

**FORM- SC/ST**  
**FORM OF CERTIFICATE TO BE PRODUCED BY A**  
**CANDIDATE BELONGING TO SCHEDULED CASTE OR SCHEDULED TRIBE**  
**IN SUPPORT OF HIS / HER CLAIM.**

1. This is to certify that Sri / Smt / Kum\* \_\_\_\_\_ son /daughter\* of \_\_\_\_\_ of village / town\* \_\_\_\_\_ in District / Division\* \_\_\_\_\_ of the State / Union Territory\* \_\_\_\_\_ belongs to the \_\_\_\_\_ Caste/Tribe\* which is recognized 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) Orders, 1951;
- \* The Constitution (Scheduled Tribes) (Union Territories) Order, 1951;

[as amended by the Scheduled Castes and Scheduled Tribes lists Modification) Order,1956; the Bombay Reorganisation Act, 1960; the Punjab Reorganisation Act 1966, the State of Himachal Pradesh Act, 1970, the North-Eastern Areas (Reorganisation)Act, 1971, the Constitution (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 and Kashmir) Scheduled Castes Order, 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 Order 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 and Kashmir) Scheduled Tribes Order, 1989;
- \* The Constitution (Scheduled Castes) 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 Castes) Order (Amendment) Act, 2002;
- \*The Constitution (Scheduled Caste and Scheduled Tribes) Order (Amendment) Act, 2002;
- \*The Constitution (Scheduled Caste) Order (Second 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 / Smt / Kumari\* \_\_\_\_\_ Father /Mother\* of Sri / Smt / 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 \_\_\_\_\_ [Name of the authority] vide their order No. \_\_\_\_\_ dated \_\_\_\_\_. 3.Shri/Smt/Kumari\* \_\_\_\_\_ and/or\* his/her\* family ordinarily reside(s) in village/town\* \_\_\_\_\_ of \_\_\_\_\_ District / Division\* of the State / Union Territory\* of \_\_\_\_\_

Signature \_\_\_\_\_  
 Designation \_\_\_\_\_

Place: \_\_\_\_\_ [With seal of Office]  
 Date: \_\_\_\_\_ State/Union Territory

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

-----\* Please delete the words

which are not applicable.

# Delete the paragraph which is not applicable.

**List of authorities empowered to issue Caste / Tribe Certificates:**

1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector/I Class Stipendiary Magistrate / Sub-Divisional Magistrate / Extra-Asst. Commissioner / Taluka Magistrate / Executive Magistrate.
2. Chief Presidency Magistrate/ Additional Chief Presidency Magistrate / presidency Magistrate.
3. Revenue Officer not below the rank of Tehsildar.
4. Sub-Divisional Officers of the area where the candidate and / or his family normally resides.

**Note: The Certificate is subject to amendment/modification of Scheduled Castes and Scheduled Tribes lists from time to time.**

FORM- OBC  
OBC Certificate Format  
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 Sri / Smt. / Kum\* \_\_\_\_\_ Son / Daughter\* of Shri / Smt.\*  
\_\_\_\_\_ of village/Town\* \_\_\_\_\_ District/Division\* \_\_\_\_\_  
in the \_\_\_\_\_ State belongs to the \_\_\_\_\_ community which is recognized as a backward class  
under:

- (i) Resolution No.12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary Part I Section I No.186 dated 13/09/93.
- (ii) Resolution No.12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary Part I Section I No.163 dated 20/10/94.
- (iii) Resolution No.12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary Part I Section I No.88 dated 25/05/95.
- (iv) Resolution No.12011/96/94-BCC dated 09/03/96.
- (v) Resolution No.12011/44/96-BCC dated 06/12/96 published in the Gazette of India Extraordinary Part I Section I No.210 dated 11/12/96.
- (vi) Resolution No.12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No.12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No.12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No.12011/88/98-BCC dated 06/12/99 published in the Gazette of India Extraordinary Part I Section I No.270 dated 06/12/99.
- (x) Resolution No.12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary Part I Section I No.71 dated 04/04/2000.
- (xi) Resolution No.12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary Part I Section I No.210 dated 21/09/2000.
- (xii) Resolution No.12015/9/2000-BCC dated 06/09/2001.
- (xiii) Resolution No.12011/1/2001-BCC dated 19/06/2003.
- (xiv) Resolution No.12011/4/2002-BCC dated 13/01/2004.
- (xv) Resolution No.12011/9/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section I No.210 dated 16/01/2006.
- (xvi) Resolution No.12011/9/2004-BCC dated 12/03/2007 published in the Gazette of India Extraordinary Part I Section I No.67 dated 12/03/2007.
- (xvii) Resolution No.12015/2/2007-BCC dated 18/08/2010.
- (xviii) Resolution No.12015/13/2007-BCC dated 08/12/2011.

Shri/Smt./Kum. \_\_\_\_\_ and/or his/her family ordinarily reside(s) in the  
\_\_\_\_\_ District/Division of \_\_\_\_\_ 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 O.M. No.36012/22/93- Estt.[SCT], dated 08/09/93 which is modified vide O.M. No.36033/3/2004  
Estt.(Res.) dated 09/03/2004, further modified vide O.M. No.36033/3/2004-Estt.(Res.) dated 14/10/2008 or the latest  
notification of the Government of India.

Dated:

District Magistrate

/ Deputy Commissioner

/ Competent Authority

Seal

\*Please delete the word(s) which are not applicable.

NOTE:

(a) The term 'Ordinarily resides' 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 Certificates are indicated below:

(i) District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendiary 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 and

(iv) Sub-Divisional Officer of the area where the candidate and/or his family resides.

(i) Note: The prescribed proforma shall be subject to amendment from time to time as per Government of India Guidelines

FORM-EWS

Government of .....

(Name & Address of the authority issuing the certificate

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

(Prescribed proforma subject to amendment from time to time)

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 .....



\*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 anyone 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-I**  
**Certificate of Disability**

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in cases of blindness)  
(Prescribed proforma subject to amendment from time to time)  
(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 documents as proof of residence: -

Nature of Document	Date of Issue	Date of Authority

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

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

**FORM - II**  
**Certificate of Disability**  
**(In case of multiple disabilities)**  
**(Prescribed proforma subject to amendment from time to time)**  
**(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 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 :

Sr. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				

(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 documents 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 Chairperson

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

**FORM - III Certificate of Disability**  
(In cases other than those mentioned in Form I and II)  
(Prescribed proforma subject to amendment from time to time)  
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent Passport  
size Attested  
Photograph  
(Showing face  
only) of the  
persons 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  
HouseNo. \_\_\_\_\_ 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:

Sr. 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) \_\_\_\_\_

@ - e.g. Left/Right/both arms/legs

# - e.g. Single eye / both eyes

£ - e.g. Left / Right / both ears

1. The applicant has submitted the following documents 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.

APPENDIX- I

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

<b>(Signature &amp; Name)</b>	<b>(Signature &amp; Name)</b>	<b>(Signature &amp; Name)</b>	<b>(Signature &amp; Name)</b>	<b>(Signature &amp; Name)</b>
<b>Orthopedic/PMR Specialist</b>	<b>Clinical Psychologist/ Rehabilitation Psychologist/Psychiatrist/ Special Educator</b>	<b>Neurologist ( if Applicable)</b>	<b>Occupational Therapist (if available)</b>	<b>Other Expert as nominated by the Chairperson (if any)</b>
<b>(Signature &amp; Name)</b>				
Chief Medical Officer/Civil Surgeon/Chief District Medical Officer				
-----Chairperson				

Name of Government Hospital/Health Care Centre with seal

Place:

Date: