

**Annexure-I**

**FORM OF CASTE CERTIFICATE FOR SC/ST**

This is to certify that Shri\*/ Srimati/ Kumari\* .....son/daughter\* of Shri.....  
Village / Town ..... / District/ Division \* ..... of  
the.....State/Union Territory\* belongs to the .....Caste\*/Tribe which is  
recognised as a Scheduled Caste / Scheduled Tribe (tick whichever is applicable) under :-

- \*The Constitution Scheduled Castes Order 1950.
- \*The Constitution Scheduled Tribes Order 1950.
- \*The Constitution (Scheduled Castes) (Union Territories) (Part C States) Order 1951;
- \*The Constitution (Scheduled Tribes) (Union Territories) (Part C States) Order 1951;
- [As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification Order 1956, the Bombay Reorganisation Act 1960, the Punjab Re- organisation Act 1966, the State of Himachal Pradesh Act 1970, the North Eastern Areas (Re- organisation) Act 1971 and the Scheduled Castes and Scheduled Tribes Orders, (Amendment) Act 1976]
- \*The Constitution (Jammu and Kashmir)\* Scheduled Castes Orders, 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 Orders, 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 & Kashmir) Scheduled Tribes Order, 1989.
- \*The Constitution (SC) Orders (Amendment) Act, 1990
- \*The Constitution (ST) Orders (Amendment) Ordinance Act, 1991
- \*The Constitution (ST) Orders (Amendment) Ordinance Act, 1996
- \*The Constitution (Scheduled Castes) Orders (Amendment) Act, 2002
- \*The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002.
- \*The Scheduled Castes 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.

This certificate is issued on the basis of the Scheduled Castes/ Scheduled Tribes Certificate issued to  
Shri/Srimati\* .....father/mother\* .....of Shri/Srimati/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 Tribe in the Station/ Union Territory\* issued by the ..... dated.

3. Shri/Srimati/Kumari\* and /or\* his/her\* family ordinarily resides in Village/Town\* .....District/ Division\*  
of the State/ Union Territory\* of.....

\*Please delete the words which are not applicable.

@ Please quote the specific presidential order.

% Please delete the Paragraph, which is not applicable.

Note: (a) The term “ordinarily reside(s)” used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950: Officers competent to issue caste/tribe certificates:

1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Taluka Magistrate /Executive Magistrate / Extra Assistant Commissioner.
2. Chief Presidency Magistrate / Additional Chief PresidencyMagistrate / Presidency Magistrate.
3. Revenue Officers not below the rank of Tehsildar.
4. Sub-Divisional Officer of the area where the candidate and / or his / her family normally reside(s).
5. Certificates issued by Gazetted Officers of the Central or of a State Government Countersigned by the District Magistrate concerned.
6. Administrator/ Secretary to Administrator (Laccadive, Minicoy and Admindivi Islands).

Place .....  
Date .....

Signature .....  
Designation .....  
(with seal of Office)  
State/ Union Territory .....

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES**  
**APPLYING FOR APPOINTMENT TO POST UNDER THE GOVERNMENT OF INDIA**

This is to certify that S h r i / S m t . / K u m a r i .....  
..... s o n / d a u g h t e r o f ..... o f V i l l a g e / T o w n .....  
..... i n D i s t r i c t / D i v i s i o n

..... i n t h e S t a t e / U n i o n T e r r i t o r y ..... b e l o n g s t o  
t h e ..... c o m m u n i t y w h i c h i s r e c o g n i s e d a s a B a c k w a r d C l a s s u n d e r t h e G o v e r n m e n t o f I n d i a ,  
M i n i s t r y o f S o c i a l J u s t i c e a n d E m p o w e r m e n t ' s R e s o l u t i o n N o . .....

d a t e d ..... \*

S h r i / S m t . / K u m . \* . ..... a n d / o r h i s / h e r f a m i l y o r d i n a r i l y r e s i d e ( s ) i n  
t h e ..... D i s t r i c t / D i v i s i o n o f t h e ..... s t a t e / U n i o n T e r r i t o r y . T h i s i s a l s o t o  
c e r t i f y t h a t h e / s h e d o e s n o t b e l o n g t o t h e p e r s o n s / s e c t i o n s ( C r e a m y l a y e r ) m e n t i o n e d i n c o l u m n 3 ( o f t h e  
S c h e d u l e t o t h e G o v e r n m e n t o f I n d i a , D e p a r t m e n t o f P e r s o n n e l & T r a i n i n g O M N o . 3 6 0 1 2 / 2 2 / 9 3 - E s t t ( S C T ) ,  
d a t e d 8 . 9 . 1 9 9 3 a n d m o d i f i e d v i d e G o v e r n m e n t o f I n d i a , D e p a r t m e n t o f P e r s o n n e l a n d T r a i n i n g  
O . M . N o . 3 6 0 3 3 / 1 / 2 0 1 3 - E s t t . ( R e s ) d a t e d 2 7 . 0 5 . 2 0 1 3 a n d 1 3 . 0 9 . 2 0 1 7 \* .

**Date:**

**DISTRICT MAGISTRATE /  
DY. 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 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.

**DECLARATION**

**Proforma for declaration to be submitted by Other Backward Class**

**Candidates**

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“I,..... son/daughter of Shri ..... resident of Village/Town/ City ..... district .....State ..... hereby declare that I belong to the ..... (indicate your sub caste) community which is recognised as a backward class by the Government of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No. 36012/22/93-Estt.(SCT) dated 08.09.1993. It is also declared that I do not belong to persons/sections (Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum dated 08.03.1993 and its subsequent revisions through O.M.No.36033/1/2013-Estt. (Res) dated 27.05.2013 and 13.09.2017.

Place:

Signature of the Candidate

Date:

Name of the candidate

Disability Certificate

FORM-II

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

(See Rule 4)

(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/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

\*Blindness

(Please tick as applicable)

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

(1) 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 document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

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

(Signature and Seal of Authorized  
Signatory of notified Medical Authority)

**Disability Certificate  
FORM-III**

(In case of multiple disabilities)

**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)  
(See Rule 4)**

Recent PP  
Size Attested  
Photograph  
(Showing face  
only) of the  
person with  
disability

Certificate no:..... Date:  
1 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..... 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:

Sl. 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 .....year .....months, and therefore this certificate shall be valid till .....(DD/MM/YYYY)

@ 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 document as proof of residence

Nature of Document	Date of issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority

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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 disability certificate is issued

**Disability Certificate  
FORM – IV**

**(In cases other than those mentioned in Forms II and III)  
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)  
(See Rule 4)**

Recent PP Size Attested Photograph (Showing face only) of the person with disability
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Certificate No.:

Date:

**1.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..... whose  
photograph is affixed above and am satisfied that he/she is a case ..... 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:

Sl. 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		

(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)(YYYY)

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

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

**INCOME & ASSETS 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

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\*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.