

Format of SC/ST Caste Certificate

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
 Castes/Scheduled Tribes* 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 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, 1991@

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

The Constitution (Scheduled Caste) Order (Amendment) Act,2007

%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/Srimati/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 _____ 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 _____

Signature _____

** Designation _____

(with seal of office)

Place _____

Date _____

* Please delete the words which are not applicable

@ Please quote specific presidential order

% Delete the paragraph which is not applicable.

<https://services.india.gov.in/service/detail/income-and-asset-certificate-for-ews-1>

FORM OF DECLARATION/UNDERTAKING TO BE SUBMITTED BY OBC CANDIDATE

(IN ADDITION TO THE COMMUNITY CERTIFICATE)

I, _____ Son/Daughter of Shri
_____ resident 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 admission in Central Govt. institutions as per orders contained in the Department of Personnel and Training Office Memorandum No. 36012/22/93-Estt.(SCT) dated 08th September, 1993. I also declare that I do not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the above referred Office Memorandum dated 08th September, 1993, which is modified vide Department of Personnel and Training Office Memorandum No. 36033/1/2013-Estt. (Res.) dated 14th September, 2017.

Signature of Candidates:

Full Name:
Correspondence Address:
Place:
E-Mail:
Mobile No:
Date:

OBC Certificate Format

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS / ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT OF INDIA

This is to certify that Shri / Smt. / Kum* _____ Son / Daughter* of Shri / Smt.* _____ of Village/Town* _____ District/Division* _____ in the _____ State belongs to the _____

community which is recognized as a backward class under:

- (i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary Part I Section I No. 186 dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary Part I Section I No. 163 dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary Part I Section I No. 88 dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC dated 9/03/96.
- (v) Resolution No. 12011/44/96-BCC dated 6/12/96 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC dated 6/12/99 published in the Gazette of India Extraordinary Part I Section I No. 270 dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary Part I Section I No. 71 dated 04/04/2000.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 21/09/2000.
- (xii) Resolution No. 12015/9/2000-BCC dated 06/09/2001.
- (xiii) Resolution No. 12011/1/2001-BCC dated 19/06/2003.
- (xiv) Resolution No. 12011/4/2002-BCC dated 13/01/2004.
- (xv) Resolution No. 12011/9/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 16/01/2006.
- (xvi) Resolution No. 12011/14/2004-BCC dated 12/03/2007 published in the Gazette of India Extraordinary Part I Section I No. 67 dated 12/03/2007.
- (xvii) Resolution No. 12015/2/2007-BCC dated 18/08/2010.
- (xviii) Resolution No. 12015/13/2010-BCC dated 08/12/2011.

Shri / Smt. / Kum. _____ and / or his family ordinarily reside(s) in the _____ District / Division of _____ 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 & Training O.M. No. 36012/22/93-Estt.(SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt.(Res.) dated 09/03/2004, further modified vide OM No. 36033/3/2004-Estt. (Res.) dated 14/10/2008 or the latest notification of the Government of India.

Dated:

District Magistrate /
Deputy Commissioner /
Competent Authority

Seal

* Please delete the word(s) which are not applicable.

NOTE:

- (a) The term 'Ordinarily resides' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- (b) The authorities competent to issue Caste Certificates are indicated below:
 - (i) District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate).
 - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
 - (iii) Revenue Officer not below the rank of Tehsildar and
 - (iv) Sub-Divisional Officer of the area where the candidate and / or his family resides.

Issued on 01 April 2020

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

INCOME & ASSEST 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. 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 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.

G. Shivaram

Format for the Certificate for Persons with Disability (PwD)

Name and address of the Institute/Hospital: Certificate No.:

Date:

This is to certify that Shri/Smt/Kumari* _____ son/daughter* of _____, Age _____ years, Registration No. _____ is a case of Locomotor disability/ Cerebral Palsy/ Blindness/ Low vision/ Hearing impairment/ Other disability* and has been suffering from degree of disability not less than _____ % (_____). The details of his/her above mentioned disability is described below: (IN CAPITAL LETTERS)

_____ Note:- 1. This condition is progressive/non-progressive/likely to improve/not likely to improve.* 2. Re-assessment is not recommended/is recommended after a period of _____ months/years. 3. The certificate is issued as per PWD Act, 1995. * Strike out which is not applicable.

Signature (Name of Doctor)

Seal

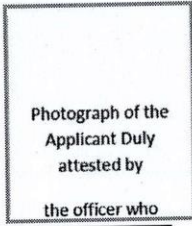
Signature/Thumb impression of the patient:

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

Recent Attested Photograph showing the disability affixed here:

FORMAT OF CERTIFICATE FOR AVAILING ADMISSION AGAINST KASHMIRI MIGRANT

QUOTA



Certified that Mr./ Ms. _____

son / daughter / wife of Shri _____

resident of _____

is registered as migrant from Jammu & Kashmir.

The Registration number is _____ dated _____.

It is also certified that Mr./ Ms. _____ is registered as a J & K Migrant on

Name & Signature of Deputy Commissioner / Competent Authority

(Office Stamp)

Place : Date :