

FORM OF CASTE CERTIFICATE FOR SC/ST

This is to certify that Shri*/Shrimati/Kumari _____ Son/Daughter of
 _____ Village/Tow n _____ /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 Territor ies) (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 w ho 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* _____ f ather/mother* _____ of Shri/Shrimati/Kumari _____ of Village/Tow n _____ in /District/Division* _____ of the State/Union Territory* _____ w ho belongs to the _____ Caste*/Tribe w hich 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/Tow n* _____ District/Division* of the State/Union Territory* of _____

Place _____ Signature _____
 Date _____ Designation _____
 (with seal of Office) State/Union Territory _____

*Please delete the w ords, which are not applicable. @ Please quote specific Pres idential Order % Delete the Paragraph, w hich is not applicable.

Note: (a) The term 'ordinarily reside'(s) used here w ill 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- Div isional Officer of the area w here the candidate and/or his family normally resides. Ref no:- (O.M.NO.36012/6/88- Estt. (SCT) dated 24.4.1990 and OM No.36012/22/93- Estt(Res) dated 15.11.1993 & OM No. 36011/3/2009- Estt(Res) dated 02.09.2009).

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

This is to certify that Shri/Smt./Km* _____ son/ daughter of _____ of village _____ District/Division _____ in the _____ State _____ belongs to the _____ Community which is recognized as a backward class under:

- i) Resolution No. 12011/68/93-BCC dated the 10th September, 1993, published in the Gazette of India Extraordinary - Part I, Section I, No. 186 dated 13th September, 1993.
- ii) Resolution No. 12011/9/94-BCC, dated 19.10.1994 published in Gazette of India extraordinary Part I Section I No. 163, dated 20th October, 1994.
- iii) Resolution No. 12011/7/95-BCC dated the 24th May 1995 Published in the Gazette of India extraordinary Part-I Section I No. 88 dated 25th May, 1995.
- iv) Resolution No.12011/96/94-BCC dated 9th March, 1996.
- v) Resolution No. 12011/44/96-BCC, dated the 6th December, 1996, published in the Gazette of India - Extraordinary-part I, Section-I, No. 210, dated the 11th December, 1996.
- vi) Resolution No.12011/13/97-BCC dated 3rd December, 1997.
- vii) Resolution No.12011/99/94-BCC dated 11th December, 1997.
- viii) Resolution No.12011/68/98-BCC dated 27th October, 1999.
- ix) Resolution No.12011/88/98-BCC dated 6th December, 1999, published in the Gazette of India, Extra Ordinary Part-I, Section-I No.270, 6th December, 1999.
- x) Resolution No.12011/36/99-BCC dated 4th April, 2000, published in the Gazette of India, Extra Ordinary Part-I, Section-I, No.71 dated 4th April, 2000.
- xi) Resolution No.12011/44/99-BCC dated 21.9.2000, published in the Gazette of India, Extra Ordinary Part-I, Section-I, No.210 dated 21.9.2000.

Shri /Smt./Km. _____ and/or his family ordinarily reside(s) in the _____ District/Division of the _____ State.

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 and Training O.M. No. 36012/22/93 - Estt.(SCT) dated 8.9.1993 and modified vide Govt. of India, DOP&T O.M.No.36033/3/2004 dated 09.03.2004 and 14.10.2008.

Dated:

District Magistrate or
Deputy Commissioner etc.
Seal:

NOTE-I:(a) The term 'Ordinarily' 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 Certificate are indicated below :-

- (i) District Magistrate/Additional Magistrate/Collector/Dy. 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 Stipendiary Magistrate).
- (ii) Chief Presidency Magistrate /Additional Chief Presidency Magistrate/ Presidency Magistrate.
- (iii) Revenue Officer not below the rank of Tehsildar.
- (iv) Sub- Divisional Officer of the area where the candidate and/or his family resides.

NOTE- II: The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also, for assuring that the candidate does not fall in the creamy layer. The OBC candidates should furnish the relevant OBC Certificate in the prescribed format prescribed for Central Government jobs issued by the competent authority on or before the Closing Date as stipulated in the Notice.

DECLARATION TO BE SIGNED BY OBC CANDIDATES ONLY

I son/daughter of Shri resident of
village/town/city district..... state
.....certificate enclosed) hereby declare that I belong to
the..... community which is recognized as a backward class by
the Govt. 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- Esstt(SCT)dated 8-9-1993. It is
also declared that I do not belong to the Persons/Sections (Creamy Layer) mentioned in Column 3
of the Schedule of the Government of India, Department of Personnel and Training
O.M.No.36012/22/93-Estt. (SCT) dated 08.09.93 & its subsequent revision through
O.M.No.36033/3/2004-Estt. (Res) dated 09.03.2004, 27.05.2013, 13.09.2017.

