

**Certificate regarding physical limitation in an examinee to write**

This is to certify that, I have examined Mr/Ms/Mrs \_\_\_\_\_(name of the candidate with disability), a person with \_\_\_\_\_(nature and percentage of disability as mentioned in the certificate of disability), S/o / D/o \_\_\_\_\_a resident of \_\_\_\_\_Village/District/State) and to state that he/ she has physical limitation which hampers his/ her writing capabilities owing to his/ her disability.

Signature

Chief Medical Officer/ Civil Surgeon/ Medical Superintendent of a  
Government health care institution

Name & Designation

Name of Government Hospital/ Health Care Centre with Seal

Place:

Date:

**Note:** Certificate should be given by a specialist of the relevant stream/ disability (e.g. Visual impairment-Ophthalmologist, Locomotor disability-Orthopaedic specialist/ PMR)

**Letter of Undertaking for Using Own Scribe**

I \_\_\_\_\_, a candidate with \_\_\_\_\_ (name of the disability) appearing for the \_\_\_\_\_ (name of the examination) bearing Roll No \_\_\_\_\_ at \_\_\_\_\_ (name of the centre) in the District \_\_\_\_\_, \_\_\_\_\_ (name of the State/ UT) My qualification is \_\_\_\_\_

I do hereby state that \_\_\_\_\_ (name of the scribe) will provide the service of scribe/ reader/ lab assistant for the undersigned for taking the aforesaid examination

I do hereby undertake that his/ her qualification is \_\_\_\_\_ In case, subsequently it is found that his/ her qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post and claims relating thereto

(Signature of the candidate with Disability)

Place:

Date:

**Annexure-III**

Certificate to be submitted by Central Government Civilian Employees seeking  
age-relaxation

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

It is certified that \*Shri/Smt./Km. \_\_\_\_\_ is a  
Central Government Civilian employee holding the post of  
\_\_\_\_\_ in the pay scale of Rs. \_\_\_\_\_  
with 3 years regular service in the grade as on closing date.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Office Seal

\_\_\_\_\_  
Place:

Date:

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

**Certificate for serving Defence Personnel**

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:

UNDERTAKING TO BE GIVEN BY THE EX-SERVICEMEN

I .....bearing Roll No..... appearing for the Document Verification of the..... Examination 20... ..do hereby undertake that:

- (a) 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.
- (b) I have not joined the Government job on civil side (including Public Sector Undertakings, Autonomous Bodies/ Statutory Bodies, Nationalized Banks, etc.) in Group “C” and “D” posts on regular basis after availing of the benefits of reservation given to ex-serviceman for re-employment; or
- (c) I have availed the benefit of reservation as ex-serviceman for securing Government job on civil side. I have joined as .....on..... in the office of ..... I hereby undertake that I have submitted the self-declaration/ undertaking to my current employer about date wise detail of the application for the above mentioned examination for which I had applied for before joining the present civil employment; or
- (d) I have availed the benefit of reservation as ex-serviceman for securing Government job on civil side. I have joined as .....on..... in the office of ..... Therefore, I am eligible for age-relaxation only;

I hereby declare that the above statements are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, my candidature/ appointment is liable to be cancelled/ terminated.

Signature: .....

Name: .....

Roll Number: .....

Date: .....

Date of appointment in Armed Forces: .....

Date of Discharge: .....

Last Unit/ Corps: .....

Mobile Number: .....

Email ID: .....

**FORMAT FOR SC/ ST CERTIFICATE**

A candidate who claims to belong to one of the Scheduled Caste or the Scheduled Tribes should submit in support of his/ her claim an 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 parent) 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 attested photocopies of such certificates and not any other 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 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 Tribe Orders (Amendment ) Act 2002@

The Constitution (Scheduled Caste) Orders (Amendment) Act 2002@

The Constitution (Scheduled Caste and Scheduled Tribe) 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.

**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 Certificates:**

(i) District Magistrate/ Additional District Magistrate/ Collector/ Deputy Commissioner/ Additional Deputy Commissioner/ Dy. Collector/ Ist 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 candidate and/or his family normally resides.

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

**(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  
\_\_\_\_\_ 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 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 8.9.1993\*\*.

District Magistrate: \_\_\_\_\_

Deputy Commissioner etc.: \_\_\_\_\_

Dated:

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.



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.

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.
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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
- 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 - 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

**Notification issued by Sr Prog Director (Admn ) - ICCR**