

FORM OF CASTE CERTIFICATE FOR SC/ST

This is to certify that Shri*/ Srimati/ 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 /
 Scheduled 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 Lists (Modification Order 1956, the Bombay Re-organisation Act 1960, the Punjab Re- organisation Act 1966, the State of Himachal Pradesh Act 1970, the North Eastern Areas (Re-organisation) 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 Orders, 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.

1. 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 / Srimati *father / mother* of Shri / Srimati / 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

2. Shri / Srimati / Kumari* and /or* his/her* family
ordinarily resides in Village / Town* District / Division*
..... of the State/ Union Territory* of

Place.....

Signature.....

Date.....

Designation.....

(with seal of Office)

State/ Union

Territory.....

* Please delete the words which are not applicable.

@ Please quote the 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 the People Act, 1950. Officers competent to issue Caste/Tribe certificates.

1. 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. 2. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate. 3. Revenue Officers not below the rank of Tehsildar. 4. Sub-Divisional Officer of the area where the candidate and / or his / her family normally reside(s). 5. Certificates issued by Gazetted Officers of the Central or of a State Government Countersigned by the District Magistrate concerned. 6. Administrator/ Secretary to Administrator (Laccadive, Minicoy and Admindivi Islands).

OBC CERTIFICATE FORMAT**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POST UNDER THE GOVERNMENT OF INDIA**

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 recognised as a Backward Class
 under the 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 OM No.
 36012/22/93-Estt(SCT), dated 8.9.1993 and modified vide Government of India,
 Department of Personnel and Training O.M.No.36033/1/2013-Estt. (Res) dated
 27.05.2013 and 13.09.2017**.

Date:

**DISTRICT MAGISTRATE /
 DY. COMMISSIONER ETC.**

(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 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.**

DECLARATION**Annexure VI A****Proforma for declaration to be submitted by Other Backward Class
Candidates at the time of document verification**

I, son/daughter of
Shri resident of Village/Town/City
....., district State
..... hereby declare that I belong to the
(indicate your sub caste) community which is recognized 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 08.09.1993. 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 08.03.1993 and its subsequent revision through
O.M.No.36033/1/2013-Estt. (Res) dated 27 05.2013 and 13.09.2017.

Place:

Signature of the Candidate

Date:

Name of the candidate

Government of _____

Annexure VII

(Name & Address of the authority issuing the certificate)

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS (EWS)

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).

Recent Passport size
Attested Photograph of
the Applicant

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.

FORM-VCertificate of Disability

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

(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/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 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

(1) He / She has% (in figure)..... percent (in words)
permanent locomotor disability / dwarfism/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/Thumb
Impression of the person in
whose favour disability
certificate is issued

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

FORM-VI**ANNEXURE IX****Certificate of Disability
(In case of multiple disabilities)****(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**

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/MM/YYYY)
 Age.....years, Male/FemaleRegistration No.
 Permanent Resident of House No. Ward/Village/Street
 whose photograph is affixed above and are satisfied that:

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

(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	Locomotors 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	Hemophilia			
20	Thalassemia			
21	Sickle Cell disease			

(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/afterYearmonths, and therefore this certificate shall be valid till
(DD/MM/YYYY)

@ 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-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)**

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/MM/YYYY)

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

Age years, Male / Female Registration No.

..... Permanent Resident of House No..... Ward/Village/Street

..... whose photograph is affixed above and I 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) 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	£		
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			

(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/afterYearmonths, and therefore this certificate shall be valid till(DD/MM/YYYY)

@ 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

<p>Countersigned [(Countersignature and seal of the CMO / Medical Supdt.) Superintendent / Head of Government Hospital in case the certificate is issued by a medical authority who is not a government servant (with seal)]</p>		<p>(Authorised Signatory of notified Medical Authority) (Name and Seal)</p>

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. The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996.

LETTER OF UNDERTAKING FOR USING SCRIBE

NOTE: (a) Candidates suffering from low vision or candidates whose writing speed is adversely affected permanently by Cerebral Palsy / muscular dystrophy / candidates with locomotor disability (one arm) are eligible for Scribe.

(b) The candidate will have to arrange his/her own scribe at his/her own cost.

(c) Those candidates who use a scribe shall be eligible for compensatory time of 20 minutes for every hour of the examination or as otherwise advised.

(d) Please ensure you are eligible to use a scribe as per Government of India rules governing the recruitment of Persons with Disabilities.

PARTICULARS OF SCRIBE PROPOSED TO BE ENGAGED BY THE CANDIDATE

- 1. Name of the Candidate
- 2. Roll No
- 3. Name of CBT Center
- 4. Qualification of Candidate
- 5. Disability Type
- 6. Name of the Scribe
- 7. Date of Birth of the Scribe
- 8. Father's Name of the Scribe
- 9. Address of the Scribe :
 - (a) Permanent Address
 -
 - (b) Present Address
 -
- 10. Educational Qualification of the Scribe
-
- 11. Relationship, if any, of the Scribe to the Candidate.....

Paste here recent colour Passport Size Photograph of the SCRIBE of size 3.5 cm x 4.5 cm (The colour photograph should not be more than 3 months old.)
Signature of SCRIBE in the above box below the photograph

12. DECLARATION:

- i) We hereby declare that the particulars furnished above are true and correct to the best of our knowledge and belief. We have read/ been read out the instructions of the recruitment regarding conduct of the candidates assisted by Scribe/Scribes at this examination and hereby undertake to abide by them.
- ii) We do hereby undertake that the qualification of scribe is mentioned correctly and the qualification of the scribe is one step below qualification of candidate. In case, subsequently it is found qualification of scribe is not as declared by the candidate, I (the candidate) shall forfeit my right to the post and claims relating thereto.
- iii) We declare that the Scribe himself/herself is not a candidate in this examination. We understand that in case it is found otherwise the candidature of both of us will be rejected.
- iv) We declare that the scribe has not acted/will not act as Scribe to any other candidate of this examination.

(Signature of the Candidate)

(Signature of the Scribe) _

Left thumb impression of the Candidate in the box given above

Left thumb impression of the Scribe in the box given above

Signature of the Invigilator

