

**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]  
State/Union Territory

Date:

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 / SubDivisional 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.
5. Administrator/Secretary to Administrator/Development Officer Lakshadweep).

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

**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 \_\_\_\_\_ 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:

District Magistrate 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. 21

**Form - I**  
**Disability Certificate**

(In cases of amputation or complete permanent paralysis of limbs 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 PP 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:

(A) he/she is a case of:

- Locomotor disability
- Blindness

(Please tick as applicable)

(B) The diagnosis in his/her case is \_\_\_\_\_

(A) He/ She has \_\_\_\_\_% (in figure) \_\_\_\_\_ percent (in words) permanent physical impairment/blindness in relation to  
his/her \_\_\_\_\_ (part of body) as per guidelines (to be specified)

The applicant has submitted the following documents as proof of residence:-

2. Nature of Document	Date of Issue	Details of authority issuing certificate

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

Recent PP size Attested Photograph (Showing face only) of the person with disability
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**FORM - II**

**Disability Certificate**

(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 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:

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 \_\_\_\_\_ 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

5. Signature and Seal of the Medical Authority

Name and seal of Member	Name and seal of Member	Name and seal of Member

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

**FORM - III**

**Disability Certificate**

(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 PP 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 he / she is a Case of \_\_\_\_\_ disability. His/her extent of percentage physical impairment /  
disability has been evaluated as per guidelines (to be specified) and is shown against the relevant the relevant disability in the table below:

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		

(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

(Authorized 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.

**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.**

1. 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:

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

**INCOME & ASSET CERTIFICATE TO BE PRODUCED BY THE ECONOMICALLY WEAKER SECTIONS**

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

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

VALID FOR THE YEAR \_\_\_\_\_

This is to certify that Sri/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 \_\_\_\_\_

Recent Passport size photograph of the applicant
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\* 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 not 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