

FORM OF CASTE CERTIFICATE FOR SC/ST
FORMAT OF CERTIFICATE TO BE PRODUCED BY Scheduled Castes and Scheduled Tribes
APPLYING FOR APPOINTMENT TO POST UNDER GOVERNMENT OF INDIA

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 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) (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 Orders, 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/Srimati* father/mother*of Shri/Srimati/Kumari.....of Village/Town* in District/Division*.....of the State/Union Territory* who belongs to theCaste*/Tribe which is recognized as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* issued by thedated.....

3. Shri/Srimati/Kumari*and/or* his/her* family ordinarily resides 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 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 (Non Creamy Layer) CERTIFICATE FORMAT**FORMAT OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES
APPLYING FOR APPOINTMENT TO POST UNDER GOVERNMENT OF INDIA**

This is to certify that Shri/Smt./Kumari.....son/daughter ofof Village/Town.....in District/Division.....in the State/Union Territory belongs to thecommunity which is recognized 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.

Government of _____

(Name & Address of the authority issuing the certificate)

**INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS (EWS)
APPLYING FOR APPOINTMENT TO POST UNDER GOVERNMENT OF INDIA**

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

***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 of Certificate for serving Defence Personnel

It is certified that, according to the information available in records,
(No)_____ (Rank)_____ (Name)_____ is due to
complete the specified term of his engagement with the Army/Air Force/Navy on
(Date)_____

(Signature of Commanding Officer)
Office Seal

Place:
Date:



UNDERTAKING TO BE GIVEN BY THE EX-SERVICEMEN

I bearing Roll No..... appearing for the Document Verification for the Post of against Advt No....., do hereby undertake that:

- (a) I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen Re-employment in Central Services and Posts Rules, 1979, as amended from time to time.
- (b) I have not joined the Government job on Civil side (including Public Sector Undertakings, Autonomous Bodies/ Statutory Bodies, Nationalized Banks, etc.) in Group 'C' and 'D' Posts on regular basis after availing of the benefits of reservation given to Ex Servicemen for Re-employment;

OR

I have availed the benefit of reservation as Ex-Serviceman for securing Government job on Civil side. I have joined asOn..... in the office of I hereby undertake that I have submitted the self-declaration/ undertaking to my current employer about date wise detail of the Application for the above-mentioned examination for which I had applied for before joining the present Civil Employment;

OR

I have availed the benefit of reservation as Ex-Serviceman for securing Government job on Civil side. I have joined as on in the office of Therefore, I am eligible for age-relaxation only;

- (C) I hereby declare that the above statements are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, my candidature/ appointment is liable to be cancelled/ terminated.

Signature:

Name:

Roll Number:

Date:

Date of appointment in Armed Forces:

Date of Discharge:

Last Unit/ Corps:

Mobile Number:

E-mail ID:

CERTIFICATE No. III

Name of the Applicant.....

Application No.

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CERTIFICATE OF DEPENDENCY ON EX-SERVICEMAN

No.:

Dated:

Office of the Assistant Director of Ex-Servicemen's Welfare Board of
(Central/State), Districts Soldiers', Sailors' and Airmen's
Board.....(Name of District).

This is to certify that Tmt./Thiru./Selvan./Selvi..... Is the wife/
son/unmarried daughter/ widow is solely on the Ex-Serviceman whose particulars are furnished below.

He / She is eligible for consideration for admission to professional courses in Engineering
Colleges against the reservation of seats for:

(i) Wife/Widow of Ex-Servicemen

☐

(ii) Children of Ex-Servicemen

☐

(iii) Children of Ex-Servicemen died/disabled in war/peacetime

☐

(iv) Children of Ex-Servicemen died in Kargil War

☐

(Tick the relevant box)

Signature of the Candidate:

Signature:

Designation:

ARMY/NAVY/AIR FORCE SERVICE PARTICULARS OF EX-SERVICEMAN

Regimental No. :

Name :

Name of the Unit in which last served :

Date of enrollment :

Date of discharge :

Cause of discharge :

Whether died /disabled in service :

Whether died in Kargil War :

Character assessed at the time of discharge :

Office Seal:

Station :

Signature :

Date :

Designation :

Note: This Certificate shall be issued by an Officer of the Department of Ex-Serviceman's Welfare Board of (State/Central) not below the rank of Assistant Director of Ex-Serviceman's Welfare Board of the District in which the dependent is a NATIVE. This reservation is applicable only to (State) native Candidates.

FORM-V

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in cases 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/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
Certificate of Disability
(In case of multiple disabilities)
[See Rule 18 (1)]

(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/Female..... Registration 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**. Her/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/after Year..... Months, 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 documents as proof of residence:

Name 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

ANNEXURE II (C)**FORM-VII****Certificate of Disability**

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

[See Rule 18(I)]

(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..... 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.	Locomotors 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.	Hemophilia			
18.	Thalassemia			
19.	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/after Year..... Months, 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

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)]	(Authorised Signatory of notified Medical Authority) (Name and Seal)
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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: Candidates who are Visually Impaired (VI)/candidates whose writing speed is affected by Cerebral Palsy muscular dystrophy / candidates with locomotor disability (one arm)/Intellectual disability (Autism, specific learning disability and mental illness) are eligible for Scribe.

PARTICULARS OF SCRIBE PROPOSED TO BE ENGAGED BY THE CANDIDATE

1. Name of the Candidate.
2. Name of CBT Center.....
3. Qualification of Candidate
4. Disability Type.....
5. Name of the Scribe.....
6. Date of Birth of the Scribe.
7. Father's Name of the Scribe
8. Address of the Scribe :
(a) Permanent
Address.....
.....
- (b) Present Address.....
.....
9. Educational Qualification of the Scribe
-
- 10 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.

11. 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 DFCCIL regarding conduct of the candidates assisted by Scribe/Scribes at this examination and hereby undertake to abide by them.
- ii) 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.
- iii) We declare that the Scribe has not acted/will not act as Scribe to any other candidate of this examination.

Signature of the Candidate	Left thumb impression of the Candidate	Signature of the Scribe	Left thumb impression of the Scribe

Signature of the Invigilator