

FORMAT FOR SC/ST CERTIFICATE

A candidate who claims to belong to one of the Scheduled Castes or the Scheduled Tribes should submit in support of his claim a Self Attested/certified copy of a certificate in the form given below, from the District Officer or the sub-Divisional Officer or any other officer as indicated below of the District in which his parents (or surviving parents) ordinarily reside who has been designated by the State Government concerned as competent to issue such a certificate. If both his parents are dead, the officer signing the certificate should be of the district in which the candidate himself ordinarily resides otherwise than for the purpose of his own education. Wherever photograph is an integral part of the certificate, the Commission would accept only Self Attested photocopies of such certificates and not any other Self Attested or true copy.

(The format of the certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under Government of India)

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 Caste/Scheduled Tribe* under:-
The Constitution (Scheduled Castes) order, 1950 _____
The Constitution (Scheduled Tribes) order, 1950 _____
The Constitution (Scheduled Caste) 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 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) orders (Amendment) Act, 1990@
The Constitution (ST) orders (Amendment) Ordinance 1991 @
The Constitution (ST) orders (Second Amendment) Act, 991@
The Constitution (ST) orders (Amendment) Ordinance 1996
The Scheduled Caste and Scheduled Tribes Orders (Amendment) Act, 2002
The Constitution (Scheduled Caste) Orders (Amendment) Act, 2002
The Constitution (Scheduled Caste and Scheduled Tribes) Orders (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/Shrimati _____ Father/mother _____ of _____

Shri/Shrimati/Kumari* _____ who
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 in the State/Union Territory* issued by
the _____ dated _____.

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

Place _____

Date _____

Signature _____

** Designation.....

(with Seal of Office)

* Please delete the words which are not applicable

@ Please quote specific presidential order

% Delete the paragraph which is not applicable.

NOTE: The term ordinarily reside(s) 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 Caste/Tribe Certificate Certificates:**

- i. District Magistrate / Additional District Magistrate/ Collector/ Deputy Commissioner / Additional Deputy Commissioner/ Dy. Collector / 1st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Extra-Assistant Commissioner/ Taluka Magistrate / Executive Magistrate.
- ii. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
- iii. Revenue Officers not below the rank of Tehsildar.
- iv. Sub-Divisional Officers of the area where the applicant and or his family normally resides.

Note:- ST applicants belonging to Tamil Nadu State should submit Caste Certificate only from the REVENUE DIVISIONAL OFFICER.

(FORMAT 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 recognized as a
backward class under the Government of India, Ministry of Social Justice and Empowerment's Resolution
dated _____*.
No. _____

and/or his/her family ordinarily reside(s) in
Shri/Smt./Kumari _____
District/Division of the _____
the _____

State/Union Territory. This is also to certify that he/she does not belong to the persons/sections of (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 08.09.1993**.

Date _____

District Magistrate /
Deputy Commissioner etc.

Seal of Office

*- The Authority issuing the Certificate may have to mention the details of Resolution of Government of India, in which the Caste of candidate is mentioned as OBC

**-. As amended from time to time.

Note: The term ordinarily reside(s) used here will have the same meaning as in section 20 of the Representation of the People Act, 1950.

APPENDIX – IV

FORMAT OF CERTIFICATE TO BE SUBMITTED BY CENTRAL GOVERNMENT CIVILIAN EMPLOYEES (CGCE) SEEKING AGE-RELAXATION (Letter Head of the Organisation)

(To be filled by the Head of the Office or Department in which the candidate is working).

[Please see Para-12(H) of the Notice]

It is certified that *Shri/Smt./Km. _____ is a Central Government Civilian employee holding the post of ----- in the pay scale of ` _____ with 3 years regular service in the grade as on _____.

Signature _____
Name & Designation _____

Office seal

Place:

Date :

(*Please delete the words, which are not applicable.)

APPENDIX-IV(A)

DECLARATION TO BE SUBMITTED BY ALL THE EMPLOYED APPLICANTS INCLUDING CGCE DECLARATION

[Please see Para- 12(H) of the Notice]

I declare that I have already informed my Head of Office/Department in writing that I have applied for this examination and no vigilance is either pending or contemplated against me as on the date of submission of application.

