

FORM OF CASTE CERTIFICATE FOR SC/ST

This is to certify that Shri*/ Smt/ Kumari* son/daughter* of
.....
..... of
..... District/Division* of

the..... State/Union Territory* belongs to the Caste*/Tribe which is recognised
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) (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 Re-organisation Act 1960, the Punjab Re-organisation Act 1966, the State of Himachal Pradesh Act 1970, the North Eastern Areas (Reorganisation) 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.....

Place.....

Date.....

Signature.....

Designation.....

(with seal of Office)

State/ Union Territory.....

* Please delete the words which are not applicable.

@ Please quote the specific presidential order.

% 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 Presidency Magistrate / 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).

OBC CERTIFICATE FORMAT

**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 Shri/Smt./Kumari.....son/daughter of
..... of Village/Townin 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./Kum.* 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 and modified vide Government of India, Department of Personnel and Training
O.M.No.36033/1/2013-Estt. (Res) dated 27.05.2013 and 13.09.2017**

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 at the time of document verification, who had applied for the posts

"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 recognized 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 revision 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

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

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS (EWS)

Certificate No. _____

Date: _____

VALID FOR THE YEAR _____

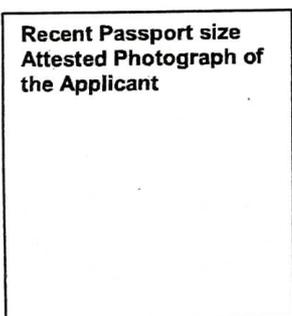
This is to certify that Shri / Smt./ Kumari _____
son/daughter/wife of _____ permanent resident of _____
Village/Street _____ Post Office _____ District _____
_____ in the State/Union Territory _____ Pin Code _____

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).

Recent Passport size
Attested Photograph of
the Applicant



Signature with seal of

Office _____

Name _____

Designation _____

***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.

CERTIFICATE OF MEDICAL FITNESS

(To be Certified by the Government Authorised Doctor (Gazetted) NOT BELOW THE RANK OF ASSISTANT SURGEON OF THE CENTRAL/STATE MEDICAL SERVICES).

1 **Name of the Candidate (in Block letters)**.....
Son/Daughter of
Date of Birth.....
Trade Name.....

2 **Height/137cms.** } Minimum
Weight/25.4 Kgs. } Standard
Chest Expansion/ }
Not less than 5 cms. }

Photo to be attested by the Civil Surgeon who is giving the certificate with signature and seal.

3 **EYES**
Minimum Standard of Visual Acuity (Bee-One) } a)
a) 6/9, 6/12 with or without glasses. } b)
b) Binocular Vision } Should be } c)
c) Colour Vision } Present }

(There should be no evidence of any morbid condition of either eye of the lids of either eye which may be liable to risk or aggravation or recurrence)

4 **EARS**
Good Hearing without suppurative disease. }
No Hearing aid is permitted. }

5 **SKIN**
evidence of acute or chronic skin Disease or }
Chronic ulceration. }

6 **SPEECH**
Should be preferably perfect without impediment. }

7 **Alimentary System**
1) Should have sufficient number of natural teeth(in healthy state) for mastication.
2) No oral sepsis.
3) Spleen should not be palpable
4) Liver should not be palpable
Others
Should not suffer from the following
a) Hemorrhoids
b) Hernia/Hydrocele
c) Bubonocele
d) Ischio-rectal abscess

8 CARDIO VASCULAR SYSTEM

- i) Blood Pressure should not exceed 85 diastolic and 140 systolic.
- ii) No sign of cardio vascular disease.

9 RESPIRATORY SYSTEM

No deformity or chest causing impediment to breathing.
Free from all disease of respiratory system.

10 GENITO URINARY SYSTEM

No Genitourinary disease or deformity.

11 SKELETAL SYSTEM

No evidence of serious deformity of the spinal column or of the extremities.
The function of all limbs should be within normal limits.

12 NERVOUS SYSTEM

No disease of Nervous system or any mental disease

13 GLANDULAR SYSTEM

No evidence of Tuberculosis or disease of Glandular system.

