

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

This is to certify that Shri./Smt.* / Kumari _____
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) Order, 1951
- * The Constitution (Scheduled Tribes) (Union Territories) Order, 1951

[[As amended by the Scheduled Castes and Scheduled Castes and Scheduled Tribes
Lists (Modification) Order 1956, the Bombay Reorganization Act 1960, the Punjab
Reorganization Act, 1966, the State of Haryana Pradesh Act,1970, the North
Eastern Areas (Reorganization) Act 1971 and the Scheduled Castes and Scheduled
Tribes Orders (Amendment) Act 1976]]

- # The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956
- * The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Orders, 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 Tribes Order, 1962
- * The Constitution (Scheduled Tribes)(Uttar Pradesh) Order, 1967
- * The Constitution (Go a, Daman and Diu) Scheduled Castes Order, 1968
- * The Constitution (Go a, Daman and Diu) Scheduled Castes Order, 1968
- * The Constitution (Nagaland) Scheduled Tribes Order, 1970

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

SIGNATURE

Designation _____
(With seal of _____
Office). _____

Place _____ State _____

Union Territory*

Date _____

* Please delete the words which are not applicable.

Note: 1) The terms 'Ordinarily resides' used here will have the same meaning as in
Section 20 of the Representation of the People Act,1950

2) Certificates are valid only when they are issued by the Competent
Authority empowered to issue the certificate and is in the relevant name of
the community and not in its synonyms or equivalents (which are meant only
for purposes of verification of claims of members of relevant community
calling themselves by such synonyms or equivalent)

[Latest valid Certificate shall be produced].

**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./
Kum..... son/ daughter of
Shri..... of village District/Division
..... in the State belongs
to Other Backward Class under the Government of India, Ministry of Welfare
Resolution No.12011/68/93-BCCC(C), dated 10th September, 1993, published in the
Gazette of India Extraordinary Part I Section-I dated 13th September 1993.

Shri /Smt/Kum..... and his/her family ordinarily reside(s)
in the District/Division of the
..... 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 and Training O.M. No.36012/22/93-Estt.(SCT) dated 8.9.1993 and modified vide the GOI, DOPT's O.M.No.36033/3/2004-Estt.(Res.) dated 9.3.2004 and 14.10.2008 and DOPT's O.M No.36033/1/2013 Estt (Res.) dated 27.05.2013 and DOPT OM No.36033/1/2013 Estt.(Res.) dated 13.09.2017

Dated:

District Magistrate
Deputy Commissioner etc.
Seal

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

- (b) Where the certificates are issued by Gazetted Officer of the Union Government or State government they should be in the same form, but COUNTERSIGNED by the District Magistrate or Deputy Commissioner.

(Certificate issued by Gazetted Officers and attested by District Magistrate/ Dy.Comissioner are not sufficient).

- (c) Latest valid Certificate shall be produced.

DECLARATION TO BE FURNISHED BY CANDIDATES
SEEKING RESERVATION AS OBC

I.....Son/ Daughter of
Shriresident of Village/ Town /City
.....District.....
State hereby declare that I belong to the
..... Community which is recognized as a Backward
Class by the Government of India for the purpose of reservation in service as per
orders contained in Department of Personnel and Training Office Memorandum
No.36012/22/93-Estt.(SCT) dated 8-9-1993. It is also declared that I do not
belong to Creamy Layer status as per Government of India, Department of
Personnel & Training's Order OM No.36033/3/2004-Estt(Res), dated 14-10-2008
and DOPT's O.M No.36033/1/2013 Estt (Res.) dated 27.05.2013 and DOPT OM
No.36033/1/2013 Estt.(Res.) dated 13.09.2017.

Place:

Date :

Signature of the Candidate

**FORM OF CERTIFICATE TO BE PRODUCED BY PERSON WITH DISABILITY
IN SUPPORT OF HIS CLAIM**

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

Certificate No. _____

Date: _____

DISABILITY CERTIFICATE

Recent Photograph of the candidate
showing the disability duly attested by
the Chairperson of the Medical Board

This is certified that Shri/ Smt/ Kum _____
son/wife/daughter of _____ /Shri _____
age _____ Sex _____ identification mark(s) _____ is
suffering from permanent 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.

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 _____ 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) 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 |

(Dr. _____)
Member
Medical Board

(Dr. _____)
Member
Medical Board

(Dr. _____)
Chairperson
Medical Board

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

*Strike out which is not applicable.

[Latest valid Certificate shall be produced].