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/Shrima | ati/Kumari | | | KD |
|----------|--|---|--|------------------|--------------------------------------|
| | son/daughter of State/Union Territory | in District | /Division | of | village/town |
| | State/Union Territory | belongs to the | ne | Cast | e/Tribes which is |
| | recognized as a Scheduled Castes/S @The Constitution (Scheduled Caste @The Constitution (Scheduled Tribe) @The Constitution (Scheduled Caste) @The Constitution (Scheduled Tribe) | cheduled Tribes under: es) Order, 1950 s) Order, 1950 es) Union Territories Order. | 1951 | | , |
| | (As amended by the Scheduled Castes at 1960 & the Punjab Reorganization A (Reorganization) Act, 1971 and the Sch Mizoram Act, 1986, the State of Arunach | ict, 1966, the State of Hi heduled Castes and Schedule | machal Pradesh Ac ed Tribes Order (Am | t 1970, the N | orth-Eastern Area |
| (| @The Constitution (Jammu & Kashmir) S @The Constitution (Andaman and Nicoba Scheduled Tribes Order (Amendment Act | r Islands) Scheduled Tribes (| Order, 1959 as ame | nded by the Sch | eduled Castes and |
| (| The Constitution (Dadra and Nagar Hav The Constitution (Dadra and Nagar Hav The Constitution (Pondicherry) Schedul | eli) Scheduled Castes Order, : eli) Scheduled Tribes Order, 1 ed Castes Order, 1964 | 1962 .962 | | |
| 0 | The Constitution (Scheduled Tribes) (Ut The Constitution (Goa, Daman & Diu) S The Constitution (Goa, Daman & Diu) S The Constitution (Nagaland) Scheduled | ttar Pradesh) Order, 1967 cheduled Castes Order, 1968 cheduled Tribes Order, 1968 Tribes Order, 1970 | | | , |
| 0 | The Constitution (Sikkim) Scheduled Ca The Constitution (Sikkim) Scheduled Tri The Constitution (Jammu & Kashmir) So The Constitution (SC) Order (Amendme The Constitution (ST) Order (Amendme | bes Order, 1978 cheduled Tribes Order; 1989 nt) Act, 1990 | | | |
| 0 | The Constitution (ST) Orders (Second A The Scheduled Caste and Scheduled Tril The Constitution of (Scheduled Castes) The Constitution of (Scheduled Castes a | mendment) Act, 1991 bes Orders (Amendment) Act, Order (Amendment) Act. 2002 |) | 102 | |
| (Q | OThe Constitution (Scheduled Castes) Ord | ders (Second Amendment) Act | t, 2002 | | |
| S | his certificate is issued on the b hri/Shrimati | | | _ | Father/mother |
| K | umari | of | village/town | | Shri/Srimati/ |
| ir | District/Division _ | | of | the | State/Union |
| W | District/Division erritory hich is recognized as a Scheduled (| who belongs to Caste/Scheduled Tribe in t | the he State/Union Te | rritory of | Caste/Tribe |
| | sued by the | | | | |
| in | hri/Shrimati/Kumari village/town istrict/Division | | and/or his/h _ of | ner family ordi | narily reside(s) |
| D | village/town istrict/Division | of the State/Union Territor | y of | | - |
| | | e . | | | |
| D | ate: | | | | Signature |
| | ace: | | | | Designation Official Seal |
| N(19 | OTE: The term "Ordinarily" used here wil 50. | I have the same meaning as i | n Section 20 of the i | Representation o | f the People Act, |
| | st of authorities empowered to issue | | | | |
| (ii) | District Magistrate/Additional District M Collector/1st Class Stipendiary Magis Assistant Commissioner. (*not below of Chief Presidency Magistrate/Additional Revenue Officers not below the rank of | strate/* Sub-Divisional Magi: If the rank of 1st Class Stipeno Chief Presidency Magistrate/P | strate/Taluka Magisi Jiary Magistrate). | trate/Executive | nissioner/Deputy Magistrate/Extra |
| (iv |) Sub Divisional Officer of the area when Administrator/Secretary to Administrat | e the candidate and/or his/her | · family normally resi hadweep). | ides. | |