14 X-RAY OF LUNGS.

15 URINE SUGAR.

16 BLOOD GROUP.

The above named candidate is free from evidence of any contagious or infectious disease. He/She is not suffering from any disease which is likely to be aggravated by service or is likely to render him/her unfit for service or to endanger the health of the public. He/She is also free from evidence of tuberculosis in any form (active or healed) and also certified that he/she is fit to undergo Apprenticeship Training in Railway Establishments under the Apprentices Act, 1961 and para 4 of Apprenticeship Rules, 1992 (as amended time to time).

Date:

SEAL:

**SIGNATURE OF THE GOVERNMENT
AUTHORISED DOCTOR (GAZETTED)
(NOT BELOW THE RANK OF ASST.
SURGEON OF CENTRAL/STATE HOSPITAL
GOVERNMENT MEDICAL SERVICES)**

NAME OF THE DOCTOR:

ANNEXURE-"G"

**FORM OF MEDICAL CERTIFICATE FOR PERSONS WITH DISABILITIES (PWD) NAME & ADDRESS OF THE INSTITUTE/HOSPITAL
DISABILITY CERTIFICATE**

Certificate No. _____ Date _____

(Paste here recent
of passport size
colour photograph
of the Applicants
of size 4 cm x 5 cm

Signature of
Applicants

1. This is to certify that Smt. / Shri / Kum* _____ Son / daughter
Shri _____ age _____, Male / Female having identification marks
as below _____ is suffering from Permanent disability
following category.

A. Loco motor or cerebral palsy :

- (i) BL-Both legs affected but not arms.
- (ii) BA-Both arms affected : (a) Impaired reach, (b) Weakness of grip,
- (iii) OL-one leg affected (right or left) : (a) Impaired reach, (b) Weakness of grip, (c) Ataxic
- (iv) OA-One arm affected (right or left) : (a) Impaired reach, (b) Weakness of grip, (c) Ataxic
- (v) BH-Stiff back and hips (cannot sit or stoop)
- (vi) MW - Muscular weakness and limited physical endurance.

B. Blindness or Low Vision : (i) B-Blind, (ii) PB-Partially Blind,

C Hearing Impairment : (i) D-Deaf, (ii) PD- Partially Deaf

(Delete the category whichever is not applicable)

2. This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment of this case is not recommended/is recommended after a period of _____ year _____ months.

3. Percentage of disability in his/her case is _____ Percent.

4. Smt./Shri./Kum* _____ meets the following physical requirement for discharge of his/her duties:

(i)	F-can perform work by manipulating with fingers	Yes	No
(ii)	PP-can perform work by pulling and pushing	Yes	No
(iii)	L-can perform work by lifting	Yes	No
(iv)	KC-can perform work by kneeling and crouching	Yes	No
(v)	B-can perform work by bending	Yes	No
(vi)	S-can perform work by sitting	Yes	No
(vii)	ST-can perform work by standing	Yes	No
(viii)	W-can perform work by walking	Yes	No
(ix)	SE-can perform work by seeing	Yes	No
(x)	H-can perform work by hearing / speaking	Yes	No
(xi)	RW-can perform work by reading and writing	Yes	No

(Signature of Doctor)
Name:
Registration No.
Member, Medical Board

(Signature of Doctor)
Name:
Registration No.
Member, Medical Board

(Signature of Doctor)
Name:
Registration No.
Member/Chairperson, Medical Board

*Please delete the words which are not applicable Place:
Date :

Counter signature of the Medical
Superintendent/CMO/ Head of Hospital (with seal)

Note:

(i) according to the persons with Disabilities (Equal Opportunities, Protection of Rights and full participation) Rules, 1996 notified on 31.12.1996 by the Central Government in exercise of the powers conferred by sub-Section(1) and(2) of Section 73 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act. 1995 (1 Of 1996), authorities to give disability Certificate will be a Medical Board duly constituted by the Central or the State Government. The State Government may constitute a Medical Board consisting of at least three members out of whom at least one shall be a specialist in the particular field for assessing locomotors/ hearing and speech disability, mental retardation and leprosy cured as the case may be.

(ii) The certificate would be valid for a period of 5 years for those whose disability is temporary. For those who acquired permanent disability, the validity can be shown as permanent.

Disability Certificate FORM

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

(See Rule 4)

Recent Passport
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/Rig ht/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)	