

UNDERTAKING TO BE GIVEN BY THE EX-SERVICEMEN CATEGORY CANDIDATE

I understand that if selected on the basis of the recruitment/examination to which the application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the Appointing Authority that I have been duly released/retired/discharged from the Armed Forces and that I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen (Re-employment in Central Civil Services and Posts rules, 1979, as amended from time to time).

I also understand that I shall not be eligible to be appointed to a vacancy reserved for Ex-Servicemen in regard to the recruitment covered by this examination, if I have at any time prior to such appointment, secured any employment on the civil side (including Public Sector Undertakings, Autonomous Bodies/Statutory Bodies, Nationalized Banks, etc.) by availing of the concession of reservation of vacancies admissible to Ex-Servicemen.

I further submit the following information:

- a) Date of appointment in Armed Forces _____
- b) Date of discharge _____
- c) Length of service in Armed Forces _____
- d) My last Unit / Corps _____

(Signature of the Candidate)

Place:

Date:

FORM OF CASTE CERTIFICATE FOR SC/ST

The format of the certificate to be produced by Scheduled Castes or Scheduled Tribes candidates applying for appointment to posts under the Government of India.

This is to certify that Shri /Shrimati/Kumari*
son/daughter* ofof Village / Town*in
District/Division*of 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, 1950

The Constitution (Scheduled Tribes) (Union Territories) Order, 1951

(As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification) Order, 1956, the Bombay Re-organisation Act, 1960, the Punjab Re-organisation Act, 1966, the State of Himachal Pradesh Act, 1970 and the North Eastern Area (Re-organisation) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders,(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 Orders, 1964@

The Constitution (Scheduled Tribes) (Uttar Pradesh) 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) 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.

% 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 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, 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.

OBC CERTIFICATE FORMAT**FORMAT OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES
APPLYING FOR APPOINTMENT TO POST UNDER THE GOVERNMENT OF INDIA.**

This is to certify that Shri/Smt/Kum* _____

Son/Daughter* of Shri _____ of Village /Town _____

District _____ in _____ State belongs to _____ community

which is recognized as backward class under _____ : (indicate the Sub Caste)

1. Resolution No. 12011/68/93-BCC@dtd 10th September 1993, published in the Gazette of India- Extraordinary Part-I, Section 1. No. 186 dated 13th September 1993.
2. Resolution No. 12011/9/94-BCC dated 19th October 1994, published in the Gazette of India-Extraordinary Part-I, Section I. No. 163, dated 20th October 1994.
3. Resolution No. 12011/7/95-BCC dtd 24th May 1995, Published in the Gazette of India-Extraordinary Part-I, Section I. No. 88 dated 25th May 1995.
4. Resolution No. 12011/44/96-BCC dtd 6th December 1996, published in the Gazette of India-Extraordinary Part-I, Section I. No. 210, dated 11th December 1996.
5. Resolution No. 12011/68/93-BCC, Published in Gazette of India – Extra Ordinary – No. 129, dated the 8th July 1997.
6. Resolution No. 12011/12/96-BCC, Published in Gazette of India – Extra Ordinary – No. 164 dated the 1st Sept. 1997.
7. Resolution No. 12011/99/94-BCC, Published in Gazette of India – Extra Ordinary – No. 236 dated the 11th Dec. 1997.
8. Resolution No. 12011/13/97-BCC, Published in Gazette of India – Extra Ordinary – No. 239 dated the 3rd Dec. 1997.
9. Resolution No. 12011/12/96-BCC, Published in Gazette of India – Extra Ordinary – No. 166 dated the 3rd August 1998.
10. Resolution No. 12011/68/93-BCC, Published in Gazette of India – Extra Ordinary – No. 171 dated the 6th August 1998.
11. Resolution No. 12011/68/98-BCC, Published in Gazette of India – Extra Ordinary – No. 241 dated the 27th Oct. 1999.
12. Resolution No. 12011/88/98-BCC, Published in Gazette of India – Extra Ordinary – No. 270 dated the 6th Dec. 1999.
13. Resolution No. 12011/36/99-BCC, Published in Gazette of India – Extra Ordinary – No. 71 dated the 4th April 2000.