Amnexure-IIB

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/Shrima | nti/Kumari _ | | son/daughter |
|---|--|------------------|-------------------------------------|---|
| | wn | in | District/Division | OI |
| State/Uni | on Territory | | helonge to the | in the |
| recognize | d as a backward class und | der: | _ belongs to the | community which is |
| | | | | ted 10th September, 1993 published in 993. |
| Extraordina | ry Part-I. Section-1 No. 163 date | Resolution No. | 12011/9/94-BCC dated 19- | 993. 10-94, published in the Gazette of India 5- 95, published in the Gazette of India |
| | | | | |
| | | | | h March, 1996 published in the Gazette |
| | | | | 6th December, 1996 published in the 11th December, 1997 published in the |
| | | | | 3rd December, 1997 published in the |
| @Governme | nt of India, Ministry of Social Tue | tice and Empo | werment December, 1997. | 44/50/00 000 |
| @Governmer | nt of India. Ministry of Social lu | istice and Emn | Section-1, No. 241 dated th | ne 27th October, 1999. |
| @Governmer | nt of India, Ministry of Social Jun | stice and Emp | Section-1, No. 2/0 dated 6 | th December, 1999. |
| @Governmer | it of India, Ministry of Social | lustice and F | mnowerment Beselvtier M | , 2000. |
| @Governmen | nt of India, Ministry of Social Just | tice and Empo | verment Perclution No. 170 | 210 dated the 21st September, 2000. |
| | | | | |
| | | | | 11/1/2001-BCC dated 19th June, 2003 |
| @ COACH HILLEH | t Vi Millia, Millistry of Social ing | STICE AND FRANC | Wormont Decolution No. 13 | 011/1/0000 000 1 |
| @Governmen | t of India, Ministry of Social lus | stice and Emo | Section-1, No. 9 dated 13th | January, 2004. |
| 2007 publishe | ed in the Gazette of India Extraor | rdinary, Part-I, | Section-1, No. 67 dated 12 | th March, 2007. |
| Shri/Shrim | ati/Kumari | | and, | or his/her family ordinarily |
| reside(s) | ati/Kumari in village/town ision of the State/Union | | of | |
| certify that | he/she does not belong t | lerritory o | f | This is also to |
| of the Sc | hedule to the Government | nent of In | dis Doppetment of | ayer) mentioned in Column 3 Personnel & Training O.M. |
| 110.30012/2 | 42/93 ESW.13C11 dated 8. | .9.1993. () | M NA 36033/3/2004 | - Eath (Doc) dated office and |
| 2004 and 0 | M. No. 36033/3/2004- Es | stt. (Res.) d | ated 14 th October, 2008 | 3. |
| | B. | | | • |
| Date: | | | | Signature |
| Place: | | | | Designation |
| | | 0 | | Official Seal |
| NOTE: The Representat | term "Ordinarily" used tion of the People Act, 195 | here will h | ave the same meani | ng as in Section 20 of the |
| List of author | ities empowered to issue OB | C Certificate: | | |
| (i) District Commiss Magistra Magistra | sioner/Deputy Collector/1st hte/Executive Magistrate/Extra / | Class Stir | Pridiary Magictrate/* | Commissioner/Additional Deputy Sub-Divisional Magistrate/Taluka the rank of 1st Class Stipendiary |
| (ii) Chief Pre | esidency Magistrate/Additional Cl Officers not below the rank of Ti | hief Presidency | | |
| (iv) Sub Divi: | sional Officer of the area where t | the candidate a | nd/or his/her family normall | ly resides. |
| (v) Administ | rator/Secretary to Administrator, | /Development | Officer(Lakshadweep). | |

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS Amnexure- II.C Certificate No. **VALID FOR THE YEAR** This is certify to that Shri/Smt./Kumari son/daughter/wife resident permanent village/street **Post** Office District State/Union in the 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.8.00 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. Residential plot of 200 sq. yards and above in. areas other than the notified IV. municipalities. 2. Shri/Smt./Kumari belonas 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 photograph

^{*} 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.

THE FORM OF CERTIFICATE TO BE PRODUCED BY PHYSICALLY HANDICAPPED CANDIDATES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA.

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

| Certificate No | · | | Date: | |
|--|--------------------------------------|--------------------|-------------------------------------|---|
| <u>D</u> : | ISABILITY CER | RTIFIC | CATE | |
| | | | | Recent Photograph of the candidate showing the disability duly attested by the Chairperson of the Medical Board. |
| This is certified that Shri/S son/wife/daughter of Shriidentification mark(s)category: | Smt./Kumis suffering | from | age permanent | sexdisability of following |
| A. Locomotor or Cerebral Palsy | /: | | ě | |
| (i) BL - Both legs affected but | not arms | | | |
| (ii) BA - Both arms affected | (a) | Impa (b) | aired reach Weakness | of grip |
| (iii) BLA - Both legs and both | n arms affected | | *11 | · · |
| (iv) OL – One leg affected (ri | ght or left) | (a) (b) (c) | Impaired re Weakness (Ataxic | |
| (v)OA - One arm affected | (a) | Impa (b) (c) | ired reach Weakness o Ataxic | of grip |
| (vi) BH – Stiff back and hips | (cannot sit or sto | oop) | | |
| (vii) MW – Muscular weakness | and limited phy | ysical e | endurance | |
| B. Blindness or Low Vision: | | | | |
| (i) B – Blind (ii) PB – Partially blind | | | | • |
| C. Hearing impairment: | | | | |
| (i) D - Deaf | | | | |
| (ii) PD - Partially deaf | 20 | | | |
| Delete the category whichever is r | not applicable) | | | * |
| This condition is progressive/non- essessment of this case is not received months. | progressive/likel commended/is ro | y to ir ecomn | mprove/not I nended after | ikely to improve. Re- a period of |
| ercentage of disability in his/her c | ase is | _ perc | ent. | |

