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: _____

No Objection Certificate for Applying to Advertisement No._____

This is to certify that Mr./Ms. _____, Designation_____, is a permanent/regular employee of this department/organization and has been serving in the capacity of Current Position_____since _____.

This department/organization has no objection to his/her applying for the position advertised vide Advt. No. _____ dated _____ for the position of Post Code_____Position_____.

This department/organization has no objection to Mr./Ms._____ participating in the selection process or being considered for the aforementioned employment in the new position.

It is also certified that Mr./Ms. _____ is not currently undergoing any penalties under the applicable conduct rules and Mr./Ms._____ 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 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
[as amended by the Scheduled Castes and Scheduled Tribes List (Modification) Order, 1956; the Bombay Reorganisation Act, 1960, the Punjab Re-organisation Act, 1966, the State of Himachal Pradesh Act, i 1970, the North Eastern Areas (Reorganisation) 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 (Reorganisation) Act. 1987.]
@ The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956
@ The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Ordr, 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) Act 2002
@ 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/ Mother of Shri/ 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/Secretary to Administrator/Development Officer (Lakshadweep)

Annexure-III

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 recognised 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_____

$
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.

Annexure-IV

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_____
Name _____
Address _____

Place: _____
Date: _____

Annexure - V

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 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).

Recent passport size attested photograph of the applicant

Signature with seal of Office…….
Name…….
Designation……

*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.

Annexure - 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:

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 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

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

Annexure - VII

Certificate of Disability

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent PP 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/YYYY) Age_____ Years, Male/Female _____ Registration No. _____Permanent Resident of House No. _____Ward/Village/Street_____PostOffice_____ _____District _____ State _____ whose photograph is affixed above, and are 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:

Sl. No.	**Disability**	**Affected part of body**	**Diagnosis**	**Permanent physical impairment / mental disabilities (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)

2. This above condition is progress / non-progress / likely to improve / not likely to improve.

3. Reassessment of disability is:
   (i) not necessary,
   Or
   (ii) is recommended/ after _____ years_____on this, 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 and Seal)
Countersigned
(Countersignature and seal of the Chief Medical Officer/Medical Superintendent/ Head of Government Hospital, in case the certificates issued by a medical authority who is not a government servant (with seal))

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

Annexure - VIII

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 – IX

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 limitations 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)

FOR OFFICE USE ONLY

Application Serial No.: _____

Date of Receipt of Application: _____

Demand Draft Details (where applicable):
DD No.: _____ Date: _____
Amount: ₹ _____
Bank: _____

☐ Demand Draft detached and taken into custody by me.

Name & Signature of Receiving Official: _____
Date: _____

Eligibility Status

☐ Eligible
☐ Provisionally Eligible
☐ Not Eligible

Reason (if Not Eligible): _____

Documents Verified by: _____

Signature of Scrutinising Officer: _____

Date: _____

Instructions to Candidates

1. Candidates shall submit their application only in the prescribed format, neatly typed on A4-size paper. Handwritten applications will not be accepted.
2. A recent self-attested passport-size colour photograph shall be affixed in the space provided in the application form.
3. Self-attested copies of all relevant certificates/documents in support of age, educational qualification, category, PwBD/Ex-Serviceman status, experience (if any), etc., shall be enclosed with the application.
4. The prescribed application fee of **₹500/- (Rupees Five Hundred only)** shall be remitted **only through Demand Draft (DD)** drawn in favour of the **Director, CSIR–National Aerospace Laboratories**, payable at **Bengaluru**. No other mode of payment will be accepted.
5. Candidates are advised to write their full name and father's name on the back of the DD before enclosing it with the application
6. Incomplete applications, applications not accompanied by the prescribed application fee (where applicable), or applications without the requisite certificates/documents are liable to be rejected.
7. The completed application, along with all enclosures, shall be sent **only through Speed Post / Courier** to the address specified in the advertisement. Applications received through any other mode shall not be entertained.

APPLICATION FORM FOR THE POST OF MULTI-TASKING STAFF (MTS)

Advertisement No.: _____ **Post Code:** _____

Affix one recent self-attested colour passport-size photograph in the space provided

1. Name of Candidate (BLOCK LETTERS): _____

2. Father's/Mother's/Guardian's Name: _____

3. Date of Birth (DD/MM/YYYY): ____/____/_____

4. Age (as on closing date): Years ____ Months ____ Days ____

5. Gender: Male / Female / Transgender

6. Religion: _____

7. Category: UR / EWS / OBC(NCL) / SC / ST

8. PwBD: Yes / No Category: _____

9. Ex-Serviceman: Yes / No

10. Correspondence Address:

_____

_____

_____PIN:

Valid Mobile No: _____ Valid Email ID: _____

11. Permanent Address:

_____

_____

_____PIN:

12. Educational Qualifications:

Examination	Board/University	Year of Passing	%/CGPA	Subject

13. Technical Qualification/Skill Training: _____

14. Experience:

Organisation	Designation	Period	Nature of Duties

15. Identification Marks:

1. _____

2. _____

16. Application Fee Details (if applicable)

Amount (₹): _____ Demand Draft No.: _____ Date: ___/___/____

Issuing Bank: _____ Branch: _____

Drawn in favour of: _____

Declaration

I hereby declare that the information furnished by me in this application is true, complete and correct to the best of my knowledge and belief. I understand that if any information furnished is found to be false or if I fail to satisfy the prescribed eligibility conditions, my candidature/appointment is liable to be cancelled at any stage.

Signature of Candidate

Place: _____ Date: ___/___/____

Enclosures :