

FORM OF CASTE CERTIFICATE FOR SC/ST

This is to certify that Shri*/ Srimati/ Kumari*son/daughter* of Shri..... V i l l a g e /
Town / D i s t r i c t / D i v i s i o n * of
the.....State/Union Territory* belongs to the. Caste*/Tribe which is recognised as
a Scheduled Caste / Scheduled Tribe (tick whichever is applicable) 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 Reorganisation 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.

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/Kumariof V i l l a g e

/ T o w n * i n / D i s t r i c t / D i v i s i o n * o f t h e

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.....

*Please delete the words which are not applicable.

@ Please quote the specific presidential order.

% Please 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).

Place

Date

Signature

Designation

(With seal of Office)

State/ Union Territory

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 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.

DECLARATION

Proforma for declaration to be submitted by Other Backward Class

Candidates

"I,..... son/daughter of Shri resident of Village/Town/ City districtState hereby declare that I belong to the (indicate your sub caste) community which is recognised 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 revisions 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

Disability Certificate

FORM-II

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

(See Rule 4)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent P.P.
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

*Blindness

(Please tick as applicable)

(B) The diagnosis in his/her case is

(1) 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 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)

Disability Certificate

FORM-III

(In case of multiple disabilities)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

(See Rule 4)

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..... 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 (to be specified) for the disabilities ticked below and shown against the relevant disability in the table below:

Sl. 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:

1 not necessary. Or

ii) is recommended/afteryearmonths, 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

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

**Disability Certificate
FORM – IV**

Annexure - V

(In cases other than those mentioned in Forms II and III)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

(See Rule 4)

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

Certificate No.:

Date:

1. 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..... whose photograph is affixed above and am satisfied that he/she is a case 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:

Sl. 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 yearsmonths 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
(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

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.

Annexure - VI

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).

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.

Income Certificate for EBC

Proforma for Waiver of Examination Fees to be submitted by Economically Backward Class(EBC)

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) BPL Card or any other certificate issued by Central Government under a recognized poverty alleviation programme or Izzat MST issued by Railways. (4) Union Minister may also recommend to Chairman/RRBs for any persons from anywhere in the country. (5) Sitting Member of Parliament of Rajya Sabha for persons of the district in which these MPs normally reside.

SCHEDULE-II (See rule 4)
Medical Fitness Certificate for Standard of physical fitness for Act
Apprentice Training in Eastern Railway

Name of the Candidate-.....
 Father Name-
 Category-
 Date of Birth/Age-
 Trade & Name of Workshop/Unit-
 Permanent identification marks - 1.
 2.

Recent passport
size photo as
uploaded in
application form

Photo to be attested
by
Medical Officer

SN	Standard of physical fitness	Observation of Medical Officer
1	A candidate should be free evidence of any contagious or infectious disease. He should not be suffering from any disease which is likely to be aggravated by service or is likely to render him unfit for service or endanger the health of the public. He should also be free from evidence of tuberculosis in any form, active or healed.	
2	<p><u>Height, Weight And Chest-</u> Candidates should satisfy the following minimum standards, namely: - HEIGHT: <u>137 centimeters</u>; Weight: <u>25.4 Kilogram</u>; Chest expansion should not be less than <u>3.8 centimeters</u> irrespective of size of chest: Provide that where a candidate does not satisfy the said minimum standards but is certified in writing by a Medical Officer not below the rank of an Assistant Surgeon (Gazetted), to be physically fit for being engaged as an apprentice in a particular trade under the Apprentices Act,1961, he may be engaged as an apprentice in that trade.</p>	
3	<p><u>EYES-</u> There should be no evidence of any morbid condition of either eye of the lids of either eye which may be liable to risk of aggregation of recurrence. Standard of Vision (A) Visual acuity: *Candidates having vision in one eye shall eligible to undergo apprenticeship training except in the following seventeen trades, namely:- (1) Electrician Aircraft (2) Watch and Clock Mechanic (3) Driver cum Fitter (4) Surveyor (5) Process Cameraman (6) Sirdar (7) Rigger (Engg. & Chem. Industry) (8) Shortfirer/Blaster (Mines) (9) Mate (Mines) (10) Mech. Radio & Radar Aircraft (11) Ceramic Moduler (12) Ceramic Caster (13) Ceramic Kiln Operator (14) Ceramic Press Operator (15) Ceramic Modeller (16) Ceramic Decorator (17) Optical worker. * Substituted vide GSR 221 dated 21st April 1993. (B) Colour vision: Not required</p>	
4	<p><u>EARS-</u> Hearing must be good in both ears and there should be no sign of supportive disease. No hearing aid shall be permitted.</p>	
5	<p><u>SKIN-</u> There should be no evidence of acute or chronic skin disease or chronic ulceration.</p>	
6	<p><u>SPEECH:</u> Speech should preferably be without impediment.</p>	

Should be printed on single page at both sides

7	<u>ALIMENTARY SYSTEM:</u> 1. Candidates should have sufficient number of natural teeth (in healthy state) for mastication. 2. Spleen should not be palpably enlarged and there should be no evidence of tenderness in the splenic area. 3. Liver should not be palpable or tender. 4. There should be no oral sepsis. 5. There should be no sugar in the urine. 6. Candidates should not be suffering from haemorrhoids, fissures in and testis anal hernia or bubonocoele or ischio-rectal abscess or hydrocele.	
8	<u>CARDIO VASCULAR SYSTEM:</u> 1. Blood pressure should not exceed 85 diastolic and 140 systolic. 2. Candidates with low blood pressure (i.e. systolic below 100) should be rejected. 3. There should be no sign of any cardiovascular disease.	
9	<u>RESPIRATORY SYSTEM:</u> Candidates should be free from all diseases of respiratory system. There should be no deformity of chest which may cause impediment to breathing.	
10	<u>GENITO URINARY SYSTEM-</u> There should be no evidence of genito urinary disease or any abnormality.	
11	<u>SKELETAL SYSTEM:</u> 1. The function of all limbs should be within normal limits. 2. There should be no evidence of serious deformity of the spinal column or of the extremities.	
12	<u>NERVOUS SYSTEM:</u> There should be no evidence of any disease of nervous system or of any mental disease.	
13	<u>GLANDULAR SYSTEM:</u> There should be no evidence of tuberculosis or other disease of the glandular system including the endocrine glands.	

Above medical fitness certificate should be signed by Government authorized Doctor (Gaz), not below rank of Asst. Surgeon of Central/State Hospital.

Signature of Medical Officer

Name of Medical Officer

Registration No... ..

Designation

Name of Central/State Govt. Hospital

Seal of Medical Officer signing the certificate

Should be printed on single page at both side