Shri/Smt/Kum* _____ and / or his/her family ordinarily reside(s) in the

_____ District of the _____ 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 and Training O.M. No. 36012/22/93/Estt. (SCT) dated 08.09.1993) and modified vide Government of India, Department of Personnel and Training O.M. No. 36033/3/2004/Estt.(RES). dated 09.03.2004.

Place:

Date:

District Magistrate/
Dy. Commissioner etc
(with seal of office)

- a. The term ordinarily used here will have the same meaning as Section 20 of the representation of the People Act. 1950.
- b. Where the certificates are issued by Gazetted Officers of the Union Government or State Governments, they should be in the same form but countersigned by the District Magistrate or Dy. Commissioner (Certificates issued by Gazetted officers and attested by District Magistrate/Deputy Commissioner are not sufficient).
- c. The OBC certificate from the authorities only will be accepted.
 1. District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector /Ist Class Stipendiary Magistrate/Extra-Assistant Commissioner (not below the rank of Ist Class stipendiary Magistrate)/ *Subdivisional Magistrate/Taluka Magistrate/Executive Magistrate.
 2. Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
 3. Revenue Officer not below the rank of Tahsildar, and
 4. Sub-Divisional officer of the area where the candidate and/or his family normally resides.

Declaration format for the candidates seeking reservation as OBCs in addition to the Certificate issued by the Competent Authority

"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
08.09.1993. 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
08.09.1993".

SIGNATURE OF THE CANDIDATE

**FORM OF MEDICAL CERTIFICATE FOR PERSONS WITH DISABILITIES (PWD)
NAME AND ADDRESS OF THE INSTITUTE/HOSPITAL**

Certificate No. _____
Date: _____

DISABILITY CERTIFICATE

1. This is certified that Smt/Shri/Kum _____
son/daughter of Shri _____
age _____, sex Male/Female having identification marks as below:

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) OL- One leg affected (right or left)
 (a) Impaired reach
 (b) Weakness of grip
 (c) Ataxic
 (iv) OA- One arm affected (right or left)
 (a) Impaired reach
 (b) Weakness of grip
 (c) Ataxic
 (v) BH- Stiff Back and hips (cannot sit or stoop)
 (vi) MW- Muscular Weakness and limited physical endurance.
 B. **Blindness or Low Vision:** (C) **Hearing Impairment:**
 (i) B- Blind (ii) PB- Partially Blind (i) D- Deaf (ii) PD - Partially Deaf.
 (Delete the category whichever is not applicable)

Paste here your recent colour photograph showing the disability (The photograph should be attested by the chairperson of the Medical Board)

Signature of the candidate ↑

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. Smt./Shri/Kum..... meets the following physical requirement for discharge of his/her duties.

(i) F-can perform work by manipulating with fingers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(ii) PP-can perform work by pulling and pushing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(iii) L--can perform work by lifting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(iv) KC-can perform work by kneeling and crouching	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(v) B-can perform work by bending	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(vi) S-can perform work by sitting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(vii) ST-can perform work by standing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(viii) W-can perform work by walking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(ix) SE-can perform work by seeing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(x) H-can perform work by hearing/speaking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(xi) RW-can perform work by reading and writing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

(Signature of Doctor)
Name:
Registration No.:
Member Medical Board

(Signature of Doctor)
Name:
Registration No.:
Member Medical Board

(Signature of Doctor)
Name:
Registration No.:
Member Chairperson,
Medical Board

* Please delete the words which are not applicable
Place :
Date :

**Counter Signature of the Medical Superintendent/CMO/
Head of Hospital (with seal)**

Note : (i) According to the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full participation) Rules, 1996 notified on 31.12.1996 by the Central Government in exercise of the powers conferred by sub-section (1) and (2) of Section 73 of the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1 of 1996), authorities to give disability Certificate will be a Medical Board duly constituted by the Central or the State Government. The State Government may constitute a Medical Board consisting of at least three members out of whom at least one shall be a specialist in the particular field for assessing locomotor/hearing & speech disability, mental retardation and leprosy cured, as the case may be.
 (ii) The certificate would be valid for a period of 5 years for those whose disability is temporary. For those who acquired permanent disability, the validity can be shown as permanent.