



मानव संसाधन प्रभाग, प्रधान कार्यालय  
HUMAN RESOURCE DIVISION, HEAD OFFICE

ANNEXURES

**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].



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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\* \_\_\_\_\_ 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:

[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.

**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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**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. \_\_\_\_\_ /  
Kumari \_\_\_\_\_ son/daughter of \_\_\_\_\_ of  
\_\_\_\_\_ District/Division \_\_\_\_\_ in the State/ Union  
Territory \_\_\_\_\_ belongs to the \_\_\_\_\_ community  
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 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 \*\*.

Dated :

District Magistrate/  
Deputy 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 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.

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



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Government of .....

(Name & Address of the authority issuing the certificate)

**INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS**

(Prescribed proforma subject to amendment from time to time)

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.

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.



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|                             |   |   |
|-----------------------------|---|---|
| Logo of Government of India | Logo of Department of Empowerment of Persons with Disabilities, GoI | Logo of Respective State or Union Territory |
|-----------------------------|---|---|

Department of Empowerment of Persons with Disabilities,  
Ministry of Social Justice and Empowerment, Government of India  
Form-V

**Disability Certificate**

(In case of Single Disability)

[See rule 18(1)]

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

Recent  
passport size  
photograph  
(Showing face  
only) of the  
person with  
disability

Certificate/UDID No.

Date of Issue :

This is to certify that I/we have carefully examined <Name of the applicant>, Son/Daughter/Care of < name of father/mother/guardian> , Date of Birth (DD/MM/YYYY), Gender < Male/Female/Transgender> , Registration No. <UDID Enrolment No.> Resident of < address of PwD> whose photograph is affixed above, and I am /we are satisfied that:

(A) He/She is a case of (Any one of the following disabilities):

- Locomotor Disability
- Muscular Dystrophy
- Leprosy Cured
- Dwarfism
- Cerebral Palsy
- Acid Attack Victim
- Low Vision
- Blindness
- Hearing Impairment
- Speech and Language Disability
- Intellectual Disability
- Specific Learning Disabilities
- Autism Spectrum Disorder
- Mental Illness
- Chronic Neurological Conditions
- Multiple Sclerosis





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- xvii. Parkinson's Diseases
- xviii. Haemophilia
- xix. Thalassemia
- xx. Sickle Cell Disease

(B) Name of affected body part:

(C) The diagnosis in his/her case is \_\_\_\_\_

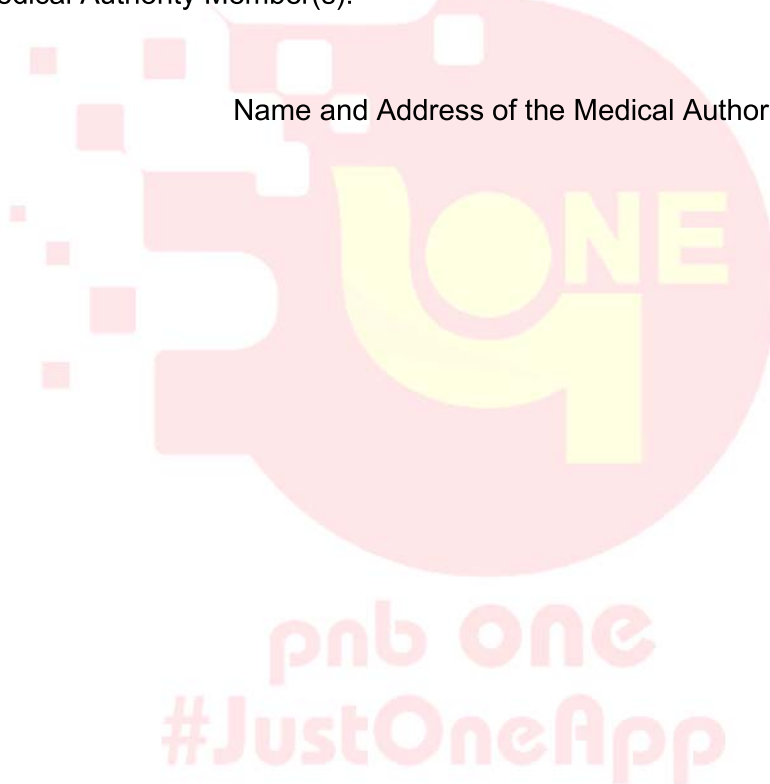
(D) He/She has \_\_\_\_\_% (in figure) \_\_\_\_\_ percent (in words) disability and the nature of certificate is {Permanent / temporary and valid till (DD/MM/YYYY) } as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide <Notification No> dated (DD/MM/YYYY).

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Member(s):

Signature:

Name and Address of the Medical Authority Issuing the Certificate:





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|                             |   |   |
|-----------------------------|---|---|
| Logo of Government of India | Logo of Department of Empowerment of Persons with Disabilities, Gol | Logo of Respective State or Union Territory |
|-----------------------------|---|---|

Department of Empowerment of Persons with Disabilities,  
Ministry of Social Justice and Empowerment, Government of India

Form-VI

Disability Certificate

(In case of Multiple Disabilities)

[See rule 18(1)]

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

Recent  
passport  
size  
photograph  
(Showing face  
only) of the  
person with  
disability

Certificate/UDID No.

Date of Issue:

This is to certify that we have carefully examined <Name of the applicant>, Son/Daughter/Care of <write name of father/mother/guardian>, Date of Birth (DD/MM/YYYY), Gender< Male/Female/Transgender >, Registration No. <UDID Enrolment No.> Resident of < address of PwD> whose photograph is affixed above, and we are satisfied that:

(A) He/She is a case of **Multiple Disabilities**. His/her extent of physical impairments/ disabilities have been evaluated as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide <Notification No> dated (DD/MM/YYY) for the disabilities below:

| S. No. | Disability           | Name of Affected Body Part | Diagnosis | Disability Percentage |
|--------|----------------------|----------------------------|-----------|-----------------------|
| 1      | Locomotor Disability |                            |           |                       |
| 2      | Muscular Dystrophy   |                            |           |                       |
| 3      | Leprosy Cured        |                            |           |                       |
| 4      | Dwarfism             |                            |           |                       |
| 5      | Cerebral Palsy       |                            |           |                       |
| 6      | Acid Attack Victim   |                            |           |                       |
| 7      | Low Vision           |                            |           |                       |
| 8      | Blindness            |                            |           |                       |
| 9      | Hearing Impairment   |                            |           |                       |



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| S. No. | Disability                      | Name of Affected Body Part | Diagnosis | Disability Percentage |
|--------|---------------------------------|----------------------------|-----------|-----------------------|
| 10     | Speech and Language Disability  |                            |           |                       |
| 11     | Intellectual Disability         |                            |           |                       |
| 12     | Specific Learning Disabilities  |                            |           |                       |
| 13     | Autism Spectrum Disorder        |                            |           |                       |
| 14     | Mental Illness                  |                            |           |                       |
| 15     | Chronic Neurological Conditions |                            |           |                       |
| 16     | Multiple Sclerosis              |                            |           |                       |
| 17     | Parkinson's Diseases            |                            |           |                       |
| 18     | Haemophilia                     |                            |           |                       |
| 19     | Thalassemia                     |                            |           |                       |
| 20     | Sickle Cell Disease             |                            |           |                       |

(Note: Only the disabilities diagnosed will be listed)

(B) He/She has \_\_\_\_\_% (in figure) \_\_\_\_\_ percent (in words) overall disability and the nature of certificate is { permanent/ temporary and valid till (DD/MM/YYYY) }

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Members:

Signature:

Name and Address of the Medical Authority Issuing the Certificate: