

FORM – SC/ST

FORM OF CERTIFICATE TO BE PRODUCED BY A CANDIDATE BELONGING TO SCHEDULED CASTE OR SCHEDULED TRIBE IN SUPPORT OF HIS / HER CLAIM.

1. This is to certify that Sri / Smt / Kum* _____ son
/ daughter* of _____ of village / town*
_____ in 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)Orders, 1951 ;
- * The Constitution (Scheduled Tribes)(Union Territories)Order, 1951 ;

[as amended by the Scheduled Castes and Scheduled Tribes lists 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, the Constitution (Scheduled Castes and Scheduled Tribes) Order (Amendment) Act,1976, The State of Mizoram Act, 1986, the State of Arunachal Pradesh Act, 1986 and the Goa, Daman and Diu (Reorganization) Act,1987]:

- * The Constitution (Jammu and Kashmir) Scheduled Castes Order,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 and Kashmir) Scheduled Tribes Order, 1989 ;
- * The Constitution (Scheduled Castes) Orders (Amendment)Act, 1990;
- * The Constitution (ST) Orders (Amendment) Ordinance, 1991 ;
- * The Constitution (ST) Orders (Second Amendment) Act,1991 ;
- * The Constitution (ST) Orders (Amendment) Ordinance, 1996;
- * The Scheduled Caste and Scheduled Tribes Orders (Amendment)Act 2002;
- * The Constitution (Scheduled Castes) Order (Amendment) Act, 2002;
- * The Constitution (Scheduled Caste and Scheduled Tribes) Order (Amendment) Act, 2002;
- * The Constitution (Scheduled Caste) Order (Second Amendment) Act, 2002.

.....2

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. / Smt. / Kumari* _____ Father /Mother* of Sri / Smt. / Kumari* _____ of village / town _____ in District/Division* _____ of the State/Union Territory* _____ who belong to the _____ Caste / Tribe* which is recognized as a Scheduled Caste/Scheduled Tribe* in the State/Union Territory* issued by the _____ [Name of the authority] vide their order No. _____ dated _____.

3.Shri/Smt/Kumari* _____ and/or* his/her* family ordinarily reside(s) in village/town* _____ of _____ District / Division* of the State / Union Territory* of _____

Signature _____

Designation _____

Place:

Date :

[With seal of Office]

State/Union Territory

Note: The term "Ordinarily resides" used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950.

* Please delete the words which are not applicable.

Delete the paragraph which is not applicable.

List of authorities empowered to issue Caste / Tribe Certificates:

1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector/I Class Stipendiary Magistrate / Sub-Divisional Magistrate / Extra-Asst. Commissioner / Taluka Magistrate / Executive Magistrate.
2. Chief Presidency Magistrate/ Additional Chief Presidency Magistrate / presidency Magistrate.
3. Revenue Officer not below the rank of Tehsildar.
4. Sub-Divisional Officers of the area where the candidate and / or his family normally resides.
5. Administrator/Secretary to Administrator/Development Officer Lakshadweep).

Note : The Certificate is subject to amendment/modification of Scheduled Castes and Scheduled Tribes lists from time to time as per Government of India Guidelines.

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Note : The prescribed proforma shall be subject to amendment from time to time as per Government of India Guidelines.

ATTENTION: The OBC (Non- creamy layer) certificate should be issued on or after 01.04.2025 till the date of document verification/ Interview

OBC Certificate Format
FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS, UNDER THE GOVERNMENT OF INDIA

This is to certify that Sri / Smt. / Kum* _____ Son / Daughter* of Shri / Smt.* _____ of village/Town* _____ District/Division* _____ in the _____ State belongs to the _____ community which is recognized as a backward class under :

- (i) Resolution No.12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary Part I Section I No.186 dated 13/09/93.
- (ii) Resolution No.12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary Part I Section I No.163 dated 20/10/94.
- (iii) Resolution No.12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary Part I Section I No.88 dated 25/05/95.
- (iv) Resolution No.12011/96/94-BCC dated 09/03/96.
- (v) Resolution No.12011/44/96-BCC dated 06/12/96 published in the Gazette of India Extraordinary Part I Section I No.210 dated 11/12/96.
- (vi) Resolution No.12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No.12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No.12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No.12011/88/98-BCC dated 06/12/99 published in the Gazette of India Extraordinary Part I Section I No.270 dated 06/12/99.
- (x) Resolution No.12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary Part I Section I No.71 dated 04/04/2000.
- (xi) Resolution No.12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary Part I Section I No.210 dated 21/09/2000.
- (xii) Resolution No.12015/9/2000-BCC dated 06/09/2001.
- (xiii) Resolution No.12011/1/2001-BCC dated 19/06/2003.
- (xiv) Resolution No.12011/4/2002-BCC dated 13/01/2004.
- (xv) Resolution No.12011/9/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section I No.210 dated 16/01/2006.
- (xvi) Resolution No.12011/9/2004-BCC dated 12/03/2007 published in the Gazette of India Extraordinary Part I Section I No.67 dated 12/03/2007.
- (xvii) Resolution No.12015/2/2007-BCC dated 18/08/2010.
- (xviii) Resolution No.12015/13/2007-BCC dated 08/12/2011.

