

FORM OF CASTE CERTIFICATE FOR SC/ST

This is to certify that Shri*/Shrimati/Kumari _____ Son/Daughter of
_____ Village/Town _____ /District/Division*
_____ of the _____ State/Union Territory belongs to the
_____ Caste*/Tribe which is recognised as a Scheduled Caste/Tribe under :

*The Constitution Scheduled Castes Order, 1950.

*The Constitution Scheduled Tribes Order, 1950.

*The Constitution (Scheduled Castes) (Union Territories) (Part C States) Order, 1951;

*The Constitution (Scheduled Tribes) (Union Territories) (Part C States) 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 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976.]

The Constitution (Jammu and Kashmir) Scheduled Castes Orders, 1956.

The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959, as amended by the Scheduled Castes and Scheduled Tribes Orders (Amendment) 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 the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration.

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 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 the Paragraph, which is not applicable.

Note : (a) The term 'ordinarily reside'(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. The Competent Authorities are enumerated here under :

1. District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendary Magistrate/Sub Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.
2. Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
3. Revenue Officer not below the rank of Tehsildar; and
4. Sub-Divisional Officer of the area where the candidate and/or his family normally resides.

**FORMAT OF OTHER BACKWARD CLASS (NON CREAMY LAYER)
CERTIFICATE**

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.

Dated:

Seal

District Magistrate /
Deputy Commissioner /
Any other Competent Authority

* 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

FORM OF DECLARATION/UNDERTAKING TO BE SUBMITTED BY OBC CANDIDATE

(IN ADDITION TO THE COMMUNITY CERTIFICATE)

I, _____ Son/Daughter of Shri
_____ resident of village/town/city

District _____ State _____
_____ hereby declare that I belong to the
_____ community which is recognized as

a backward class by the Government of India for the purpose of reservation in Service admission in Central Govt. institutions as per orders contained in the Department of Personnel and Training Office Memorandum No. 36012/22/93-Estt.(SCT) dated 08th September, 1993. I also declare that I do not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the above referred Office Memorandum dated 08th September, 1993, which is modified vide Department of Personnel and Training Office Memorandum No. 36033/1/2013-Estt. (Res.) dated 14th September, 2017.

Signature of Candidates:

- Full Name:
- Correspondence Address:
- Place:
- E-Mail:
- Mobile No:
- Date:

GOVERNMENT OF.....
(Name & Address of the authority issuing the certificate)

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

Date:

Certificate No.

Recent Passport
size attested
photograph of
the applicant

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 lakhs (Rupees Eight Lakhs only) for the
financial year.....

His/her family does not own or possess any of the following assets***

- i. 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.

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

*Note:

1. 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.

**DISABILITY CERTIFICATE
(IN CASE 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

Certificate No.

Date:

This is to certify that I have carefully examined

Shri/Smt/Kum _____ Son/wife/daughter _____

Date of Birth _____ Age _____ years, male/Female _____

Registration No. _____ permanent resident of Home 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 _____

(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 Authored Signatory of notified Medical Authority)

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

DISABILITY CERTIFICATE
(In case other than those mentioned in Forms II)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE
CERTIFICATE)
(See rule 4)

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 _____
(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 (to
be specified) for the disabilities (to be specified) and is shown against the relevant
disability in the table below:-

S.No	Disability	Affected part of the body	Diagnosis	Permanent physical impairment/mental disabilities (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 progress/non progress/likely to improve/not likely to improve.

3. Reassessment of disability is:

(i) not necessary

Or

(ii) is recommended/after _____ years _____ on this, 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
certificates issued by a medical authority
who is not a permanent 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

on the District.”

UNDERTAKING TO BE GIVEN BY THE EX-SERVICEMEN CATEGORY CANDIDATE

I understand that if selected on the basis of the recruitment/examination to which the application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the Appointing Authority that I have been duly released/retired/discharged from the Armed Forces and that I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen (Re-employment in Central Civil Services and Posts rules, 1979, as amended from time to time).

I also understand that I shall not be eligible to be appointed to a vacancy reserved for Ex-Servicemen in regard to the recruitment covered by this examination, if I have at any time prior to such appointment, secured any employment on the civil side (including Public Sector Undertakings, Autonomous Bodies/Statutory Bodies, Nationalized Banks, etc.) by availing of the concession of reservation of vacancies admissible to Ex-Servicemen.

I further submit the following information:

a) Date of appointment in Armed Forces _____

b) Date of discharge _____

c) Length of service in Armed Forces _____

d) My last Unit / Corps _____

(Signature of the Candidate)

Place:

Date: