

**FORMAT OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES
APPLYING FOR APPOINTMENT TO POSTS 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 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 08.09.1993, OM No. 36033/3/2004- Estt. (Res) dated 9th March, 2004, O.M. No. 36033/3/2004-Estt. (Res) dated 14th October, 2008 and O.M. No. 36033/1/2013-Estt. (Res) dated 27th May, 2013**.

Date _____

District Magistrate/Deputy Commissioner etc.

Seal of Office -

*- The Authority issuing the Certificate may have to mention the details of Resolution of Government of India, in which the Caste of candidate is mentioned as OBC.

** - As amended from time to time

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 competent to issue Caste Certificates are indicated below:-

- i. District Magistrate / Additional District Magistrate/ Collector/ Deputy Commissioner / Additional Deputy Commission/ Dy. Collector / 1st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Extra-Assistant Commissioner/ Taluka Magistrate / Executive Magistrate.
- ii. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
- iii. Revenue Officer not below the rank of Tehsildar: and
- iv. Sub-Divisional Officers of the area where the Candidate and or his family normally resides.

**FORM OF DECLARATION TO BE SUBMITTED BY THE 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 services as per orders contained in Department of Personnel and Training Office Memorandum No 36102/22/93-Estt. (SCT) dated 8-9-1993. It is also declared that I do not belong to persons/ sections/sections (Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum dated 8-9-1993, O.M. No. 36033/3/2004-Estt. (Res.) dated 9th March, 2004, O.M. No. 36033/3/2004-Estt. (Res.) dated 14th October, 2008, OM No.36033/1/2013-Estt. (Res.), dated: 27th May, 2013 and OM No. 36033/1/2013-Estt. (Res.), dated: 13th Nov, 2017 and as amended time to time.

I also declare that the condition of status/annual income for creamy layer of my Parents/guardian is within prescribed limits as on last date of application.

Signature :

Full Name: _____

Address: _____

Place: _____

Date: _____

FORM OF CERTIFICATE TO BE PRODUCED BY SCHEDULED CASTES AND SCHEDULED TRIBES CANDIDATES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA

1. This is to certify that Shri/Smt/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 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 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 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 Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002

@ The Constitution (Scheduled Castes) Orders (Amendment) Act, 2002.

@ The Constitution (Scheduled Castes and Scheduled Tribes) Orders (Amendment) Act, 2002

@ The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002.

@ The Constitution (Scheduled Castes) Order (Amendment) Act, 2007

% 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 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 _____ .

Place: _____

Signature _____

Date: _____

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

**** List of authorities empowered to issue Scheduled Caste/Scheduled Tribe Certificates :**

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.(not below the rank of 1st Class Stipendary Magistrate)
2. Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
3. Revenue Officer not below the rank of Tehsildar.
4. Sub-Divisional Officer of the area where the candidate and/or his family normally resides.
5. Administrator / Secretary to Administrator/Development Officer (Lakshadweep Islands).

Note: ST candidates belonging to Tamil Nadu State should submit caste certificate ONLY FROM THE REVENUE DIVISIONAL OFFICER.

GOVERNMENT OF
(NAME & ADDRESS OF THE AUTHORITY ISSUING THE CERTIFICATE)

INCOME & ASSET 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 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.

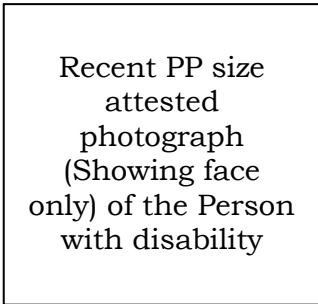
***Note 3 : The property held by a “Family” in different locations or different places / cities have been clubbed while applying the land or property holding test to determine EWS Status.

FORM-V

Certificate 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)



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 (_____ 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 certificate is issued.

FORM-VI
Certificate of Disability
(In cases of multiple disabilities)

(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: _____

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/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 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 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 | | | |

(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.

1. 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

2. The applicant has submitted the following document as proof of residence:-

| Nature of Document | Date of Issue | Details of authority issuing certificate |
|--------------------|---------------|--|
| | | |

3. 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
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)

Recent PP size
attested
photograph
(Showing face
only) of the Person
with disability

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/Female _____
Registration No. _____ Permanent Resident of House No.
_____ Ward/Village/Street _____ PostOffice _____
District _____ State _____ whose photograph is affixed above,
and are 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:

| 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 | | | |

(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
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.

Note:

The principal rules were published in the Gazette of India by Ministry of Social Justice and
Empowerment vide notification number 489, dated 15.06.2017.

**FORMAT OF 'NO OBJECTION CERTIFICATE' FROM THE EMPLOYER OF CANDIDATE
CURRENTLY WORKING AS REGULAR EMPLOYEE IN CSIR/ GOVERNMENT ORGANISATIONS
/AUTONOMOUS BODIES /STATUTORY BODIES/ UNIVERSITIES/ PUBLIC SECTOR
UNDERTAKINGS etc.**

(Letter Head of the Institution/Issuing Authority)

No.

Date: [DD/MM/YYYY]

No Objection Certificate for Applying to Advertisement No. [Advertisement Number]

This is to certify that Dr./Mr./Ms. [Full Name of Employee], [Designation], is a permanent/regular employee of this department/organization and has been serving in the capacity of [Current Position] since [Joining Date].

This department/organization has no objection to his/her applying for the position advertised vide Advt. No. [Advertisement Number] dated [Advertisement Date] for the position of [Post Code/Position]. This department/organization has no objection to Dr./Mr./Ms. [Employee's Name] participating in the selection process or being considered for the aforementioned employment in the new position.

It is also certified that Dr./Mr./Ms. [Full Name of Employee] is not currently undergoing any penalties under the applicable conduct rules and Dr./Mr./Ms. [Full Name of Employee] is neither under suspension, nor any vigilance, disciplinary, or criminal cases is pending against him/her as of the date of issuance of this certificate.

In case of his/her selection, he/she will be relieved in one month. This certificate is issued at the request of the applicant for the purpose of applying to the said advertisement.

Place:

For [Name of Department/Organization],

[Signature of Issuing Authority]
[Name of Issuing Authority]
[Designation of Issuing Authority]
[Official Seal/Stamp]
[Contact Information]
[Department/Organization Address]

**THE FORM OF CERTIFICATE TO BE PRODUCED BY DEPARTMENTAL
CANDIDATES EMPLOYEES FOR CLAIMING AGE CONCESSION**

(Letter Head of the Institution/Issuing Authority)

No.

Date: [DD/MM/YYYY]

**CERTIFICATE FOR CLAIMING AGE CONCESSION FOR APPLYING AGAINST ADVERTISEMENT
NUMBER**

This is to certify that Dr./Mr./Ms _____ S/o/D/o/W/o Shri _____ is a regularly appointed employee of _____(Name of the Institute) and duties performed by him/her during the period(s) are as under:

- (i)
- (ii)
- (iii)

Certified that:

*(a) Dr./Mr./Ms.holds substantively a permanent post ofin the..... (Name of the Institute) with effect fromto

OR

*(b) Dr./Mr./Ms..... has been continuously in temporary service on a regular basis in the post of at (Name of the Institute) with effect from to

** Strike out which is not applicable.*

Place:

For [Name of the Institute],

[Signature of Issuing Authority]
[Name of Issuing Authority]
[Designation of Issuing Authority]
[Official Seal/Stamp]