FORM OF SCHEDULED CASTE/TRIBE CERTIFICATE

This is to certify that Shri/Shrimati*/Kumar*_____ son/daughter* of _____of village* /town*_____in district/Division* _____ belongs to the _____Caste/Tribe* which is recognised as a Scheduled Caste/Scheduled Tribe* under:

@The Constitution (Scheduled Castes) Order, 1950.
@ The Constitution (Scheduled Tribe) Order, 1950.
@ The Constitution (Scheduled Castes) (Union Territories) Order, 1951.
@ The Constitution (Scheduled Tribes) (Union Territories) Order, 1951.[as amended by the Scheduled Caste or Scheduled Tribes Lists (Modification) Order, 1956, the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971 and the Scheduled Caste and Scheduled Tribe Orders (Amendment) Act, 1976].
@ The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956.
@ The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959.
@ 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 Scheduled Tribes (Uttar Pradesh) Order, 1967.
@ The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968.
@ The Constitution (Goa, Daman & 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.

%2. Application in the case of Scheduled Caste/Scheduled Tribes persons who have migrated from one State/Union Territory Administration:

This Certificate is issued on the basis of the Scheduled Caste/Scheduled Tribes certificate issued to Shri/Shrimati*_____ father/mother of Shri/Shrimati/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 Tribes in the State/Union Territory* _____ issued by the _____(name of prescribed authority) vide their No._____ dated_____

%3. Shri/Shrimati*/Kumari*_____and/or his/her* Family ordinarily reside(s) in village/town*_____ of _____ District/Division of the State/Union Territory of_____.

Signature _____
**Designation _____
(With Seal of Office)

Place _____

State/Union Territory

Date _____

* Please delete the words which are not applicable
@Please quote specific Presidential Order
%Delete the paragraph which is not applicable.

Note: The term "Ordinarily resides(s)" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
** List of authorities empowered to issue Scheduled Tribes Certificates:

1. District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/ 1st Class Stipendiary Magistrate/ City Magistrate/Sub-Divisional Magistrate/ Taluk Magistrate/ Executive Magistrate Extra Assistant Commissioner. (not below the rank of 1stClass Stipendiary Magistrate)
2. Chief Presidency Magistrate /Additional Chief Presidency Magistrate/ Presidency Magistrate.
3. Sub-Divisional Officer of the area where the candidate and/or his family normally resides.
4. Administrator/Secretary to Administrator/Development Officers (Lakshadweep Island).

(MHA letter No. BC-16014/1/82-SC & BCD-I dated 6/08/1984)

FORM OF CERTIFICATE FOR OTHER BACKWARD CLASSES

This 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./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**.

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 cast of candidate is mentioned as OBC.

** As amended from time to time.

(OM No. 36036/2/2013-Estt.(Res) dated 30/05/2014)

Annexure-I

Government of .....
(Name & Address of the authority issuing the certificate)

INCOME & ASSEST 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)

Signature with seal of Office_____
Name _____
Designation _____

Recent Passport size attested photograph of the applicant

*Note1:. 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.

Form-V

Certificate of Disability

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

[See rule 18(1)]

(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 document 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 certificate of disability is issued

Form - VI

Certificate of Disability

(In cases of multiple disabilities)

[See rule 18(1)]

(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 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:

Sl. 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 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 certificate of disability is issued.

Form – VII

Certificate of Disability

(In cases other than those mentioned in Forms V and VI)

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

[See rule 18(1)]

Recent passport size attested photograph (Showing face only) of the person wit

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:-

Sl. 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) _____

@ - eg. Left/Right/both arms/legs

- eg. Single eye/both eyes

€ - eg. 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 Chief Medical Officer/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 certificate of disability 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

Certificate regarding physical limitation in an examinee to write

This is to certify that, I have examined Mr/Ms/Mrs _____(name of the candidate with disability), a person with _____(nature and percentage of disability as mentioned in the certificate of disability), S/o/ D/o_____a resident of _____Village/District/State) and to state that he/she has physical limitation which hampers his/her writing capabilities owning to his/her disability.

