

### LIST OF FORMS

<b>FORM – I</b>	<b>FORMAT OF SC / ST CASTE CERTIFICATE</b>
<b>FORM – II</b>	<b>FORMAT OF OBC CASTE CERTIFICATE</b>
<b>FORM – III</b>	<b>FORMAT OF DECLARATION TO BE PRODUCED BY OBC CANDIDATES</b>
<b>FORM – IV</b>	<b>DISABILITY CERTIFICATE (IN CASES OF AMPUTATION OR COMPLETE PERMANENT PARALYSIS OF LIMBS AND IN CASES OF BLINDNESS)</b>
<b>FORM – V</b>	<b>DISABILITY CERTIFICATE (IN CASE OF MULTIPLE DISABILITIES)</b>
<b>FORM – VI</b>	<b>DISABILITY CERTIFICATE (IN CASES OTHER THAN THOSE MENTIONED IN FORM IV AND V)</b>
<b>FORM - VII</b>	<b>FORM OF CERTIFICATE APPLICABLE FOR RELEASED/RETIRED PERSONNEL FROM ARMY / NAVY / AIR FORCE</b>
<b>FORM – VIII</b>	<b>FORM OF UNDERTAKING TO BE GIVEN BY THE EX-SERVICEMAN</b>
<b>FORM—IX</b>	<b>EWS CERTIFICATE FORMAT</b>
<b>FORM --X</b>	<b>SAMPLE FORMAT OF CHARACTER CERTIFICATE</b>

**FORM OF CERTIFICATE TO BE PRODUCED BY A  
CANDIDATE BELONGING TO SCHEDULED CASTE OR  
SCHEDULED TRIBE IN SUPPORT OF HIS / HER CLAIM.**

1. This is to certify that Sri / Smt / Kum\* \_\_\_\_\_ son / daughter\*  
of \_\_\_\_\_ of village / town\* \_\_\_\_\_  
in District / Division\* \_\_\_\_\_ of the State / Union Territory\* \_\_\_\_\_ belongs to the  
\_\_\_\_\_ Caste/Tribe\* which is recognized 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)Orders, 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 Constitution (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 (Reorganization) 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 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 and Kashmir) Scheduled Tribes Order, 1989 ;
- \* The Constitution (Scheduled Castes) Orders (Amendment)Act, 1990;
- \* The Constitution (ST) Orders (Amendment) Ordinance, 1991 ;
- \* The Constitution (ST) Orders (Second Amendment) Act,1991 ;
- \* The Constitution (ST) Orders (Amendment) Ordinance, 1996;
- \* The Scheduled Caste and Scheduled Tribes Orders (Amendment) Act 2002;
- \*The Constitution (Scheduled Castes) Order (Amendment) Act, 2002;
- \*The Constitution (Scheduled Caste and Scheduled Tribes) Order (Amendment) Act, 2002;
- \*The Constitution (Scheduled Caste) Order (Second 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 / Smt / Kumari\*

\_\_\_\_\_ Father /Mother\* of Sri / Smt / Kumari\* \_\_\_\_\_ -  
\_\_\_\_\_ of village / town \_\_\_\_\_ in  
District/Division\* \_\_\_\_\_ of the State/Union Territory\* \_\_\_\_\_ who belong to  
the \_\_\_\_\_ Caste / Tribe\* which is recognized as a Scheduled Caste/Scheduled Tribe\* in the State/Union  
Territory\* issued by the \_\_\_\_\_ [Name of the authority] vide their order No.  
\_\_\_\_\_ dated \_\_\_\_\_.

**3. Shri/Smt/Kumari\*** \_\_\_\_\_ **and/or\*** his/her\* family ordinarily reside(s) in  
village/town\* \_\_\_\_\_ of \_\_\_\_\_ District / Division\* of the State / Union Territory\* of  
\_\_\_\_\_

Signature \_\_\_\_\_

Designation \_\_\_\_\_

**Place:** \_\_\_\_\_ **[With seal of Office]**  
**Date :** \_\_\_\_\_ **State/Union Territory**

Note : The term "Ordinarily resides" used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950.

-----  
\* Please delete the words which are not applicable.  
# Delete the paragraph which is not applicable.

List of authorities empowered to issue Caste / Tribe Certificates:

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

**Note : The Certificate is subject to amendment/modification of Scheduled Castes and Scheduled Tribes lists from time to time**

FORM OF CERTIFICATE TO BE PRODUCED BY  
OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT  
TO POSTS UNDER THE GOVERNMENT OF INDIA

This is to certify that Sri / Smt. / Kumari \_\_\_\_\_ son/daughter of  
\_\_\_\_\_ of village/Town \_\_\_\_\_ 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  
/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 \*\*.

Dated :

District Magistrate  
Deputy 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 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.

The Prescribed proforma shall be subject to amendment from time to time as per Government of India Guidelines.

**Form of declaration to be submitted by the OBC candidates (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 services as per orders contained in Department of Personnel and Training Office Memorandum No. 3610222/93-Estt (SCT) dated 08/09/1993. It is also declared that I don't belong to persons / sections / (Creamy Layer) mentioned in column 3 of Schedule to the above referred Office Memorandum dated 08/09/1993, O.M. No. 36033/3/2004-Estt (Res) dated 09<sup>th</sup> March 2004 and O.M. No. 36033/3/2004-Estt (Res) dated 14<sup>th</sup> October, 2008.

Signature of the Candidate .....

Full Name .....

Address.....

**Disability Certificate**

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)  
 (Prescribed proforma subject to amendment from time to time)  
 (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 (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
- Blindness

(Please tick as applicable)

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

(C) 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 documents 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.

**Disability Certificate**  
**(In case of multiple disabilities)**  
**(Prescribed proforma subject to amendment from time to time)**  
**(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 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 are satisfied that :

(A) He/she is a Case of Multiple Disabilities. 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 :

Sr. 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 :

not necessary,

Or

(i) 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 documents 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 Chairperson

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

## Disability Certificate

(In cases other than those mentioned in Form IV and V)

(Prescribed proforma subject to amendment from time to time)

(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 (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) and is shown against

the relevant disability in the table below :

Sr. 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 documents 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.

Form of Certificate applicable for Released/Retired Personnel

(Prescribed proforma subject to amendment from time to time)

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 : \_\_\_\_\_ Signature, Name and Designation of the  
Competent Authority \*\*

Date: \_\_\_\_\_  
SEAL

*% Delete the paragraph which is not applicable.*

\*\* Authorities who are competent to issue certificate 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.

In case of JCOs/ORs and equivalent of the Navy and Air Force : Army : By various Regimental Record Offices; Navy : CABS, Mumbai; Air Force : Air Force Records, New Delhi.

**UNDERTAKING TO BE GIVEN BY THE EX-SERVICEMAN**

I understand that, if selected on the basis of 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-S 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 Undertaking, Autonomous Bodies/Statutory Bodies, Nationalized Banks, etc.) by availing of the concession of reservation of vacancies admissible to Ex-S.

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 \_\_\_\_\_

**Place:**

**Date:**

**(Signature of the Candidate)**

**Annexure-I**

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.

G. Srinivasan

**CHARACTER CERTIFICATE**

This is to certify that Mr/Ms ..... S/o .....  
is the resident of .....  
and is known to me since ..... years. He/She hails from a respectable family

During the above tenure ,his character and conduct is found to be .....

Place:

Date :

SIGNATURE WITH STAMP