| M | Member edical Board | 58 | × | Mem Medical | | | 1 | Member 1edical Boar | ď |
|----------------|---------------------------|-----------|-----------|----------------|------------|-------|----------|------------------------|----|
| (Dr | Marria | | (Dr | | |) | (Dr | | |
| | | (4) | | | | 8 | 100 | Er. | |
| | | 10. | | • | ž., | | | D 2 | |
| * | 12 12 | | | | | | | | · |
| | ." | ž Ļ | ¥ | • | | | | | |
| 3 | | | | ** | | 8 | | | |
| (xi) | RW-Can pe | rform wo | ork by re | eading an | nd writing | }. | | Yes/No | |
| | Can perform | work by | hearing | g/speakii | ng. | 12 | Yes/N | | |
| (ix) | SE-Can per | form wo | rk by se | eing. | * 4 | 8 | · | Yes/No | |
| | W-Can perf | | | | | | | Yes/No | |
| | ST-Can per | | | | er . | | ŷ. | Yes/No | |
| | S-Can perfe | | | | | | 1. 1. | Yes/No Yes/No | *. |
| (iv) (v) B- | KC-Can per Can perform | work h | rk by ki | neeling a | na crouci | ning. | | Yes/No | |
| | L-Can perfe | | | | d | L • | | Yes/No | 1 |
| (ii) PF | -Can perform | m work t | y pullin | g and pu | shing. | | | Yes/No | |
| (.) | Can perform | i work by | manip | ulating w | ith finge | rs. | Yes/N | lo | |

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

^{*} Strike out whichever is not applicable.

Annexure-IV

CERTIFICATE TO BE PRODUCED BY SERVING/RETIRED/RELEASED ARMED FORCES PERSONNEL FOR AVAILING THE AGE CONCESSION FOR POSTS FILLED BY DIRECT RECRUITMENT

| A. Form of Certificate app | olicable for Released/Ret | ired Personnel | |
|--|---|---|---|
| It is certified that No | Rank_ | Name | whose in Army/Navy/Air Force. |
| | | Om | in Army/Navy/Air Force. |
| He has been released from | 100,000 | ************************************** | |
| a) on completion of assign | | | · · |
| (iii) on his own requ | ssal, or arge on account of miscor uest, but without earning l n transferred to the reserv | his pension, or | |
| b) on account of physical di | isability attributable to Mi | litary Service. | |
| c) on invalidment after put | ting in at least five years o | f Military service. | |
| He is covered under the de 1979 as amended from time | efinition of Ex-Servicemar e to time. | n (Re-employment in Cen | tral Civil Services and Posts) Rules, |
| Note: Strikeout whichever i | is not applicable. | | |
| Date: Place: | | | Signature Designation Official Seal |
| B. Form of Certificate for S (Applicable for serving person It is certified that No in the Army/Navy/Air Force | nnel who are due to be rele Rank | Name | is serving |
| | | 4 9 | ent on |
| No disciplinary case is pendi | | | |
| Date: Place: | | | Signature Designation Official Seal |
| Candidate (Serving Person | nel) furnishing certificate | B as above will have to | give the following undertaking: |
| Undertaking to be given | by serving Armed Force | personnel who are due | to be released within one year |
| appointment will be subject authority that I have been d | t to my producing docu uly released/retired/discha rvicemen in terms of the E | umentary evidence to the arged from the Armed Fo | which this application relates, my ne satisfaction of the appointing orces and that I am entitled to the oyment in Central Civil Service and |
| Date: Place: | | | Signature and name of the Candidate |

The form of Certificate to be produced by the candidate for claiming experience

Experience Certificate Format

| Letter Head of the Institution/Issuing Authority | |
|--|-----|
| Telephone No | |
| Fax No | |
| Name of the Organization | To: |
| Address of the Organization | |
| Date | |
| This is to certify that Shri / Ms | |

| Name of the Organization | Name of the Post held | From dd/mm/yy | To dd/mm/yy | Total Period dd/mm/yy | Nature of Appointment Permanent / Temporary/ Part- time/Contract/ Guest / Honorary | Field of Experience / Specialization |
|---------------------------------------|--------------------------|------------------|----------------|--------------------------|--|--|
| a) | b) | c) | d) | e) | f) | g) |
| | | | | | | |
| | | | | | | 100 |
| · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Pay Scale/Pay Level and last Salary drawn | Duties performed / experience gained in brief in each post | Place of Posting | Nature of Work Supervisory Level / Middle Management Level/ Head of Branch | Remarks , if any |
|---|---|------------------|--|---------------------|
| h) | i) | j) | k) | l) |
| | | | | |

It is certified that above facts and figures are true and based on service records available in our organization.

Signature Name of the competent authority Stamp of the competent authority