

DECLARATION TO BE FURNISHED BY CANDIDATES
SEEKING RESERVATION AS OBC

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 service as per orders contained in
Department of Personnel and Training Office Memorandum No.
36012/22/93-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 Management dated 8-9-1993.

Place:

Signature of the Candidate

Date:

**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
10th September, 1993, published in the Gazette of India Extraordinary Part I Section- I
dated 13th 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 01.04.2016

**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.