Place.....

(Signature of applicant in running handwriting)

Date.....

Note: The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also for as summing that the candidate does not fall in the creamy layer.

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 _____

a) 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***:

- a. 5 acres of agricultural land and above;
- b. Residential flat of 1000 sq. ft. and above;
- c. Residential plot of 100 sq. yards and above in notified municipalities;
- d. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

b) Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Schedule Caste, Schedule Tribe and Other Backward Classes (Central List).

Signature with seal of Officer

Name _____

Designation _____

Recent Passport size attested photograph of the applicant

The income and assets of the families as mentioned would be required to be certified by an officer not below the rank of Tehsildar in the States/UTs.

* **Note1:** Income covered all sources i.e. salary, agricultural, business, profession, etc.

** **Note2:** The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents are siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

*** **Note3:** 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.

(Format of certificate to be submitted by Government Employees seeking age -relaxation)

(To be filled by the Head of the Office or Department in which the candidate is working)

1. It is certified that Shri/Smt/Kum. _____ is a Central Government Civilian employee holding the post of _____ in the pay scale of Rs. _____ with 03 years regular/continuous service in the grade as _____.

2. There is no objection to his appearing for the post of _____ and document verification for the said recruitment.

Signature _____

Name _____

Tele No. _____

Office Seal _____

Place: _____

Date: _____

(*Please delete the words which are not applicable)

Certificate of Disability
(In cases of amputation or complete permanent paralysis of limbs
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/
YY) Age years, male/female Registration No.
permanent resident of House No. Ward/Village/Street.....Post
Office District Statewhose
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

(C) 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 Authorized Signatory of
notified Medical Authority)

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

Certificate of Disability
(In case of multiple disabilities)
[See rule 18(1)]

(Name and Address of the Medical Authority Issuing the Certificate)

Recent size Photograph (Showing only) person with disability	Passport Attested face of the person with disability
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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)
Ageyears, male/female..... Registration No..... permanent
resident of House No.....Ward/Village/Street.....
Post Office District..... Statewhose 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.

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

£ 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.

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 is issued.

Certificate of Disability
(In cases other than those mentioned in Forms V and VI)
(Name And Address Of The Medical Authority Issuing The Certificate)
[See rule 18(1)]

Recent Passport size Attested photograph (Showing face only) of the person with disability
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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:-

	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.)

Certificate regarding physical limitation in an examination to write

This is to certify that I have carefully examined Shri/Smt./ Kum(name of the candidate with disability) a person with.....(nature and percentage of disability as mentioned in the certificate of disability, son/wife/daughter Of Shri.....a Resident of Village/District/State and to ensure that he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

Signature

Chief Medical Officer/Civil Surgeon/Medical Superintendent of a
Government Health Care Institution

Name and Designation

Name of Govt Hospital/Health Care Centre with Seal

Place:

Date:

Note:

Certificate should be given by a specialist of the relevant stream/disability (e.g. Visual Impairment-Ophthalmologist, Locomotor disability-Prthopaedic specialist/PMR)

Letter of Undertaking for Using Own Scribe

I _____, a candidate with _____
(name of the disability) appearing for the _____ (name of the
examination) bearing Roll No. _____ at _____ (name of the
centre) in the District _____, _____ (Name of the
State). My qualification is _____.

I do hereby state that _____ (name of the scribe) will provide the
service of scribe/reader for the undersigned for taking the aforesaid examination.

I do hereby undertake that his qualification is _____. In case, subsequently
it is found that his qualification is not as declared by the undersigned and is beyond my
qualification, I shall forfeit my right to the post and claims relating thereto.

(Signature of the candidate with Disability)

Place:Date:

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. Roll No
3. Name of Examination Centre
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.

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 PGIMER 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 Observer/Office Supdt. of the Examination Centre

FORM OF CERTIFICATE TO BE SUBMITTED BY EX-SERVICEMEN FOR SEEKING AGE-RELAXATION/APPOINTMENT AGAINST VACANCIES RESERVED FOR EX-SERVICEMAN

A. Form of Certificate applicable for Released/Retired Personnel

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 atleast 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.

Signature, Name and Designation
of the Competent Authority**
SEAL

Place:

Date:

Delete the paragraph which is not applicable.