

Declaration for 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 services 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 Memorandum, dated 8-9-1993.

Signature of the candidate :

Name of the candidate :

Application No. :

Date:

Place:

FORM OF MEDICAL CERTIFICATE FOR PERSONS WITH DISABILITIES (PWD)

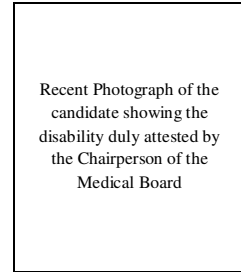
NAME & ADDRESS OF THE INSTITUTE / HOSPITAL:

Certificate No. :

Date

DISABILITY CERTIFICATE

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

B Blindness or Low vision:

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

C Hearing Impairment

- (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. Shri/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 Yes No
- (iv) KC - can perform work by kneeling and crouching Yes No
- (v) B - can perform work by bending Yes No
- (vi) S - can perform work by sitting Yes No
- (vii) ST - can perform work by standing Yes No
- (viii) W - can perform work by walking Yes No
- (ix) SE - can perform work by seeing Yes No
- (x) H - can perform work by hearing/speaking Yes No
- (xi) RW - can perform work by reading and writing. Yes No

(Dr. _____)

Member, Medical Board

(Dr. _____)

Member, Medical Board

(Dr. _____)

Chairperson, Medical Board

Place:

Date:

Counter signed of the
 Medical Superintendent/CMO/Head of Hospital
 (with Seal)

* Strike out the words which are not applicable:

ANNEXURE

(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 recognized 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.**

District Magistrate
Deputy Commissioner etc.

Date:

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.

Note: The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950

Form of Certificate to be produced by a candidate belonging to a Scheduled Caste or Scheduled Tribe in support of his claim

FORM OF CASTE CERTIFICATE

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 Lists (Modification Order) 1956, the Bombay Reorganization Act, 1960, the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act, 1970, the North-Eastern Areas (Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976.]

- 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 Orders (Amendment) Act, 1976;
- The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order, 1962;
- The Constitution (Dadra 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 and Kashmir) Scheduled Tribes Order, 1989;
- The Constitution (Scheduled Castes) Orders (Amendment) Act, 1990.
- The Constitution (Scheduled Tribes) Order Amendment Act, 1991.
- The Constitution (Scheduled Tribes) Order Second Amendment Act, 1991.

2. *Applicable in the case of Scheduled Caste/Scheduled Tribe persons who have migrated from one State/Union Territory.***

**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 belong to the Caste/Tribe* which is recognised as a Scheduled Caste/ Scheduled Tribe* in the State/Union Territory* issued by the (Name of the prescribed authority) vide their No. dated

3. Shri/Shrimati/Kumari* and/or* his/her* family ordinarily reside(s) in village/town* of District/Division* of the State/Union Territory* of

Signature

Designation

(with seal of office)

Place

State

Date

Union Territory

* Please delete the words which are not applicable.

• Please quote specific Presidential Order.

** Delete the paragraph which is not applicable.

Note :- The term "Ordinarily resides" used here will have the same meaning as in Section 20 of the Representation of the People's Act, 1950.

List of authorities empowered to issue Scheduled Caste/Scheduled Tribe Certificates:-

1. 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 the rank of 1st Class Stipendiary Magistrate).
2. Chief Presidency Magistrate/ Additional Chief Presidency Magistrate/ Presidency Magistrate.
3. Revenue Officer not below the rank of Tehsildar.
4. Sub-Divisional Officer of the area where the candidate and/or his family normally resides.