The form of certificate to be produced by Scheduled Caste/ Scheduled Tribe 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 recognized as 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; and the North Eastern Areas (Reorganisation) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders (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 Caste 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 (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, l968.
@ theConstitution (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.....issued by the.....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/Union Territory *.....
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/OBC Certificates.
(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 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 family normally resides.

The form of certificate to be produced by Other Backward Classes 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..... community which is

recognised as a backward class under :—

@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, No. 186 dated the 13th September, 1993.

@Govemment of India, Ministry of Welfare Resolution No. 12011/9/94-BCC dated 19-10-94, published in the Gazette of India Extraordinary Part I, Section I, No. 163 dated 20-10-1994.

@Govemment of India, Ministry of Welfare Resolution No. 12011/7/95-BCC dated 24-5-95, published in the Gazette of India Extraordinary Part I, Section I, No. 88 dated 25-5-1995.

@Government of India, Ministry of Welfare Resolution No. 12011/96/94-BCC dated 9th March, 1996 published in Gazette of India Extraordinary Part I, Section I, No. 60 dated 11th March,1996.

@Government of India, Ministry of Welfare Resolution No. 12011/44/96-BCC dated 6th December, 1996 published in the Gazette of India Extraordinary Part I, Section I, No. 210 dated 11th December,1996.

@Government of India, Ministry of Welfare Resolution No. 12011/13/97-BCC dated 3rd December, 1997 published in the Gazette of India Extraordinary Part-I, Section-I, No. 239 dated the 17th December, 1997.

@Govemment of India, Ministry of Welfare Resolution No. 12011/99/94-BCC dated the 11th December, 1997 published in the Gazette of India Extraordinary Part I, Section I, No. 236 dated the 12th December,1997.

@Government of India, Ministry of Social Justice and Empowerment Resolution No. 12011/68/98-BCC dated the 27th October, 1999 published in the Gazette of India Extraordinary Part I, Section I, No.241 dated the th October, 1999.

@Government of India, Ministry of Social Justice and Empowerment Resolution No. 1201l/88/98-BCC dated the 6th December, 1999 published in the Gazette of India Extraordinary Part I, Section I, No.270 dated the th December, 1999.

@Government of India, Ministry of Social Justice and Empowerment Resolution No. 1201l/36/99-BCC dated the 4th April, 2000 published in the Gazette of India Extraordinary Part I, Section I, No. 71 dated the 4th April, 2000.

@Government of India, Ministry of Social Justice and Empowerment Resolution No. 12011/44/99-BCC dated the 21st September, 2000 published in the Gazette of India Extraordinary Part I, Section I, No. 210 dated the 21st September, 2000.

@Government of India, Ministry of Social Justice and Empowerment Resolution No. 12015/9/2000-BCC dated the 6th September, 2001 published in the Gazette of India Extraordinary Part I, Section I, No. 246 dated the 6th September, 2001.

@Government of India. Ministry of Social Justice and Empowerment Resolution No. 12011/l/2001-BCC dated 19th June, 2003 published in the Gazette of India Extraordinary Part I, Section I, No. 151 dated 20th June, 2003.

@Government of India, Ministry of Social Justice and Empowerment Resolution No. 12011/4/2002-BCC dated 13th January, 2004 published in the Gazette of India Extraordinary, Part I, Section I, No.9 dated 13th January, 2004.

@Government of India, Ministry of Social Justice and Empowerment Resolution No.

12011/9/2004-BCC dated 16th January, 2006 published in the Gazette of India Extraordinary, Part I, Section I, No. 10 dated 16th January, 2006.

@Government of India, Ministry of Social Justice and Empowerment Resolution No. 12011/14/2004-BCC dated 12th March, 2007 published in the Gazette of India Extraordinary, Part I, Section I, No. 67 dated 12th March, 2007.

@Government of India, Ministry of Social Justice and Empowerment Resolution No. 12015/2/2007-BCC dated 18th August, 2010 published in the Gazette of India Extraordinary, Part I, Section I, No. 232 dated 18th August, 2010.

@Government of India, Ministry of Social Justice and Empowerment Resolution No. 12015/2/2007-BCC dated 11th October, 2010 published in the Gazette of India Extraordinary, Part I, Section I, No. 274 dated 12th October, 2010.

@Government of India, Ministry of Social Justice and Empowerment Resolution No. 12015/15/2008-BCC dated 16th June, 2011 published in the Gazette of India Extraordinary, Part I, Section I, No. 123 dated 16th June, 2011.

@Government of India, Ministry of Social Justice and Empowerment Resolution No. 12015/13/2010-BC II dated 8th December, 2011 published in the Gazette of India Extraordinary, Part I, Section I, No. 257 dated 08th December, 2011.

Shri/Shrimati/Kumari *.....and/ or* his/her* family ordinarily reside(s) in village/town*..... of District/Division* of the ..... State/Union Territory * of.....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, O.M. No. 36033/3/2004-Estt. (res.) dated 9th March, 2004, O.M. 36033/3/2004-Estt. (Res) dated 14-10-2008 and OM No. 36033/1/2013-Estt.(Res.) dated 27.5.2013.

Signature.....

* *Designation. .....(With seal of office)

Place.....

Date.....

Note 1: The format of undertaking to be furnished along with the DAF by Other Backward Class candidates applying for appointment to post under the Government of India, is available as **Annexure VI.**

Note 2: Creamy layer clause in respect of OBC candidates must be as per OM No. 36033/1/2013-Estt.(Res.) dated 27.5.2013

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.

*Please delete the words which are not applicable.

@Strike out whichever is not applicable.

**List of authorities empowered to issue Scheduled Caste/Scheduled Tribe/OBC Certificates.

(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 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 family normally resides.

DECLARATION FOR OBC (Non-Creamy Layer) CANDIDATES

"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 Scheduled to the above referred Office Memorandum, dated 8.9.1993, O.M. No.36033/3/2004-Estt.(Res), dated 9.3.2004, O.M. No.36033/3/2004-Estt(Res), dated 14.10.2008, O.M. No. 36033/1/2013-Estt.(Res), dated 27.5.2013, O.M. No. 36033/1/2013-Estt/(Res/) dated 13.9.2017 and O.M. No. 36033/2/2018-Estt.(D) dated 08.06.2018.

Signature

Name:

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) ..... Age .....years, 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.

Annexure-I

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

*Note1:. 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.

G. Sivavasan