

Annexure-A

**(Format of certificate to be submitted by Central Government Employees
seeking age relaxation)**

**(To be produced on the Letter Head of the Department and to be filled by
the Head of the Department in which the candidate is working)**

It is certified that Shri/Smt/Kum. _____ is a
Central Government employee holding the post of
_____ in the Pay Scale/Pay Level of Rs.
_____ with 03 years regular/continuous service in
the grade as _____ w.e.f. _____.

2. There is no objection to his appearing for the post of _____ and
document verification for the said recruitment.

Signature _____

Name _____

Designation _____

Tel No _____

Office Seal _____

Government of.....
(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

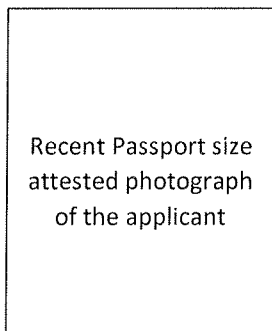
Date: _____

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: _____

* **Note1** : Income covered all sources i.e. salary, agriculture, business, profession, etc.

** **Note2** : 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.

*** **Note3** : 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.

**EXPERIENCE CERTIFICATE FOR CANDIDATES WORKING IN THE ICMR
PROJECTS**

**(To be produced on the Letter Head of the Institute/Centre and to be filled by
the Head of the Department in which the candidate is working)**

It is certified that Shri/Smt/Kum. _____ is
working at _____ as per the details given below:

Sl. No.	Period (Initial to latest)		Designation	Name of the ICMR funded Project	Emoluments Drawn (Rs.)	Remarks
	From	To				

Please state whether the candidate has entered into the project service within the prescribed age limit for the post for which the candidate is applying: -
(YES/NO)

There is no objection to his appearing for the post of _____ and document verification for the said recruitment.

Note:- Please attach copies of the appointment letters and joining orders in r/o of each of the above mentioned work experience.

Signature _____
Name _____
Designation _____
Tele No: _____

Office Seal _____

**FORM OF DECLARATION/UNDERTAKING TO BE SUBMITTED BY OBC
CANDIDATE (IN ADDITION TO THE COMMUNITY CERTIFICATE)**

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 admission in Central Govt. institutions as per orders
contained in the Department of Personnel and Training Office Memorandum No.
36012/22/93-Estt.(SCT) dated 08th September, 1993. I also declare that I do not
belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the
Schedule to the above referred Office Memorandum dated 08th September, 1993,
which is modified vide Department of Personnel and Training Office Memorandum No.
36033/1/2013-Estt. (Res.) dated 14th September, 2017

Signature of Candidates: _____

Full Name: _____

Correspondence Address: _____

Place:

Date:

**(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.: _____

Dated:

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.

FORMAT FOR SC/ST CERTIFICATE

A candidate who claims to belong to one of the Scheduled Caste or the Scheduled Tribes should submit in support of his claim an attested/certified copy of a certificate in the form given below, from the District Officer or the sub-Divisional Officer or any other officer as indicated below of the District in which his parents(or surviving parent) ordinarily reside who has been designated by the State Government concerned as competent to issue such a certificate. If both his parents are dead, the officer signing the certificate should be of the district in which the candidate himself ordinarily resides otherwise than for the purpose of his own education. Wherever photograph is an integral part of the certificate, the Commission would accept only attested photocopies of such certificates and not any other attested or true copy.

(The format of the certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under 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/Tribes _____ which is recognized as a Scheduled Castes/Scheduled Tribes* 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 Area(Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Order(Amendment) Act, 1976.

The Constitution (Jammu & Kashmir) Scheduled Castes 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 (Scheduled Tribes) (Uttar Pradesh) Order, 1967 @

The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968@

The Constitution (Goa, Daman & 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 & Kashmir) Scheduled Tribes Order 1989@

The Constitution (SC) orders (Amendment) Act, 1990@

The Constitution (ST) orders (Amendment) Ordinance 1991@

The Constitution (ST) orders (Second Amendment) Act, 1991@

The Constitution (ST) orders (Amendment) Ordinance 1996

The Scheduled Caste and Scheduled Tribe Orders(Amendment) Act 2002.

The Constitution (Scheduled Caste) Orders(Amendment) Act 2002.

The Constitution(Scheduled Caste and Scheduled Tribe) Orders(Amendment) Act 2002.

The Constitution (Scheduled Caste) Order (Amendment) Act 2007.

%2. Applicable in the case of Scheduled Castes, Scheduled Tribes persons who have migrated from one State/Union Territory Administration.

This certificate is issued on the basis of the Scheduled Castes/ Scheduled tribes certificate issued to Shri/Shrimati _____ Father/mother of _____ of Shri/Srimati/Kumari* _____ of village/town* _____ in District/Division* _____ of the State/Union Territory* _____ who belong to the _____ Caste/Tribe which is recognized 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 _____
 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 Caste/Tribe Certificates:**

- (i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Dy. Collector/Ist Class Stipendiary Magistrate/Sub-Divisional Magistrate/Extra-Assistant Commissioner/Taluka Magistrate/Executive Magistrate.
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- (iii) Revenue Officers not below the rank of Tehsildar.
- (iv) Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

NOTE: ST candidates belonging to Tamil Nadu state should submit caste certificate ONLY FROM THE REVENUE DIVISIONAL OFFICER.

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:-

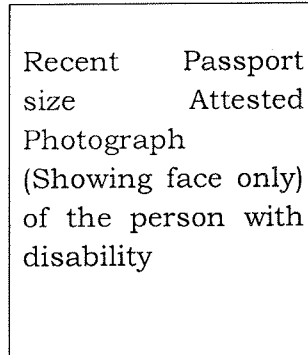
Nature of Document	Date of Issue *	Details of authority issuing certificate

(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)



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) Ageyears,
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
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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.