Shri/Smt./Kum. _____ and/or his/her family ordinarily reside(s) in the _____ District/Division of _____ 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 & Training O.M. No.36012/22/93- Estt.[SCT], dated 08/09/93 which is modified vide O.M. No.36033/3/2004 Estt.(Res.) dated 09/03/2004, further modified vide O.M. No.36033/3/2004-Estt.(Res.) dated 14/10/2008 or the latest notification of the Government of India.

Dated :

District Magistrate /

Deputy Commissioner /

Competent Authority

Seal

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

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 authorities competent to issue Caste 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 Tehsildar and
- (iv) Sub-Divisional Officer of the area where the candidate and/or his family resides.

Note : The prescribed proforma shall be subject to amendment from time to time as per Government of India Guidelines.

ATTENTION: The certificate should be valid for the year 2025-26 for the financial year 2024-25

FORM- EWS

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 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.

NOTE :-

The Income and Asset Certificate issued 'by anyone of the following authorities in the prescribed format as given above shall only be accepted as proof of candidate's claim as 'belonging to EWS : -

- (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 Tehsildar and
- (iv) Sub-Divisional Officer or the area where the candidate and/or his family normally resides.

Note: The Prescribed proforma shall be subject to amendment from time to time as per Government of India Guidelines.

FORM-I

Certificate of Disability

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

(Prescribed proforma subject to amendment from time to time as per Government of India Guidelines)

(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 _____ 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 _____

(A) 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 documents 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
disability certificate is
issued.

FORM – II

Certificate of Disability (In case of multiple disabilities)

(Prescribed proforma subject to amendment from time to time as per Government of India Guidelines)
(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 :

This is to certify that we 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 :

- (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 is shown against the relevant disability in the table below :

Sr. 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

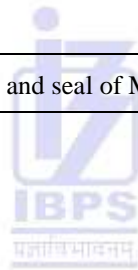
4. The applicant has submitted the following documents as proof of residence:-

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 Chairperson

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



FORM - III

Certificate of Disability

(In cases other than those mentioned in Form I and II)

(Prescribed proforma subject to amendment from time to time as per Government of India Guidelines)

(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 _____ 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

(.....number and date of issue of the guidelines to be specified) and is shown against the relevant
disability in the table below :

Sr. 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 documents 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.

PROFORMA - A

Form of Certificate applicable for Released/Retired Personnel
(Prescribed proforma subject to amendment from time to time as per Government of India Guidelines)

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 at least 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.

Place :

Signature, Name and Designation of the
Competent Authority **

Date:

SEAL

% Delete the paragraph which is not applicable.

** Authorities who are competent to issue certificate to Armed Forces Personnel for availing Age concessions are as follows:

- (a) In case of Commissioned Officers including ECOs/SSCOs: Army: Military Secretary Branch, Army HQrs., New Delhi; Navy : Directorate of Personnel, Naval HQrs., New Delhi; Air Force : Directorate of Personnel Officers, Air HQrs., New Delhi.
- (b) In case of JCOs/ORs and equivalent of the Navy and Air Force : Army : By various Regimental Record Offices; Navy : BABS, Mumbai; Air Force : Air Force Records, New Delhi.

PROFORMA - B

Form of Certificate for Serving Personnel
(Applicable for serving personnel who are due to be released within one year)
(Prescribed proforma subject to amendment from time to time as per Government of India Guidelines)

It is certified that No. _____ Rank _____ Name _____ is
serving in the Army/Navy/Air Force from _____.

2. He is due for release/retirement on completion of his specific period of assignment
on or before 20.09.2026.

3. No disciplinary case is pending against him

Place :
of the



Signature, Name and Designation

Competent Authority **

Date:

SEAL

** Authorities who are competent to issue certificate to Armed Forces Personnel for availing Age concessions are as follows :

- (a) In case of Commissioned Officers including ECOs/SSCOs: Army: Military Secretary Branch, Army HQrs., New Delhi; Navy : Directorate of Personnel, Naval HQrs., New Delhi; Air Force : Directorate of Personnel Officers, Air HQrs., New Delhi.
- (b) In case of JCOs/ORs and equivalent of the Navy and Air Force : Army : By various Regimental Record Offices; Navy : BABS, Mumbai; Air Force : AOC/Stn. Cdr./CO.

PROFORMA – C

Undertaking to be given by serving Armed Force personnel who are due
to be released within one year

(Prescribed proforma subject to amendment from time to time as per Government of India Guidelines)

- (1) I understand that if selected on the basis of the recruitment/Examination to which this application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the appointing authority that I have been duly released/retired/discharged from the Armed Forces and that I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen (Re-employment in Central Civil Service and Posts) Rules, 1979, as amended from time to time.
- (2) I also understand that I shall not be eligible to be appointed to a vacancy reserved for Ex-serviceman in regard to the recruitment covered by this examination, if I have at any time prior to such appointment, secured any employment on the civil side (including Public Sector Undertaking, Autonomous Bodies/Statutory Bodies, Nationalised Banks, etc.), by availing of the concession of reservation of vacancies admissible to Ex-serviceman.

Place :

Date :



Signature and Name of Candidate

PROFORMA - D

Form of Certificate applicable for Serving Armed Force Personnel who have already completed their initial assignment and are on extended assignment
(Prescribed proforma subject to amendment from time to time as per Government of India Guidelines)

It is certified that No _____ Rank _____ Name _____ whose date of birth is _____ is serving in the Army/Navy/Air Force from _____

2. He has already completed his initial assignment of five years on _____ and is on extended assignment till _____
3. There is no objection to his applying for civil employment and he will be released on three months notice on selection from the date of receipt of offer of appointment.



Place :

Signature, Name and Designation of the
Competent Authority **

Date :

SEAL

** Authorities who are competent to issue certificate to Armed Forces Personnel for availing Age concessions are as follows :

- (a) In case of Commissioned Officers including ECOs/SSCOs: Army: Military Secretary Branch, Army HQrs., New Delhi; Navy : Directorate of Personnel, Naval HQrs., New Delhi; Air Force : Directorate of Personnel Officers, Air HQrs., New Delhi.
- (b) In case of JCOs/ORs and equivalent of the Navy and Air Force : Army : By various Regimental Record Offices; Navy : BABS, Mumbai; Air Force : AOC/Stn. Cdr./CO.

APPENDIX- I

Certificate for recommendation of scribe and/ or Compensatory Time for persons with disabilities as defined under Section 2(s) of the RPwD Act 2016 and have limitation in writing as specified in the Guidelines

This is to certify that, we have examined Mr/Ms/Mrs (name of the candidate), S/o / D/o, a resident of (Vill/PO/PS/District/State), aged yrs, a person with (nature of disability/condition), and to state that he/she has limitation which hampers his/her writing capability owing to his/her above disability/ condition. He / She requires support of scribe/ and or Compensatory Time as Specified in the Guidelines, for writing the examination.

2. The above candidate uses aids and assistive device such as prosthetics & orthotics, hearing aid (name to be specified) / other (to be specified), which is / are essential for the candidate to appear at the examination with the assistance of scribe.

3. This certificate is issued only for the purpose of appearing in written examinations conducted by Examining Bodies and is valid up to _____ (it is valid for maximum period of one year or less as may be certified by the medical authority).

Signature of Medical Authority

Name of Government Hospital / Health Care Centre with Seal

Place :

Date :

NOTE : The Prescribed proforma shall be subject to amendment from time to time as per Government of India Guidelines.

APPENDIX II

Letter of Undertaking by the persons with disabilities as defined under section 2(s) of RPwD Act 2016 using the services of scribe/reader/lab assistant during written examinations conducted by various authorities as specified in the Guidelines.

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

2. I do hereby state that _____ (name of the scribe) will provide the service of scribe for the undersigned for taking the aforementioned examination. I further declare that there is no conflict of interest of any kind that may affect the impartiality of the examination.

3. 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 the specified qualification for the examination as mentioned in the extant Guidelines. I shall forfeit my right to the post I am competing for and claims relating thereto.

(Signature of the candidate)

Place:

Date:

Note: The prescribed proforma shall be subject to amendment from time to time as per Government of India Guidelines.