Signature
Chief Medical Officer/Civil Surgeon/Medical Superintendent of a
Government health care institution
Name & Designation
Name of Government Hospital/Health Care Centre with Seal

Place:
Date:

Note: Certificate should be given by a specialist of the relevant stream/disability (e.g. Visual impairment-Ophthalmologist, Locomotor disability-Orthopaedic specialist/PMR)

Certificate for person with specified disability covered under the definition of Section 2 (s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing.

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 condition. He/she requires support of scribe for writing the examination.

2. The above candidate uses aids and assistive device such as prosthetics & orthotics, hearing aid (name 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 recruitment agencies as well as academic institutions and is valid upto _____ (it is valid for maximum period of six months or less as may be certified by the medical authority)

Signature of medical authority

(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)
Orthopaedic / PMR specialist	Clinical Psychologist/ Rehabilitation Psychologist/Psychiatrist / Special Educator	Neurologist(if available)	Occupational therapist (if available)	Other Expert, as nominated by the Chairperson(if any)
(Signature & Name)				
Chief Medical Officer/Civil Surgeon/Chief District Medical Officer……Chairperson				

Name of Government Hospital/Health Care Centre with Seal

Place:

Date:

Letter of Undertaking for Using Own Scribe

I _____, a candidate with _____(name of the disability) appearing for the _____ (name of the examination) bearing Roll No_____ at _____ (name of the centre) in the District _____, _____(name of the State/ UT) My qualification is _____

I do hereby state that _____(name of the scribe) will provide the service of scribe/reader/lab assistant for the undersigned for taking the aforesaid examination

I do hereby undertake that his/ her qualification is _____ In case, subsequently it is found that his/ her qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post and claims relating thereto

(Signature of the candidate with Disability)

Place:

Date:

Letter of Undertaking by the person with specified disability covered under the definition of Section 2 (s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing

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.

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 my qualification. I shall forfeit my right to the post or certificate/diploma/degree and claims relating thereto.

(Signature of the candidate)

(Counter signature by the parent/guardian, if the candidate is minor)

Place:

Date:

Certificate for serving Defence Personnel

I hereby certify that, according to the information available with me (No.) _____ (Rank) _____ (Name) _____ is due to complete the specified term of his engagement with the Armed Forces on the (Date) _____.

(Signature of Commanding Officer)

Office Seal

Place:

Date:

UNDERTAKING TO BE GIVEN BY THE EX-SERVICEMEN

I ……..,bearing Roll No……..,appearing for the Document Verification of the …….Examination, 20……., do hereby undertake that:

a. I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen Re-employment in Central Civil Services and Posts Rules, 1979, as amended from time to time.
b. I have not joined the Government job on civil side (including Public Sector Undertakings, Autonomous Bodies/ Statutory Bodies, Nationalized Banks, etc.) in Group 'C' and 'D' posts on regular basis after availing of the benefits of reservation given to ex-serviceman for re-employment; or
c. I have availed the benefit of reservation as ex-serviceman for securing Government job on civil side. I have joined as ……..on…… in the office of …… I hereby undertake that I have submitted the self-declaration/ undertaking to my current employer about date wise detail of the application for the above mentioned examination for which I had applied for before joining the present civil employment; or
d. I have availed the benefit of reservation as ex-serviceman for securing Government job on civil side. I have joined as ……..on…… in the office of ……. Therefore, I am eligible for age-relaxation only;

I hereby declare that the above statements are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, my candidature/ appointment is liable to be cancelled/ terminated.

Signature: .....

Name: …….

Roll Number: .....

Date: …….

Date of appointment in Armed Forces: …….

Date of Discharge: …….

Last Unit/ Corps: …….

Mobile Number: …….

Email ID: …….