

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.

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\* 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**

**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. /  
Kumari \_\_\_\_\_ son/daughter  
\_\_\_\_\_ of  
\_\_\_\_\_ village/Town  
\_\_\_\_\_ District/Division \_\_\_\_\_ in the State/ Union  
Territory \_\_\_\_\_ belongs to the \_\_\_\_\_  
\_\_\_\_\_ community which is recognized 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 OM No.36012/22/93- Estt.[SCT], dated 8-9-1993 \*\*.

Dated:  
Magistrate

District  
Deputy Commissioner

etc.

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.

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

**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. 8lakh (Rupees Eight Lakh only) for the financial year His/her family does not own or possess

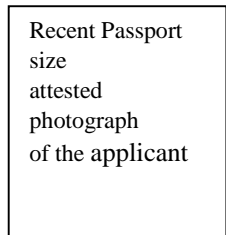
any of the following assets\*\*\* :

- 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 .....



~~Not to be removed~~

\*\*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**

**Recent passport size attested photograph (Showing face only) of the person with disability**

**CERTIFICATE)**

**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 :-**

<b>Nature of Document</b>	<b>Date of Issue</b>	<b>Details of authority issuing certificate</b>

**(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)**

<b>Recent PP size</b> <b>Attested</b> <b>Photograph</b> <b>(Showing face</b> <b>only) of the person</b> <b>with disability</b>
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**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	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			

<b>13</b>	<b>Specific Learning Disability</b>			
<b>14</b>	<b>Autism Spectrum disorder</b>			
<b>15</b>	<b>Mental-illness</b>			
<b>16</b>	<b>Chronic Neurological Conditions</b>			
<b>17</b>	<b>Multiple sclerosis</b>			
<b>18</b>	<b>Parkinson's disease</b>			
<b>19</b>	<b>Haemophilia</b>			

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 shallbe 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 person with disability
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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 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			

<b>6</b>	<b>Low vision</b>	<b>#</b>		
<b>7</b>	<b>Deaf</b>	<b>€</b>		
<b>8</b>	<b>Hard of Hearing</b>	<b>€</b>		
<b>9</b>	<b>Speech and Language Disability</b>			
<b>10</b>	<b>Intellectual Disability</b>			
<b>11</b>	<b>Specific Learning Disability</b>			
<b>12</b>	<b>Autism Spectrum disorder</b>			
<b>13</b>	<b>Mental-illness</b>			
<b>14</b>	<b>Chronic Neurological Conditions</b>			

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

4. 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)

Countersignature

d

{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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**PROFORMA - A**

**Form of Certificate applicable for Released/Retired  
Personnel (Prescribed proforma subject to amendment  
from time to time)**

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

**2. 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**

**3. 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.**

**Place:  
Authority\*\***

**Signature, Name and Designation of the Competent**

**Date:**

**SEAL**

*% Delete the paragraph which is not applicable.*

**\*\* Authorities who are competent to issue certificate to Armed Forces Personnel for availing Age concessions are as follows :**

- (a) In case of Commissioned Officers including ECOs/SSCOs: Army: Military Secretary Branch, Army Hqrs., New Delhi; Navy : Directorate of Personnel, Naval Hqrs., New Delhi; Air Force : Directorate of Personnel Officers, Air Hqrs., New Delhi.**
- (b) In case of JCOs/ORs and equivalent of the Navy and Air Force : Army : By various Regimental Record Offices; Navy : CABS, Mumbai; Air Force : Air Force Records, New Delhi.**

**PROFORMA - B**

**Form of Certificate for Serving Personnel  
(Applicable for serving personnel who are due to be released within one year)  
(Prescribed proforma subject to amendment from time to time)**

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

2. He is due for release/retirement on completion of his specific period of assignment on or before 20.07.2024.
3. No disciplinary case is pending against him

Place: \_\_\_\_\_ Signature, Name and Designation of  
the Competent Authority \*\*

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

**\*\* Authorities who are competent to issue certificate to Armed Forces Personnel for availing Age concessions are as follows :**

- (a) **In case of Commissioned Officers including ECOs/SSCOs: Army: Military Secretary Branch, Army Hqrs., New Delhi; Navy : Directorate of Personnel, Naval Hqrs., New Delhi; Air Force : Directorate of Personnel Officers, Air Hqrs., New Delhi.**
- (b) **In case of JCOs/ORs and equivalent of the Navy and Air Force : Army : By various Regimental Record Offices; Navy : CABS, Mumbai; Air Force : Air Force Records, New Delhi.**



**PROFORMA - C**

**Undertaking to be given by serving Armed Force personnel who  
are due to be released within one year  
(Prescribed proforma subject to amendment from time to time)**

- (1) **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.**
- (2) **I also understand that I shall not be eligible to be appointed to a vacancy reserved for Ex- serviceman in regard to the recruitment covered by this examination, if I have at any time prior to such appointment, secured any employment on the civil side (including Public Sector Undertaking, Autonomous Bodies/Statutory Bodies, Nationalised Banks, etc.), by availing of the concession of reservation of vacancies admissible to Ex-serviceman.**

**Place :**

**Date : Signature and Name of Candidate**

**PROFORMA - D**

**Form of Certificate applicable for Serving Armed Force Personnel who have already completed their initial assignment and are on extended assignment (Prescribed proforma subject to amendment from time to time)**

It is certified that No \_\_\_\_\_ Rank \_\_\_\_\_ Name \_\_\_\_\_ whose date of birth is \_\_\_\_\_ is serving in the Army/Navy/Air Force from \_\_\_\_\_

2. He has already completed his initial assignment of five years on \_\_\_\_\_ and is on extended assignment till \_\_\_\_\_
  
3. There is no objection to his applying for civil employment and he will be released on three months' notice on selection from the date of receipt of offer of appointment.

Place :

Signature, Name and Designation of the Competent Authority \*\*

Date :

SEAL

**\*\* Authorities who are competent to issue certificate to Armed Forces Personnel for availing Age concessions are as follows :**

- (a) In case of Commissioned Officers including ECOs/SSCOs: Army: Military Secretary Branch, Army Hqrs., New Delhi; Navy : Directorate of Personnel, Naval Hqrs., New Delhi; Air Force : Directorate of Personnel Officers, Air Hqrs., New Delhi.
  
- (b) In case of JCOs/ORs and equivalent of the Navy and Air Force : Army : By various Regimental Record Offices; Navy : CABS, Mumbai; Air Force : Air Force Records, New Delhi.

## 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

(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)
Orthopedic/ PMR specialist	Clinical Psychologist/ Rehabilitation Psychologist/ Psychiatrist/ Special Educator	Neurologist (if available)	Occupational therapist (if available)	Other Expert, as nominated by the Chairperson (if any)
(Signature & Name)				
Chief Medical Officer / Civil Surgeon / Chief District Medical Officer ..... Chairperson				

Name of Government Hospital / Health Care Centre with Seal

Place

:Date

: