

**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 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.

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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* _____.

District/Division* _____ of _____ village _____ / town _____ in _____ State/Union Territory* _____ 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 _____ Disctict / Division* of the State / Union Territory* of _____

Signature

Designation

Place:

**[With seal
of Office]**

Date :

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.

**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 Shri/Smt./Kumarison/daughter ofofvillage/town

In District/ Divisionin the State/Union Territorybelongs 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./ Kumari And/or his/her family ordinarily reside (s) in theDistrict/ Division of theState/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 Personal & Training O. M. No. 36012/22/93 – Estt.(SCT) dated 08.09.1993**.

District Magistrate
Deputy Commissioner etc.

Dated:

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 is mentioned 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.

FORM-II

Disability Certificate

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

(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 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 Blindness

(Please tick as applicable)

(B) The diagnosis in his/her case is _____

(A) 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 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 - III

Disability Certificate

(In case of multiple disabilities)

(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
ofHouse No. _____ Ward/Village/Street
PostOffice _____ District _____ State _____, 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 :

Sr. 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 : (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

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 - IV

Disability Certificate

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

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

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 (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	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		

6	Mental- illness	X		
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(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.

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.

Note: The principal rules were published in the Gazette of India vide Notification number S.O.908 (E), dated the 31st December , 1996.

PROFORMA - A
Form of Certificate applicable for Released/Retired Personnel

It is certified that No. _____ Rank _____ Name _____ whos 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)

1. 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 _____.

3. No disciplinary case is pending against him

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 : Air Force Records, New Delhi.

PROFORMA - C

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

- (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 availing concessions as an 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.).**

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

1. 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 : Air Force Records, New Delhi.