

Proforma-I

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 recognised 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 Reorganisation Act, 1966, the State of Himachal Pradesh Act, 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 Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976

@ The Constitution (Dadar and Nagar Haveli) Scheduled 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 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) 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

% 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 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* of 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* of

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)

Proforma-II

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 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 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.

Proforma-III

Form of declaration to be submitted by the 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 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 as on closing date, I do not belong to persons/sections/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.

Signature:.....

Full Name:.....

Address:.....

Proforma-IV

CERTIFICATE TO BE PRODUCED BY SERVING/RETIRED/RELEASED ARMED FORCES PERSONNEL FOR AVAILING THE AGE CONCESSION FOR POSTS FILLED BY DIRECT RECRUITMENT BY UNION PUBLIC SERVICE COMMISSION OTHERWISE THAN ON RESULTS OF AN OPEN COMPETITIVE EXAMINATION

A. Form of Certificate applicable for Released/Retired Personnel

It is certified that No..... Rank.....
Name.....whose date of birth is..... has rendered service
from..... to..... in Army/Navy/Air Force.

2. He has been released from military services:

% a) on completion of assignment otherwise than

- (i) by way of dismissal, or
- (ii) by way of discharge on account of misconduct or inefficiency, or
- (iii) on his own request, but without earning his pension, or
- (iv) he has not been transferred to the reserve pending such release

2. He has already completed his initial assignment of five years on.....and is on extended assignment till.....

3. There is no objection to his applying for civil employment and he will be released on three months notice on selection from the date of receipt of offer of appointment.

Place:

Date:

Signature, Name and Designation of the

Competent Authority**

SEAL

**Authorities who are competent to issue certificate to Armed Forces Personnel for availing Age concessions are as follows:

(a) In case of Commissioned Officers including ECOs/SSCOs.

Army - Military Secretary Branch, Army Hqrs., New Delhi

Navy - Directorate of Personnel, Naval Hqrs., New Delhi

Air Force - Directorate of Personnel Officers, Air Hqrs., New Delhi

(b) In case of JCOs/ORs and equivalent of the Navy and Air Force.

Army - By various Regimental Record Offices

Navy - BABS, Mumbai

Air Force - Air Force Records, New Delhi

Performa-V

Form-V

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs
and in cases 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 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
certificate is issued.

Form-VI
Certificate of Disability
(In case 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)
..... Ageyears,
male/female..... Registration No..... permanent resident of
House No.....Ward/Village/Street..... Post
Office District..... State whose photograph is
affixed above, and are 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 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 (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.

Note: The principal rules were published in the Gazette of India by Ministry of Social Justice and Empowerment vide notification number 489, dated 15.06.2017.

Proforma-VI

The form of certificate to be produced by Government servants for claiming Age concession

(Letter Head of the Institution/Issuing Authority)

This is to certify that Shri/Ms.....S/o,D/o,W/o Shri.....is a regularly appointed n employee of this Organization/Department/Ministry and duties performed by him/her during the period(s) are as under

Certified that:

*(a) Shri/Shrimati/Kum. holds substantively a permanent post ofin the Office/Department ofwith effect from

*(b) Shri/Smt./Kum. has been continuously in temporary service on a regular basis under the Central Government in the post ofin the

Office/Department.....with

effect from

Name of competent authority

Stamp of competent authority

Performa-IX

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.

Performa-V

Form-V

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs
and in cases 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 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 certificate is issued.

Form-VI
Certificate of Disability
(In case of multiple disabilities)
[See rule 18(1)]

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

Recent size Photograph (Showing face only) of the person with disability	Passport Attested
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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) Ageyears,
male/female..... Registration No.....
permanent resident of House
No.....Ward/Village/Street.....
..... Post Office District.....
State whose photograph is affixed above, and are
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
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 size photograph (Showing only) person disability	Passport Attested face of the with
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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 he/she
is a case of disability. His/her extent of
percentage physical impairment/disability has been evaluated as
per 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			
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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.
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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.

Note: The principal rules were published in the Gazette of India by Ministry of Social Justice and Empowerment vide notification number 489, dated 15.06.2017.