I further submit the following information:

Date of Appointment :
Holding present Post & Pay Scale :
Name & Address of Employer with :
Tel. No./FAX/E-mail

Place & Date:

**Full Signature of the applicant*

FORMAT OF CERTIFICATE FOR SERVING DEFENCE PERSONNEL

(Letter Head of the Organisation)
[Please see Para-12(E) & (F) of the Notice]

I hereby certify that, according to the information available with me (No.)..... (Rank)
(Name)..... is due to complete the specified term of his engagement with
the Armed Forces on the (Date).....

Signature of Commanding Officer
Office Seal:

Place:
Date:

DECLARATION TO BE GIVEN BY THE EXS APPLICANT

[Please see Para-12(E) & (F) of the Notice]

I understand that, if selected on the basis of the recruitment/examination to which the 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 Services and Posts rules, 1979, as amended from time to time.

I also understand that I shall not be eligible to be appointed to a vacancy reserved for Ex-S 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 Undertakings, Autonomous Bodies/Statutory Bodies, Nationalized Banks, etc.) by availing of the concession of reservation of vacancies admissible to Ex-S.

I further submit the following information:

- a. Date of appointment in Armed Forces :
- b. Date of discharge :
- c. Length of service in Armed Forces :
- d. My last Unit / Corps :
- e. **Details of Re-employment, if any.** :

Place & Date:

**Full Signature of the applicant*

**DISABILITY CERTIFICATE
(IN CASE OF AMPUTATION OR COMPLETE PERMANENT PARALYSIS
OF LIMBS AND IN CASES OF BLINDNESS)
(See Rule 4)**

<p>(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)</p>	<p>Recent Pass Port size Attested Photograph (Showing face only) of the person with disability</p>						
<p>Certificate No.----- Date:-----</p>							
<p>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 Home No. _____ Ward/Village/Street _____ Post Office _____ District _____ State _____, whose photograph is affixed above, and am satisfied that (A) he/she is a case of:</p> <ul style="list-style-type: none"> • locomotor disability • blindness <p>(Please tick as applicable)</p> <p>(B) the diagnosis in his/her case is _____</p> <p>(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).</p> <p>2. The applicant has submitted the following document as proof of residence:-</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Nature of Document</th> <th style="width:30%;">Date of Issue</th> <th style="width:40%;">Details of Authority issuing Certificate</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Nature of Document	Date of Issue	Details of Authority issuing Certificate			
Nature of Document	Date of Issue	Details of Authority issuing Certificate					
<p>Signature/Thumb impression of the person in whose favour disability certificate is issued.</p>	<p>(Signature and Seal of Authorised Signatory of notified Medical Authority)</p>						

**DISABILITY CERTIFICATE
(IN CASE OF MULTIPLE DISABILITIES)
(See Rule 4)**

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)	Recent Pass Port size Attested Photograph (Showing face only) of the person with disability			
Certificate No.-----	Date:-----			
<p>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 Home No. _____ Ward/Village/Street _____ Post Office _____ District _____ State _____, whose photograph is affixed above, and am satisfied that :</p>				
<p>(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:</p>				
S. 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		
<p>(Please strike out the disabilities which are not applicable) (@ e.g. Left/Right/both arms/Legs) (# e.g. Single eye/both eyes) (£ e.g. Left/Right/both ears.)</p>				
<p>(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.</p>				
<p>2. This condition is progressive/non progressive/likely to improve/not likely to improve.</p>				
<p>3. Reassessment of disability is:</p>				
<p>(i). not necessary Or</p>				
<p>(ii). is recommended/after _____ years _____ months, and therefore this certificate shall be valid till ____/____/____ (DD/MM/YY)</p>				
4. The applicant has submitted the following document as proof of residence:-				
Nature of Document	Date of Issue	Details of Authority issuing Certificate		
5. Signature and Seal of Medical Authority				
Name and Seal of Member	Name and Seal of Member	Name and Seal of Chairman		
Signature/Thumb impression of the person in whose favour disability certificate is issued.				

DISABILITY CERTIFICATE
(IN CASES OTHER THAN THOSE MENTIONED IN FORM-II AND FORM-III)
(See Rule 4)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)	Recent Pass Port 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 Home 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) for the disabilities (to be specified) and is shown against the relevant disability in the table below:-

S. 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)

(@ e.g. Left/Right/both arms/Legs)(# e.g. Single eye/both eyes)(£ e.g. Left/Right/both ears.)

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 document as proof of residence:-

Nature of Document	Date of Issue	Details of Authority issuing Certificate

(Authorised Signatory of notified Medical Authority)
(Name & Seal)

(Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the certificates issued by a medical authority who is not a permanent servant(with seal)

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