

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.

As amended from time to time.

% 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 the Caste*/Tribe which is recognised as a Scheduled Caste / Scheduled Tribe in the Station/ Union Territory* issued by the dated

% 3. 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 /
City Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate /
Extra Assistant Commissioner. (not below the rank of First class Stipendiary Magistrate) 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 (Lakshadweep,
Andaman and Nicobar Islands).

OBC - NCL 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
13.09.2017***.

Date:

**DISTRICT MAGISTRATE / DY. COMMISSIONER/
ANY OTHER COMPETENT AUTHORITY**

Office Seal

* Please delete the word(s) which are not applicable.

** The authority issuing the certificate need 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:

- a) The term 'Ordinarily resides' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- b) The authority competent to issue cast certificates are indicated below:
 - (i) District Magistrate/Additional Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary 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 Tahsildar and Sub-Divisional Officer of the area where the candidate and / or his family resides.

DECLARATION**Annexure II A**

**Proforma for declaration to be submitted by Other Backward Class
Candidates at the time of document verification, who had applied for the posts
against Employment Notice No. CEN _____**

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:

RRB REGN No.:

Government of _____
(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.

The authority competent to issue Income and Assets Certificates are indicated below:

- (i) District Magistrate/Additional District Magistrate/Collector/
Deputy Commissioner/Additional Deputy Commissioner/ 1st Class
Stipendiary magistrate/Sub-Divisional Magistrate/Taluka Magistrate/Executive
Magistrate/Extra Assistant Commissioner.
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/ Presidency
Magistrate.
- (iii) Revenue Officer not below the rank of Tahsildar and
- (iv) Sub-Divisional Officer of the area where the candidate and / or his family resides.

Income Certificate for EBC

Proforma for Waiver of Examination Fees to be submitted by Economically Backward Class (EBC) candidates at the time of document verification against Employment Notice No CEN _____

1. Name of Candidate:
2. Father's Name:
3. Age:
4. Residential Address:
5. Annual Family Income (In words & Figures):

Date:

Signature:

Name:

Stamp of Issuing Authority:

Note: Economically Backward Classes will mean the candidates whose family income is less than Rs 50,000/- per annum. The following authorities are authorized to issue income certificates for the purpose of identifying economically backward classes:

- (1) District magistrate or any other Revenue Officer up in the level of Tahsildar.
- (2) Sitting Member of Parliament of Lok Sabha for persons of their own Constituency.
- (3) Sitting Member of Parliament of Rajya Sabha for persons of the district in which these MPs normally reside..
- (4) Union Minister for any persons from anywhere in the country.

DECLARATION

**Proforma for Waiver of Examination Fees to be submitted by
Minority candidates at the time of document verification
against Employment Notice No. CEN _____**

I,son / daughter
of Shri resident of
village/ town/city district
state hereby declare that I belong to the
..... (indicate minority community notified by Central
Government i.e. Muslim / Sikh / Christian / Buddhist / Jain / Zoroastrians (Parsis).

Date:

Signature of the Candidate

Place:

Name of the Candidate

Note : At the time of document verification such candidates claiming waiver of examination fee will be required to furnish '**Minority Community Declaration**' affidavit on **Non Judicial Stamp paper** that he / she belongs to any of the minority community notified by Central Government (i.e. Muslim / Sikh / Christian / Buddhist / Jain / Zoroastrians (Parsis).

FORM-VCertificate of Disability

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

[See Rule 18(1) of the Gazette Notification (Extraordinary) dated 14 March 2024 of the Right of Persons with Disabilities Rules, 2017] Available on e gazette → egazette home→Gazette Directory→extra ordinary→part II - section 3 sub section (ii)→2024

(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/Transgender
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) [See Rule 18(1) of the Gazette Notification (Extraordinary) dated 14 March 2024 of the Right of Persons with Disabilities Rules, 2017] Available on e gazette → egazette home→Gazette Directory→extra ordinary→part II - section 3 sub section (ii)→2024

(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 V(B)**Certificate of Disability

(In case of multiple disabilities) [See Rule 18(1) of the Gazette Notification (Extraordinary) dated 14 March 2024 of the Right of Persons with Disabilities Rules, 2017] Available on e gazette → egazette home → Gazette Directory → extra ordinary → part II - section 3 sub section (ii) → 2024

(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) [See Rule 18(1) of the Gazette Notification (Extraordinary) dated 14 March 2024 of the Right of Persons with Disabilities Rules, 2017] 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			

(A) 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/afterYear 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

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) [See Rule 18(1) of the Gazette Notification (Extraordinary) dated 14 March 2024 of the Right of Persons with Disabilities Rules, 2017]

Available on e gazette → egazette home → Gazette Directory → extra ordinary → part II - section 3 sub section (ii) → 2024

(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 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:

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

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			