' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.  
 (b) The authorities competent to issue Caste Certificates are indicated below:  
 (i) District Magistrate/ Additional Magistrate/ Collector/ Deputy Commissioner/ Additional Deputy Commissioner/ Deputy Collector/ Ist Class Stipendiary Magistrate/ Sub-Divisional magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner (not below the rank of Ist Class Stipendiary Magistrate).  
 (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.  
 (iii) Revenue Officer not below the rank of Tehsildar' and  
 (iv) Sub-Divisional Officer of the area where the candidate and/or his family resides  
 (v) Certificate issued by any other authority will be rejected

**FORM-GEN-EWS**

**Government of .....**  
**(Name & Address of the authority issuing the certificate)**

**INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS**

Certificate No. \_\_\_\_\_ Date \_\_\_\_\_

1. 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 in 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 2023-2024. 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 Schedule Caste, Schedule Tribe and Other Backward Classes (Central List).

Signature with seal of Officer \_\_\_\_\_  
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 officer not below the rank of Tehsildar in the States/UTs.**

\* **Note1:** Income covered all sources i.e., salary, agricultural, business, profession, etc.  
\*\* **Note2:** The term “Family” for this purpose includes 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.  
\*\*\* **Note3:** 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.

## Form-V Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)

[See rule 18(1)]

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

Recent passport 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 (DD/MM/YY)

\_\_\_\_\_ Age \_\_\_\_\_ years, male/female \_\_\_\_\_ 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
- dwarfism
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is \_\_\_\_\_

(A) 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 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 certificate of  
disability is issued

Form - VI Certificate of Disability  
(In cases of multiple disabilities) [See rule 18(1) Rights of Persons with Disabilities Rules, 2017]

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

Recent passport  
size 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 (DD/MM/YY) \_\_\_\_\_

Age \_\_\_\_\_ years, male/female \_\_\_\_\_.

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 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 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	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	Parkinson's disease			
19	Haemophilia			
20	Thalassemia			
21	Sickle Cell disease			
22	Spine Deformity			
23	Spine Injury			

(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. 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

£ 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.

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 is issued.

Form – VII Certificate of Disability  
(In cases other than those mentioned in Forms V and VI)  
(Name and Address of the Medical Authority issuing the Certificate)  
(See rule 18(1) of Rights of Persons with Disabilities Rules, 2017)

Recent passport  
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 (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_ years,  
male/female \_\_\_\_\_ 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  
percentage physical impairment/disability has been evaluated as per guidelines (...  
number and date of issue of the 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.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision	#		
7.	Deaf	€		
8.	Hard of Hearing	€		
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.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			
20.	Spine Deformity			
21.	Spine Injury			

(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) \_\_\_\_\_

@ - eg. Left/Right/both arms/legs

# - eg. Single eye/both eyes

€ - eg. 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

(Authorized Signatory of notified Medical Authority)

(Name and Seal)

Countersigned

{Countersignature and seal of the Chief Medical Officer/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 certificate of disability 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

**FORM OF CERTIFICATE APPLICABLE FOR RETIRED / RELEASED ARMED FORCES  
PERSONNEL FOR AVAILING AGE CONCESSION.**

1. It is certified that No..... Rank.....  
Name.....whose date of birth is..... has rendered service  
from.....to.....in Army/Navy/Air Force.
  
2. He has been released from military services:
  - \* a) on completion of assignment otherwise than
    - (i) by way of dismissal, or
    - (ii) by way of discharge on account of misconduct or inefficiency, or
    - (iii) on his own request, but without earning his pension, or
    - (iv) he has not been transferred to the reserve pending such release.
  - \*b) on account of physical disability attributable to Military Service.
  - \*c) on invalidment after putting in at least five years of Military service
  
3. He is covered under the definition of Ex-Serviceman (Re-employment in Central Civil Services and Posts) Rules 1979 as amended from time to time.

Place:.....

Date:.....

Signature, Name and Designation of the  
Competent Authority\*\*  
SEAL

\*Delete the paragraph which is not applicable.

\*\* Authorities who are competent to issue certificates to Armed Forces Personnel for availing Age concessions are as follows:

- (a) In case of Commissioned Officers including ECOs/SSCOs.  
Army- Military Secretary Branch, Army Hqrs., New Delhi  
Navy- Directorate of Personnel, Naval Hqrs., New Delhi  
Air Force- Directorate of Personnel Officers, Air Hqrs., New Delhi
  
- (B) In case of JCOs/ORs and equivalent of the Navy and Air Force.  
Army- By various Regimental Record Offices  
Navy- BABS, Mumbai.  
Air Force- Air Force Records, New Delhi