ANNEXURE I - A

Proforma for Scheduled Caste (SC)/Scheduled Tribe (ST)/Other Backward Class (OBC)/Physically Handicapped (PH) Certificate

[Certificates issued from Maharashtra State must be validated by the Social Welfare Department of the Maharashtra Government]

(CERTIFICATE TO BE PRODUCED BY SCHEDULED CASTE (SC)/SCHEDULED TRIBE (ST)/OTHER BACKWARD CLASS (OBC) APPLYING FOR ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT OF INDIA)

This is to certify that Shri/Smt./Kum ________________________Son/Daughter of
Shri/Smt. ________________________________________________of Village/Town
____________________________________District/Division __________________________ in the
____________________________________State belongs to the __________________________

Community which is recognized as a backward class under:

(i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary Part I Section I No. 186 dated 13/09/93.
(ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary Part I Section I No. 163 dated 20/10/94.
(iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary Part I Section I No. 88 dated 25/05/95.
(iv) Resolution No. 12011/96/94-BCC dated 9/03/96.
(vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
Shri/Smt./Kum. _________________________________ and/or his family
ordinarily reside(s) in the __________________________ District/Division of
______________________________ 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 08/09/93 which is modified vide OM No. 36033/3/2004 Estt.(Res.) dated 09/03/2004 or the
latest notification of the Government of India.

Date: __________________________

District Magistrate/Competent Authority

Seal

NOTE:
(a) The term ‘Ordinarily’ used here will have the same meaning as in Section 20 of the
Representation of the People Act, 1950.
(b) The authorities competent to issue Caste Certificates are indicated below:
   i. District Magistrate / Additional 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 Officer not below the rank of Tehsildar.
   iv. Sub-Divisional Officer of the area where the candidate and / or his family resides.
(c) The annual income / status of the parents of the applicant should be based on financial year
ending March 31, 2019.
Declaration/undertaking - for OBC Candidates only

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 for admission in Central Government Institutions 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, which is modified vide Department of Personnel and Training Office Memorandum No. 36033/3/2004 Estt (Res.) dated 9/3/2004.

I also declare that the condition of status/annual income for creamy layer of my parents/guardian is within prescribed limits as on financial year ending on March 31, 2019.

Place: ___________________________ Signature of the Candidate
Date: ___________________________