

FORM OF CASTE CERTIFICATE FOR SC/ST

This is to certify that Shri*/Shrimati/Kumari _____ Son/Daughter of
_____ Village/Town _____ /District/Division*
_____ of the _____ State/Union Territory belongs to the
_____ Caste*/Tribe which is recognised as a Scheduled Caste/Tribe under :

*The Constitution Scheduled Castes Order, 1950.

*The Constitution Scheduled Tribes Order, 1950.

*The Constitution (Scheduled Castes) (Union Territories) (Part C States) Order, 1951;

*The Constitution (Scheduled Tribes) (Union Territories) (Part C States) Order, 1951;

[As amended by the Scheduled Castes and Scheduled Tribes List (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 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976.]

The Constitution (Jammu and Kashmir) Scheduled Castes Orders, 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 & Kashmir) Scheduled Tribes Order, 1989.

*The Constitution (SC) Orders (Amendment) Act, 1990.

*The Constitution (ST) Orders (Amendment) Ordinance Act, 1991.

*The Constitution (ST) Orders (Amendment) Ordinance Act, 1996.

*The Constitution (Scheduled Castes) Orders (Amendment) Act, 2002.

*The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002.

*The Scheduled Castes 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 _____ of Village/Town* _____ in /District/Division* _____ of the State/Union Territory* _____ who belongs to the _____ Caste*/Tribe which is recognised 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* _____ District/Division* of the State/Union Territory * of _____.

Place _____

Date _____

Signature _____

Designation _____

(with seal of Office)

State/Union Territory _____

* Please delete the words, which are not applicable.

@ Please quote specific Presidential Order

% Delete the Paragraph, which is not applicable

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

The following Officers are authorised to issue caste certificates :

1. District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendary Magistrate/Sub Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.
2. Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
3. Revenue Officer not below the rank of Tehsildar.
4. Sub-Divisional Officer of the area where the candidate and/or his family normally resides.
5. Certificates issued by Gazetted Officers of the Central or of a State Government countersigned by the District Magistrate concerned.
6. Administrator/Secretary to Administrator (Laccadive, Minicoy and Amindivi Islands).

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./Kumari.....Son/Daughter ofof village/town..... in District/Division..... in the State/Union Territory..... belongs to the.....community which is recognised 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 O.M. No.36012/22/93-Estt. (SCT) dated 08.09.1993, O.M. No. 36033/3/2004-Estt. (Res) dated 9th March, 2004, O.M. No. 36033/3/2004-Estt. (Res) dated 14th October, 2008 and O.M. No. 36033/1/2013-Estt. (Res) dated 27th May, 2013**.

Signature_____

Designation_____ \$

Dated:

Seal

* - 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.

\$ - List of Authorities empowered to issue Other Backward Classes certificate will be the same as those empowered to issue Scheduled Caste/Scheduled Tribe certificates.

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

Note : The prescribed proforma is subject to amendment / modification from time to time as per Government of India Guidelines.

Government of.....

(Name & Address of the authority issuing the certificate)

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

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_____

Recent Passport
size attested
photograph of the
applicant

*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.

Form-V

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case of blindness)

[See rule 18(1)]

(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 document as proof of
residence:-

Nature Document	of	Date of Issue	Details of authority issuing certificate

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

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

Form - VI

Certificate of Disability

(In cases of multiple disabilities)

[See rule 18(1)]

(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 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:

S. 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			
13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			
15.	Mental illness			
16.	Chronic Neurological Conditions			
17.	Multiple sclerosis			
18.	Parkinson's disease			
19.	Haemophilia			
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 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 document 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 the Chairperson

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

Form – VII

Certificate of Disability

(In cases other than those mentioned in Forms V and VI)

(Name and Address of the Medical Authority issuing the Certificate)

(See rule 18(1))

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 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:-

S. 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) ____ ____ ____

@ - eg. Left/Right/both arms/legs

- eg. Single eye/both eyes

€ - eg. 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 and Seal)

Countersigned
{Countersignature and seal of the Chief Medical
Officer/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 certificate of disability is issued
--

