

**THE FORM OF CERTIFICATE TO BE PRODUCED BY SCHEDULED CASTES AND SCHEDULED TRIBES CANDIDATES APPLYING FOR APPOINTMENT TO POSTS UNDER NID MADHYA PRADESH.**

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 State of Mizoram Act, 1986, the State of Arunachal Pradesh Act, 1986 and the Goa, Daman and Diu (Reorganization) Act, 1987]

@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) Order (Amendment) Act, 1990

@The Constitution (ST) Order (Amendment) Act, 1991

@The Constitution (ST) Orders (Second Amendment) Act, 1991

@The Scheduled Caste and Scheduled Tribes Orders (Amendment) Act, 2002

@The Constitution of (Scheduled Castes) Order (Amendment) Act, 2002

@The Constitution of (Scheduled Castes and Scheduled Tribes) Orders (Amendment) Act, 2002

@The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002

This certificate is issued on the basis of the Scheduled Castes/ Scheduled Tribes certificate issued to Shri / Shrimati .....  
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 recognized as a Scheduled Caste/Scheduled Tribe in the State / Union Territory of .....  
issued by the ..... dated.....

Shri/Shrimati/Kumari..... and/or his/her family ordinarily reside(s) in .....  
village/town.....of..... District / Division .....of the State / Union Territory of .....

Date:

Signature

Place:

Office Seal

**NOTE:** The term “Ordinarily” 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 SC/ST Certificate:

- (i) District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1<sup>st</sup> Class Stipendiary Magistrate / \* Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner. (\*not below of the rank of 1<sup>st</sup> Class Stipendiary Magistrate).
- (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
- (iii) Revenue Officers not below the rank of Tehsildar.
- (iv) Sub Divisional Officer of the area where the candidate and/or his/her family normally resides.
- (v) Administrator / Secretary to Administrator / Development Officer (Lakshadweep).

\* \* \*

**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 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 O.M. No. 36012/22/93-Estt. (SCT) dated 8.9.1993, OM No. 36033/3/2004- Estt. (Res) dated 9<sup>th</sup> March 2004, O.M. No. 36033/3/2004-Estt. (Res) dated 14<sup>th</sup> October 2008 and O.M. No. 36033/1/2013-Estt. (Res) dated 27<sup>th</sup> May 2013\*\*.

Signature \_\_\_\_\_

Designation \_\_\_\_\_ \$

Dated:

Office Seal:

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\*-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.

\$ - List of Authorities empowered to issue Other Backward Classes certificate will be the same as those empowered to issue Scheduled Caste/Scheduled Tribe certificates.

Note: - The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

\* \* \*

**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 ₹ 8.00 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 \_\_\_\_\_

\* 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.

THE FORM CERTIFICATE TO BE PRODUCED BY PERSONS WITH DISABILITIES  
(PwD)/PHYSICALLY HANDICAPPED CANDIDATES APPLYING FOR APPOINTMENT TO  
POSTS UNDER GOVERNMENT OF INDIA

NAME & ADDRESS OF THE MEDICAL INSTITUTE/HOSPITAL

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

Paste recent colour  
photograph of the  
candidate showing  
the disability duly  
attested by the  
Chairperson of the  
Medical Board.

This is certified that we have carefully examined Shri/ Smt./ Kum.  
\_\_\_\_\_ son / wife / daughter of Shri \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ identification mark(s) \_\_\_\_\_

Registration No. \_\_\_\_\_ permanent resident of  
\_\_\_\_\_ (Address) whose photograph is affixed

above and are satisfied that he/she is a case of \_\_\_\_\_ disability of following category:

**A. Locomotor or Cerebral Palsy:**

(i) BL – Both legs affected but not arms

(ii) BA – Both arms affected (a) Impaired reach

(b) Weakness of grip

(iii) BLA – Both legs and both arms affected

(iv) OL – One leg affected (right or left) (a) Impaired reach

(b) Weakness of grip

(c) Ataxic

(v) OA – One arm affected (a) Impaired reach

(b) Weakness of grip

(c) Ataxic

(vi) BH – Stiff back and hips (cannot sit or stoop)

(vii) MW – Muscular weakness and limited physical endurance

(viii) SD – Spinal Deformity without any associated neurological/limb dysfunction

(ix) SI – Spinal Injury without any associated neurological/limb dysfunction

**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.  
Reassessment of this case is not recommended / is recommended after a period of.....years  
..... months.

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

4. Shri/Smt./Kum. .... meets the following physical requirements for discharge of his/her duties: —

(i) MF—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) BN—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

(xii) C - Can perform work by communication. Yes/No

(Dr.....)

Member

Medical Board

(Dr. ....)

Member

Medical Board

(Dr.....)

Chairman

Medical Board

Countersigned by the Medical Superintendent/CMO/Head of Hospital (With seal)

\* Strike out whichever is not applicable.

**CERTIFICATE TO BE PRODUCED BY SERVING/RETIRED/RELEASED ARMED FORCES  
PERSONNEL FOR AVAILING THE AGE CONCESSION FOR POSTS FILLED BY DIRECT  
RECRUITMENT/CONTRACT**

**A. Form of Certificate applicable for Released/Retired Personnel**

It is certified that No \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_  
whose date of birth is \_\_\_\_\_ has rendered service from \_\_\_\_\_ to \_\_\_\_\_  
in Army/Navy/Air Force.

He has been released from military services:

- (a) on completion of assignment otherwise than
  - (i) by way of dismissal, or
  - (ii) by way of discharge on account of misconduct or inefficiency, or
  - (iii) on his own request, but without earning his pension, or
  - (iv) he has not been transferred to the reserve pending such release
- (b) on account of physical disability attributable to Military Service.
- (c) on invalidment after putting in at least five years of Military service.

He is covered under the definition of Ex-Serviceman (Re-employment in Central Civil Services and Posts) Rules, 1979 as amended from time to time.

Note: \*Strike out whichever is not applicable.

Date:

Place:

Signature Designation & Official Seal

**B. Form of Certificate for Serving Personnel**

(Applicable for serving personnel who are due to be released within one year)

It is certified that No \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_  
is serving in the Army/Navy/Air Force from \_\_\_\_\_.

He is due for release retirement on completion of his specific period of assignment on \_\_\_\_\_.

No disciplinary case is pending against him.

\*Strike out whichever is not applicable.

Date:

Place:

Signature Designation & Official Seal

**Candidate (Serving Personnel) furnishing certificate B as above will have to give the following undertaking:**

**Undertaking to be given by serving Armed Force personnel who are due to be released within one year**

I understand that if selected on the basis of the recruitment/Examination to which this application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the appointing authority that I have been duly released/retired/discharged from the Armed Forces and that I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen (Re-employment in Central Civil Service and Posts) Rules, 1979, as amended from time to time.

Signature and name of the Candidate

Date:

Place: