

FORM OF CASTE CERTIFICATE FOR SC/ST

This is to certify that Shri*/ Srimati/ Kumari*son/daughter* of Shri.....
Village / Town / District / Division * of
the.....State/UnionTerritory* belongs to the.....Caste*/Tribe which is
recognised as a Scheduled Caste / Scheduled Tribe (tick whichever is applicable) under :-

*The Constitution Scheduled Castes Order 1950.

*The Constitution Scheduled Tribes Order 1950.

*The Constitution (Scheduled Castes) (Union Territories) (Part C States) Order 1951;

*The Constitution (Scheduled Tribes) (Union Territories) (Part C States) Order 1951;

[As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification Order 1956, the Bombay Reorganisation Act 1960, the Punjab Re- organisation Act 1966, the State of Himachal Pradesh Act 1970, the North Eastern Areas (Re- organisation) Act 1971 and the Scheduled Castes and Scheduled Tribes Orders, (Amendment) Act 1976]

The Constitution (Jammu and Kashmir) Scheduled Castes Orders, 1956

The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled *Tribes Orders (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 (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) Orders (Amendment) Act, 1990

*The Constitution (ST) Orders (Amendment) Ordinance Act, 1991

*The Constitution (ST) Orders (Amendment) Ordinance Act, 1996

*The Constitution (Scheduled Castes) Orders (Amendment) Act, 2002

*The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002.

*The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002.

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/Srimati*.....father/mother*.....of Shri/Srimati/Kumariof Village
/ Town *in / District / Division * of the
State/UnionTerritory*.....who belongs to the.....Caste*/Tribe which is recognised as a Scheduled
Caste/ Scheduled Tribe in the Station/ Union Territory* issued by the.....dated.

3. Shri/Srimati/Kumari* and /or* his/her* family ordinarily resides in Village/Town* District/ Division*
of the State/ Union Territory* of.....

*Please delete the words which are not applicable.

@ Please quote the specific presidential order.

% Please delete the Paragraph, which is not applicable.

Note: (a) The term “ordinarily reside(s)” used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950: Officers competent to issue caste/tribe certificates:

1. 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.
2. Chief Presidency Magistrate / Additional Chief PresidencyMagistrate / Presidency Magistrate.
3. Revenue Officers not below the rank of Tehsildar.

4. Sub-Divisional Officer of the area where the candidate and / or his / her family normally reside(s).
5. Certificates issued by Gazetted Officers of the Central or of a State Government Countersigned by the District Magistrate concerned.
6. Administrator/ Secretary to Administrator (Laccadive, Minicoy and Admindivi Islands).

Place

Date

Signature

Designation

(with seal of Office)

State/ Union Territory

FORM 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. / Kumari.....
..... son / daughter of..... of Village / Town.....
..... in District / Division
..... in the State / Union Territory belongs to
the..... community which is recognised as a Backward Class under the 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 OM No. 36012/22/93-Estt(SCT),
dated 8.9.1993 and modified vide Government of India, Department of Personnel and Training
O.M.No.36033/1/2013-Estt. (Res) dated 27.05.2013 and 13.09.2017*.

Date:

**DISTRICT MAGISTRATE /
DY. COMMISSIONER ETC.
(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 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.

DECLARATION

Proforma for declaration to be submitted by Other Backward Class

Candidates

"I,..... son/daughter of Shri resident of Village/Town/ City districtState hereby declare that I belong to the (indicate your sub caste) community which is recognised 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 08.03.1993 and its subsequent revisions through O.M.No.36033/1/2013-Estt. (Res) dated 27.05.2013 and 13.09.2017.

Place:

Signature of the Candidate

Date:

Name of the candidate

Disability Certificate

FORM-II

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)

(See Rule 4)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent P.P. 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/YYYY)..... 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

*Blindness

(Please tick as applicable)

(B) The diagnosis in his/her case is

(1) He/She has% (in figure percent (in words) permanent physical impairment/
blindness in relation to his/her (part of body) as per 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/Thumb Impression of the person in whose favour disability certificate is issued
--

(Signature and Seal of Authorized
Signatory of notified Medical Authority)

Disability Certificate
FORM-III

(In case of multiple disabilities)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)
(See Rule 4)Recent P.P.
Size Attested
Photograph
(Showing face
only) of the
person with
disability

Certificate no:..... Date:.....
 1 This is to certify that we have carefully examined
 Shri/Smt./Kum.....son/wife/daughter of Shri.....
 Date of Birth(dd/mm/yyyy)..... Age..... years,
 Male/Female..... Registration No.Permanent Resident of House
 No..... Ward/Village/Street..... 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 (to be specified) for the disabilities ticked below and shown against the relevant disability in the table below:

Sl. No.	Disability	Affected Part of Body	Diagnosis	Permanent Physical Impairment/Mental Disability(in%)
1	Locomotor Disability	@		
2	Low Vision	#		
3	Blindness	Both Eyes		
4	Hearing Impairment	£		
5	Mental Retardation	X		
6	Mental-illness	X		

(B) In the light of the above, his/her over all permanent physical impairment as per 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:

1. not necessary. Or

ii) is recommended/afteryearmonths, and therefore this certificate shall be valid till(DD/MM/YYYY)

@ e.g. Left/Right/both arms/legs

e.g. Single eye/both eyes

£ 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
disability certificate is issued

Disability Certificate

Annexure - V

FORM - IV

(In cases other than those mentioned in Forms II and III)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

(See Rule 4)

Recent PP
Size Attested
Photograph
(Showing face
only) of the
person with
disability

Certificate No.:

Date:

1. This is to certify that I have carefully examined

Shri/Smt./Kum.....son/wife/daughter of Shri.....

Date of Birth(DD/MM/YYYY).....Age.....years. Male/Female.....

Registration No.Permanent Resident of House No..... Ward/Village/Street..... whose photograph is affixed above and am satisfied that he/she is a case 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:

Sl. No.	Disability	Affected Part of Body	Diagnosis	Permanent Physical Impairment/Mental Disability(in%)
1	Locomotor Disability	@		
2	Low Vision	#		
3	Blindness	Both Eyes		
4	Hearing Impairment	£		
5	Mental Retardation	X		
6	Mental-illness	X		

(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 yearsmonths and therefore this certificate shall be valid till (DD)(MM)(YYYY)

@ e.g. Left/Right/both arms/legs

e.g. Single eye/both eyes

£ 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
(Authorised Signatory of notified Medical Authority) (Name and Seal)	Countersigned [(Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital in case the certificate is issued by a medical authority who is not a government servant (with seal))]	

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. The principal rules were published in the Gazette of India vide notification number S.O. 908(E). dated the 31st December, 1996.

Signature/Thumb Impression of the person in whose favour disability certificate is issued

Annexure - VI

Government of _____

(Name & Address of the authority issuing the certificate)

**INCOME & ASSET CERTIFICATE TO BE PRODUCED BY
ECONOMICALLY WEAKER SECTIONS (EWS)**

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. 8lakh
(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**

***Note 1:** 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.

Income Certificate for EBC

Proforma for Waiver of Examination Fees to be submitted by Economically Backward Class(EBC)

- 1. Name of Candidate:
- 2. Father's Name:
- 3. Age:
- 4. Residential Address:
- 5. Annual Family Income (In words & Figures):

Date:

Signature:

Name:

Stamp of Issuing Authority:

Note: Economically Backward Classes will mean the candidates whose family income is less than Rs 50,000/- per annum. The following authorities are authorized to issue income certificates for the purpose of identifying economically backward classes:

(1) District magistrate or any other Revenue Officer up in the level of Tahsildar (2) Sitting Member of Parliament of Lok Sabha for persons of their own Constituency (3) BPL Card or any other certificate issued by Central Government under a recognized poverty alleviation programme or Izzat MST issued by Railways. (4) Union Minister may also recommend to Chairman/RRBs for any persons from anywhere in the country. (5) Sitting Member of Parliament of Rajya Sabha for persons of the district in which these MPs normally reside.

CERTIFICATE OF ACTIVENESS

Certificate No.....

Date :.....

This is to certify that Sri/Smt.....
of..... State/District/Division is an
active member of.....Group since last 05 (five) years duly
registered with the State/District Association.

.....
Sign. of Group Leader(Scout/Guide)

.....
Sign. of Distt.Org. Commissioner(Scout/Guide)

Name

Name

Date

Date.....

Rubber Stamp.....

Rubber Stamp.....

.....
Sign. of District Commissioner (Scout/Guide)

Name.....

Date.....

Rubber Stamp.....

DECLARATION

**Proforma for Waiver of Examination Fees to
be submitted by Minority candidates against
Employment Notice No. RRC/ER/ Scouts & Guides
Quota-2022-23(O.A)**

"I, son/daughter of
Shri

..... resident of village / town /
city..... district

state.....hereby declare that I belong to the..... (indicate minority
community

notified by Central Government i.e., Muslim / Sikh / Christian / Buddhist /Jain / Zoroastrians (Parsis).

Date :

Signature of the Candidate

Place :

Name of the Candidate

Note : At the time of Written Test such candidates claiming waiver of examination fee will be required to furnish 'Minority Community Declaration' affidavit on Non Judicial Stamp paper that he / she belongs to any of the minority community notified by Central Government (i.e., Muslim / Sikh / Christian /Buddhist / Jain / Zoroastrians (Parsis)).

