Annexure-I

FORMAT OF 'NO OBJECTION CERTIFICATE' FROM THE EMPLOYER OF CANDIDATE CURRENTLY WORKING AS REGULAR EMPLOYEE IN CSIR/GOVERNMENT ORGANISATIONS /AUTONOMOUS BODIES/STATUTORY BODIES/UNIVERSITIES/PUBLIC SECTOR UNDERTAKINGS etc.

(Letter Head of the Institution/Issuing Authority)

No.…… **Date:** [DD/MM/YYYY]

No Objection Certificate for Applying to Advertisement No. [Advertisement Number]

This is to certify that Dr./Mr./Ms. [Full Name of Employee], [Designation], is a permanent/regular employee of this department/organization and has been serving in the capacity of [Current Position] since [Joining Date].

This department/organization has no objection to his/her applying for the position advertised vide Advt. No. [Advertisement Number] dated [Advertisement Date] for the position of [Post Code/Position]. This department/organization has no objection to Dr./Mr./Ms. [Employee's Name] participating in the selection process or being considered for the aforementioned employment in the new position.

It is also certified that Dr./Mr./Ms. [Full Name of Employee]is not currently undergoing any penalties under the applicable conduct rules and Dr./Mr./Ms. [Full Name of Employee] is neither under suspension, nor any vigilance, disciplinary, or criminal cases is pending against him/her as of the date of issuance of this certificate.

This certificate is issued at the request of the applicant for the purpose of applying to the said advertisement.

Place: .....

For [Name of Department/Organization],

[Signature of Issuing Authority]
[Name of Issuing Authority]
[Designation of Issuing Authority]
[Official Seal/Stamp]
[Contact Information]
[Department/Organization Address]

Annexure-II

THE FORM OF CERTIFICATE TO BEPRODUCED BY DEPARTMENTAL CANDIDATES EMPLOYEES FOR CLAIMING AGE CONCESSION

(Letter Head of the Institution/Issuing Authority)

No.…… **Date:** [DD/MM/YYYY]

CERTIFICATE FOR CLAIMING AGE CONCESSION FOR APPLYING AGAINST ADVERTISEMENT NUMBER

This is to certify that Dr./Mr./Ms.……S/o/D/o/W/o Shri…… is a regularly appointed employee of.....(Name of the Institute) and duties Performed by him/her during the period(s)are as under:

(i) ……..
(ii) ……..
(iii) ……..

Certified that:

*(a) Dr./Mr./Ms. .....holds substantively a permanent post of.....in the .....(Name of the Institute) with effect from .....to.....

OR

*(b)Dr./Mr./Ms…….. has been continuously in temporary service on a regular basis in the post of.....at.....(Name of the Institute) with effect from.....to.....

**Strike out which is not applicable.*

Place: .....

For [Name of the Institute],

[Signature of Issuing Authority]
[Name of Issuing Authority]
[Designation of Issuing Authority]
[Official Seal/Stamp]

Annexure-III

The form of certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under the 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/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

[asamendedbytheScheduledCastesandScheduledTribesList(Modification)Order,1956; the Bombay Re-organization Act, 1960, the Punjab Re-organization Act, 1966, the State of Himachal Pradesh Act, i 1970, the North Eastern Areas (Re organization) Act,1971, the 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 (Re-organization) 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 Order (Amendment) Act,1976 @ The Constitution (Dadar and Nagar Have ii) Schedule Castes Order, 1962
@The Constitution (Dadar 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 Dill) 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) Order (Amendment)Act,1990
@The Constitution(ST) Order (Amendment)Act,1991
@The Constitution(ST) Order (Second Amendment) Act.1991
@The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act2002
@The Constitution (Scheduled Castes) Order (Amendment) Act,2002
@The Constitution (Scheduled Castes and Scheduled Tribes) Orders(Amendment)Act,2002
@The Constitution (Scheduled Castes) Orders (Second 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 to another,

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribe certificate issued to Shri/Shrimati*……Father/MotherofShri/Shrimati/Kumari* ……of village/town*/Territory**..... in District/ Division*……...of the State/ Union Territory* ……. who belong 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 resides in village/town* ……. of …… District/Division* of the State/Union Territory*

Signature……..
**Designation…….

(With Seal of Office) State/Union Territory*

Place:…….. Date:……..

*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 Scheduled Caste/Scheduled Tribe Certificate

(i) District Magistrate/Additional District 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 of the rank of 1st Class Stipendiary Magistrate).
(ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
(iii) Revenue Officers not below the rank of Tehsildar.
(iv) Sub-Divisional Officer of the area where the candidate and/or his/her family normally resides
(v) Administrator/SecretarytoAdministrator/DevelopmentOfficer(Lakshadweep)

Note: ST candidates belonging to Tamil Nadu State should submit caste certificate ONLY FROM THE REVENUE DIVISIONAL OFFICER.

Annexure-IV

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 of_____village/town_____in District/Division 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_____* and/or his 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 8.9.1993, OM 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_____

Dated: Designation_____[$]

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.

Annexure-V

FORM OF DECLARATION TO BE SUBMITTED BY THE 'OTHER BACKWARD CLASS' 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 services as per orders contained in Department of Personnel and Training Office Memorandum No. 36102/22/93-Estt.(SCT) dated 8-9-1993. It is also declared that I do not belong to persons/sections (Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum dated 8-9-1993, O.M. No. 36033/3/2004-Estt.(Res.) dated 9th March, 2004 and O.M. No. 36033/3/2004- Estt.(Res.) dated 14th October, 2008 and as amended time to time.

I also declare that the condition of status/annual income for creamy layer of my Parents/guardian is within prescribed limits as on last date of application.

Signature_____

Full Name

_____

Place: _____ Address_____

Date: _____

Annexure -VI

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, 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 lakhs (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 1000sq.ft. and above
III. Residential plot of 100Sq.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

*Note1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

**Note2: The term 'Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18years 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 **Annexure -VII**

Certificate of Disability

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

[Seerule18(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_____

(C) 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 of Document	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-V **Annexure VIII**

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 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 guideline (……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:

Sl. 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 .....percentage

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 will 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

5. Signature and Seal of the Medical Authority.

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

Form-VII **Annexure IX**

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 (DDD/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 will 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
{Counter signature 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 will be valid only if countersigned by the Chief Medical Officer of the District