

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/Shrimati/Kumari* son/daughter* of of village/town* in District/Division* of the State/Union Territory* belongs to the caste/tribe* which is recognised 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 List (Modification) Order, 1956; the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Order (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 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 (Dadar and Nagar Haveli) Scheduled Castes Order, 1962
- @ The Constitution (Dadar 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 & 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* of issued by the dated

% 3. Shri/Shrimati/Kumari* and/or* his/her* family ordinarily resides in village/town* of District/Division* of the State/Union Territory* of

Signature.....
**Designation.....

(With Seal of Office)
State/Union Territory*

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 Scheduled Caste/Scheduled Tribe Certificate.

- (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 of 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/her family normally resides.
- (v) Administrator/Secretary to Administrator/Development Officer(Lakshadweep)

FORM-OBC-NCL

OBC-NCL Certificate Format

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES (NCL)* APPLYING FOR APPOINTMENT TO POSTS 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/Union Territory _____ belongs to the
_____ community that is recognized as a backward class
under Government of India***, Ministry of Social Justice and Empowerment's Resolution No.
dated _____ ****

Shri/Smt./Kum. _____ 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 08/09/93 which is modified vide OM No. 36033/3/2004
Estt.(Res.) dated 09/03/2004, further modified vide OM No. 36033/3/2004-Estt. (Res.) dated
14/10/2008, again further modified vide OM No.36036/2/2013-Estt (Res) dtd. 30/05/2014, and
again further modified vide OM No. 36033/1/2013-Estt (Res) dtd. 13/09/2017.

District Magistrate /
Deputy Commissioner /
Any other Competent Authority

Dated:

Seal

* Visit <http://www.ncbc.nic.in> for latest guidelines and updates on the Central List of State-wise OBCs.
** Please delete the word(s) which are not applicable.
*** As listed in the Annexure (for FORM-OBC-NCL)
**** The authority issuing the certificate needs to mention the details of Resolution of
Government of India, in which the caste of the candidate is mentioned as OBC.

NOTE:

(a) The term 'Ordinarily resides' 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/ Ist Class Stipendiary Magistrate/ Sub-Divisional
magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner (not
below the rank of Ist Class Stipendiary Magistrate).
(ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
(iii) Revenue Officer not below the rank of Tehsildar' and
(iv) Sub-Divisional Officer of the area where the candidate and/or his family resides
(v) Certificate issued by any other authority will be rejected

FORM-GEN-EWS

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

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____ Date _____

1. 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 in 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 2023-2024. 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 Schedule Caste, Schedule Tribe and Other Backward Classes (Central List).

Signature with seal of Officer _____

Name _____

Designation _____

Recent Passport size
attested photograph
of the applicant

The income and assets of the families as mentioned
would be required to be certified by an officer not
below the rank of Tehsildar in the States/UTs.

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

** Note2: The term "Family" for this purpose includes 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.

Form-V Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs or dwarfism and in case 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. _____

Date of Birth (DD/MM/YY)

son/wife/daughter of Shri _____
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 is issued

Form - VI Certificate of Disability
(In cases of multiple disabilities) [See rule 18(1) Rights of Persons with Disabilities Rules, 2017]

(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 am 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 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	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			
22	Spine Deformity			
23	Spine Injury			

(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
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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) of Rights of Persons with Disabilities Rules, 2017)

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 (...
 number and date of issue of the 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			
20.	Spine Deformity			
21.	Spine Injury			

(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

(Authorized 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

FORM OF CERTIFICATE APPLICABLE FOR RETIRED / RELEASED ARMED FORCES PERSONNEL FOR AVALING AGE CONCESSION.

1. It is certified that No..... Rank.....
Name.....whose date of birth is..... has rendered service from.....to.....in Army/Navy/Air Force.
2. He has been released from military services:
* a) on completion of assignment otherwise than
 - (i) by way of dismissal, or
 - (ii) by way of discharge on account of misconduct or inefficiency, or
 - (iii) on his own request, but without earning his pension, or
 - (iv) he has not been transferred to the reserve pending such release.
*b) on account of physical disability attributable to Military Service.
*c) on invalidment after putting in at least five years of Military service
3. He is covered under the definition of Ex-Serviceman (Re-employment in Central Civil Services and Posts) Rules 1979 as amended from time to time.

Place:.....

Date:.....

Signature, Name and Designation of the
Competent Authority**
SEAL

*Delete the paragraph which is not applicable.

** Authorities who are competent to issue certificates to Armed Forces Personnel for availing Age concessions are as follows:

- (a) In case of Commissioned Officers including ECOs/SSCOs.
Army- Military Secretary Branch, Army Hqrs., New Delhi
Navy- Directorate of Personnel, Naval Hqrs., New Delhi
Air Force- Directorate of Personnel Officers, Air Hqrs., New Delhi
- (B) In case of JCOs/ORs and equivalent of the Navy and Air Force.
Army- By various Regimental Record Offices
Navy- BABS, Mumbai.
Air Force- Air Force Records, New Delhi