

ANNEXURE - I

FORMAT FOR SC/ST CERTIFICATE

A candidate who claims to belong to one of the Scheduled Caste or the Scheduled Tribes should submit in support of his claim an attested/certified copy of a certificate in the form given below, from the District Officer or the sub-Divisional Officer or any other officer as indicated below of the District in which his parents (or surviving parent) ordinarily reside who has been designated by the State Government concerned as competent to issue such a certificate. If both his parents are dead, the officer signing the certificate should be of the district in which the candidate himself ordinarily resides otherwise than for the purpose of his own education. Wherever photograph is an integral part of the certificate, the Corporation would accept only attested photocopies of such certificates and not any other attested or true copy.

(The format of the certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under Government of India.)

This is to certify that Shri/Shrimati/Kumari* _____ son / daughter of _____ of Village/Town/* _____ in District/Division * _____ of the State/Union Territory* _____ belongs to the Caste/Tribes _____ which is recognized as a Scheduled Castes/Scheduled Tribes* under:

@The Constitution (Scheduled Castes) order, 1950 _____

@The Constitution (Scheduled Tribes) order, 1950 _____

@The Constitution (Scheduled Castes) Union Territories order, 1951 * _____

@The Constitution (Scheduled Tribes) Union Territories Order, 1951* _____

[As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification) order, 1956, the Bombay Reorganization Act, 1960 & the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act 1970, the North-Eastern Area (Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Order(Amendment) Act, 1976.]

@The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956 _____

@The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes Order (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 (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

@The Constitution (Jammu & Kashmir) Scheduled Tribes Order 1989

@The Constitution (SC) 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 Caste) Orders (Amendment) Act, 2002

@The Constitution (Scheduled Caste 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 to other.

This certificate is issued on the basis of the Scheduled Castes/ 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 belong to the _____ Caste/Tribe* which is recognized as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* issued by the _____ 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 a Seal of Office
State/Union Territory

Place: _____

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 reside(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 Caste/Tribe Certificates:**

- (i) District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Dy. Collector/Ist Class Stipendiary Magistrate/Sub Divisional Magistrate / Extra-Assistant Commissioner / Taluka Magistrate / Executive Magistrate.
- (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
- (iii) Revenue Officers not below the rank of Tehsildar.
- (iv) Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

NOTE: ST candidates belonging to Jharkhand state should submit caste certificate **ONLY FROM THE REVENUE DIVISIONAL OFFICER.**

ANNEXURE - II

FORMAT OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA

This is to certify that _____ son/daughter of _____ of village _____ District/Division _____ In the _____ State _____ belongs to the _____ Community which is recognized as a backward class under:

- i) Resolution No. 12011/68/93-BCC dated the 10th September, 1993, published in the Gazette of India Extraordinary – Part I, Section I, No. 186 dated 13th September, 1993.
- ii) Resolution No. 12011/9/94-BCC, dated 19.10.1994 published in Gazette of India extraordinary Part I Section I No. 163, dated 20th October, 1994.
- iii) Resolution No. 12011/7/95-BCC dated the 24th May 1995 Published in the Gazette of India extraordinary Part-I Section I No. 88 dated 25th May, 1995.
- iv) Resolution No.12011/96/94-BCC dated 9th March, 1996.
- v) Resolution No. 12011/44/96-BCC, dated the 6th December, 1996, published in the Gazette of India – Extraordinary-part I, Section-I, No. 210, dated the 11th December, 1996.
- vi) Resolution No.12011/13/97-BCC dated 3rd December, 1997.
- vii) Resolution No.12011/99/94- BCC dated 11th December, 1997.
- viii) Resolution No.12011/68/98-BCC dated 27th October, 1999.
- ix) Resolution No.12011/88/98-BCC dated 6th December, 1999, published in the Gazette of India, Extra Ordinary Part-I, Section-I No.270, 6th December, 1999.
- x) Resolution No.12011/36/99-BCC dated 4th April, 2000, published in the Gazette of India, Extra Ordinary Part-I, Section-I, No.71 dated 4th April, 2000.
- xi) Resolution No.12011/44/99-BCC dated 21.9.2000, published in the Gazette of India, Extra Ordinary Part-I, Section-I, No.210 dated 21.9.2000.
- xii) Resolution No.12015/9/2000-BCC dated 6th September, 2001, published in the Gazette of India, Extra Ordinary Part-I, Section-1, No.246 dated 6th September, 2001.
- xiii) Resolution No.12011/1/2001-BCC dated 19th June,2003, published in the Gazette of India, Extra Ordinary Part-I, Section-1, No.151 dated 20th June, 2003.
- xiv) Resolution No.12011/42002-BCC dated 13th January, 2004, published in the Gazette of India, Extra Ordinary Part-I, Section-1, No.9 dated 13th January, 2004.
- XV) Resolution No.12011/142004-BCC dated 12th March, 2007, published in the Gazette of India, Extra Ordinary Part-I, Section-1, No.67 dated 12th March, 2007.**

Shri _____ and/or his family ordinarily reside(s) in the _____ District/Division of the _____ 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 OM No. 36012/22/93-Estt. (SCT) dated 08.09.1993 and modified vide Govt. of India Dept. of Personnel and Training OM No. 36033/3/2004-Estt(Res) dated 09.03.2004 & 14.10.2008.

Dated:

Seal:

District Magistrate or Deputy Commissioner etc.

Note - I:

- a) The term 'Ordinarily' 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 Certificate are indicated below:-

- i) District Magistrate / Additional Magistrate / Collector / Dy. Commissioner / Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendary 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
- iv) Sub -Divisional Officer of the area where the candidate and/or his family resides.

Note - II:

The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also, for assuming that the candidate does not fall in the creamy layer.

ANNEXURE - III

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 ₹ 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.

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 any one 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.

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/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
- 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:-

Details of authority issuing certificate

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorized 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 size passport photograph (Showing 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/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 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/YYYY_.

@ 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

1. 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
impressio n 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) [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/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
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)

- The above condition is progressive/non-progressive/likely to improve/not likely to improve.
- Reassessment of disability is:

i) not necessary, or

ii) is recommended/after _____ years _____ months, and therefore this certificate shall be valid till _DD/MM/YYYY_.

@ 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

5. Signature and seal of the Medical Authority.

Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson

(Authorized Signatory of Notified Medical Authority)

(Name & 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.

ANNEXURE-V

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 application no.....,applying for the post of against Advt. No., dated/...../2022, 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 ason..... 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 ason..... 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:

Application No.:

Date:

Date of appointment in Armed Forces:

Date of Discharge:.....

Last Unit/ Corps:

Mobile Number:.....

Email ID:.....

**FORM OF CERTIFICATE TO BE SUBMITTED BY GOVERNMENT CIVILIAN EMPLOYEES
SEEKING AGE-RELAXATION**

(To be filled by the Head of the Office or Department in which the candidate is working)

It is certified that *Shri/Smt./Km. is a Government Civilian employee holding the post of _____ in the pay scale of Rs. _____ with 3 years regular service in the grade as on closing date of receipt of Applications Forms for _____ (name of examination).

Signature _____

Name _____

Official Seal _____

Place:

Date:

(*Please delete the words which are not applicable.