

**FORM OF CERTIFICATES TO BE PRODUCED BY OTHER BACKWARD  
CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE  
GOVERNMENT OF INDIA**

This is to certify that Shri/ Smt/ Miss .....  
Son/ Daughter of Shri .....  
of Village.....District/ Division  
..... in the .....  
State ..... belong to the Backward Class under the  
Government of India, Ministry of Welfare Resolution No. 12011/ 68 / 93-BCC (C), dated  
10<sup>th</sup> September, 1993, published in the Gazette of India Extraordinary Part I Section- I  
dated 13<sup>th</sup> September 1993. Shri .....  
and his family ordinarily reside (s) in the .....  
District/ Division of the ..... 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 8-9-1993.

District Magistrate  
Deputy Commissioner etc

Dated :

Seal

Note:

- a) The term 'ordinarily' used here will have the same meaning as Section 20 of the Representation of the Peoples Act, 1950
- b) Where the certificates are issued by Gazetted Officer of the Union Government or State Government they should be in the same form, but COUNTERSIGNED by the District Magistrate or Deputy Commissioner.

(Certificate issued by Gazetted Officers and attested by District  
Magistrate/ Dy. Commissioner are not sufficient)

**Certificate issued on or after 1.1.2015**

**FORM OF CASTE CERTIFICATE TO BE PRODUCED BY A  
CANDIDATE BELONGING TO A SCHEDULED CASTE OR TRIBE  
IN SUPPORT OF HIS/HER CLAIM**

This is to certify that Shri./ Smt. \*/ 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 Schedule 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 lists (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 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act 1976)]

- The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956
- The Constitution ( Andaman & Nicobar Islands) Scheduled Tribes Orders, 1959 as amended by Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976.
- The Constitution (Dadra & Nagra Haveli) Scheduled Castes Order, 1962.
- The Constitution (Dadra & Nagra Haveli) Scheduled Tribes Order, 1962.
- The Constitution (Pondicherry) Scheduled Tribes Order, 1962.
- The Constitution (Scheduled Tribes) (Uttar Pradesh) Order, 1967.
- The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968.
- The Constitution (Nagaland) Scheduled Tribes Order, 1970.

2. Shri/ Smt.\* / Kumari\* \_\_\_\_\_  
and his/ her\* family ordinarily reside (s) in village/ town \_\_\_\_\_  
of \_\_\_\_\_ District/ Division \* of the State/ Union  
Territory\* \_\_\_\_\_

SIGNATURE

Designation \_\_\_\_\_  
(With seal of Office) \_\_\_\_\_  
\_\_\_\_\_

Place \_\_\_\_\_ State \_\_\_\_\_  
\_\_\_\_\_ Union Territory\*

Date \_\_\_\_\_

\* Please delete the words which are not applicable.

Note:

1. The terms 'Ordinarily resides' used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950.
2. Certificates are valid only when they are issued by the Competent Authority empowered to issue the certificate and is in the relevant name of the community and not in its synonyms or equivalents (which are meant only for purposes of verification of claims of members of relevant community calling themselves by such synonyms or equivalent)

**FORM OF CERTIFICATES TO BE PRODUCED BY PERSON WITH  
DISABILITY IN SUPPORT OF HIS CLAIM**

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL

Certificate No. \_\_\_\_\_

Date: \_\_\_\_\_

DISABILITY CERTIFICATE

Recent Photograph of the  
Candidate showing the  
Disability duly attested by  
The Chairpersons of the  
Medical Board.

This is certified that Shri/ Smt/ Kum \_\_\_\_\_  
son/ wife/ daughter of Shri \_\_\_\_\_ age \_\_\_\_\_  
Sex \_\_\_\_\_ identification mark (s) \_\_\_\_\_  
is suffering from permanent disability of following category :

A. Locomotor or cerebral palsy:

- i) BL- Both legs are affected but not arms.
- ii) BA-Both arms are affected
  - a) Impaired reach
  - b) Weakness of grip
- iii) BLA-Both legs and both arms are affected.
- iv) OL-One leg affected (right or left)
  - a) Impaired reach
  - b) Weakness of grip
  - c) Ataxic
- v) OA- One arm affected
  - a) Impaired reach
  - b) Weakness of grip
  - c) Ataxic
- vi) BH-Stiff back and hips (Cannot sit or stop)
- vii) MW- Muscular weakness and limited physical endurance.

B. Blindness or Low Vision:

- i) B-Blind
- ii) PB-Partially Blind

C. Hearing impartment:

- i) D-Deaf
  - ii) PD-Partially Deaf
- (Delete the category whichever is not applicable)

2. This condition is progressive/ non- progressive/ likely to improve/ not likely to improve. Re-assessment of this case is not recommended / is recommended after a period of \_\_\_\_\_ years \_\_\_\_\_ months\*.

3. Percentage of disability in his/ her case is \_\_\_\_\_ percent.

4. Sh./ Smt./ Kum \_\_\_\_\_ meets the following physical requirement for discharge of his/her duties.

- i) F - can perform work by manipulating with fingers. Yes/No
- ii) PP - can perform work by pulling and pushing Yes/No
- iii) L - can perform work by lifting.
- iv) KC - can perform work by Kneeling and couching. Yes/No
- v) B - can perform work by bending.
- vi) S - can perform work by sitting.
- vii) ST - can perform work by standing.
- viii) W - can perform work by walking.
- ix) SE - can perform work by seeing.
- x) H - can perform work by hearing/ speaking. Yes/No
- xi) R W - can perform work by reading and writing. Yes/No

(Dr. \_\_\_\_\_)  
Member  
Medical Board

(Dr. \_\_\_\_\_)  
Member  
Medical Board

(Dr. \_\_\_\_\_)  
Chairperson  
Medical Board

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

\* Strike out which is not applicable.