Note.- In case this certificate is issued by a medical authority who is not a Government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District

SCRIBE DECLARATION FORM

GUIDELINES REGARDING PERSONS WITH DISABILITIES

Those candidates who are visually impaired and candidates whose writing speed is adversely affected permanently for any reason can use their own scribe at own cost during the online examination. In all such cases where a scribe is used, the following rules will apply:

- * Please ensure you are eligible to use a scribe as per the Government of India rules governing the recruitment of Persons with Disabilities.
- * The candidate will have to arrange his/her own scribe at his/her own cost
- * The scribe can be from any academic discipline in case of General Stream. In case of Specialist streams, i.e., Legal, Information Technology, Official Language and Research Streams, the scribe should be from an academic stream different from that stipulated for the post.
- * The scribe arranged by the candidate should not be a candidate for the same examination. If violation of the above is detected at any stage of the process, candidature of both the candidate and the scribe will be cancelled.
- * A person acting as a scribe for one candidate cannot be a scribe for another candidate.
- * Both, the candidate as well as the scribe, will have to give a suitable undertaking, in the prescribed format with passport size photograph of the scribe, confirming that the scribe fulfils all the stipulated eligibility criteria for a scribe as mentioned above. Further, in case it later transpires that s/he did not fulfill any of the laid-down eligibility criteria or suppressed material facts, the candidature of the applicant will stand cancelled, irrespective of the result of the examination.
- * Those candidates who use a scribe shall be eligible for compensatory time of 20 minutes for every hour of the examination or as otherwise advised.
- * **Visually Impaired candidates under Blind/Low Vision, who use scribe, may skip the non-verbal questions, if any, in Test of Reasoning and questions on Table/Graph, if any, in Test of Quantitative Aptitude. The candidates will be awarded marks for such Section based on the overall average obtained in other Sections of the respective test.**

Please fill up the **DECLARATION given below** and submit along with the call letter.

DECLARATION

We, the undersigned, Shri/Smt/Kum. _____
eligible candidate for the _____
examination and Shri/Smt/Kum. _____ **eligible writer (scribe)** for
the eligible candidate, do hereby declare that :

1. The scribe is identified by the candidate at his/her own cost and as per own choice. The candidate is **visually impaired** or **his/her writing speed is adversely affected permanently** and he/she needs a writer (scribe) as permissible under the Government of India rules governing the recruitment of Physically Challenged persons.
2. As per the rules, the candidate availing services of a scribe is eligible for compensatory time of 20 minutes for every hour of the examination.

3. In view of the importance of the time element and the examination being of a competitive nature, the candidate undertakes to fully satisfy the Medical Officer of the Organization that there was necessity for use of a scribe as his/her writing speed is affected by the disabilities mentioned in Paragraph '1' above.
4. We hereby declare that all the above statements made by us are true and correct to the best of our knowledge and belief. We also understand that in case it is detected at any stage of recruitment that we do not fulfill the eligibility norms and/or that the information furnished by us is incorrect/false or that we have suppressed any material fact(s), the candidature of the applicant will stand cancelled, irrespective of the result of the examination. If any of these shortcoming(s) is/are detected even after the candidate's appointment, his/her services are liable to be terminated. In such circumstances, both signatories will be liable to criminal prosecution.

I, (scribe), am not a candidate for this recruitment.

Given under our signature and contact details:-

Signature of the Scribe

Signature of the Candidate

Registration No. :

Roll No.:

Postal address of the Scribe:

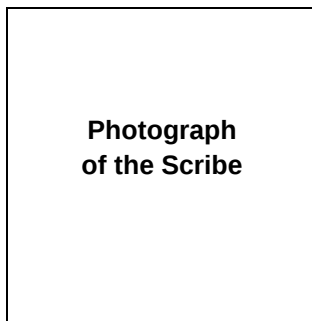
Postal address of the Candidate:

Mobile No. of the Scribe Candidate:

Mobile No. of the Candidate:

Landline No. of the Scribe Candidate:

Landline No. of the Candidate:



Signature of Invigilator