

Certificate regarding physical limitation in an examinee to write

This is to certify that, I have examined Mr./Ms./Mrs. _____
(name of the candidate with disability), a person with _____
(nature and percentage of disability as mentioned in the certificate of disability), S/o, D/o
_____ a resident of
_____ (Village/District/Sate)
and to state that he/she has physical limitation which hampers his/her writing capabilities owing
to his/her disability.

Signature

Chief Medical Officer/Civil Surgeon/Medical Superintendent

of a Government health care Institution

Name & Designation

Name of Government Hospital / Health Care Centre with Seal

Place: _____

Date: _____

Note: Certificate should be given by a specialist of the relevant stream/disability (eg. Visual impairment – Ophthalmologist, Locomotor disability – Prthopaedic specialist / PMR).

Letter of Undertaking for Using Own Scribe

I _____, a candidate with _____ (name of the disability) appearing for the _____ (name of the examination) bearing Roll No. _____ at _____ (name of the Centre) in the District _____, _____ (name of the State/UT). My qualification is _____.

I do hereby state that _____ (name of the scribe) will provide the service of scribe/reader/lab assistant for the undersigned for taking the aforesaid examination.

I do hereby undertake that his/her qualification is _____. In case, subsequently it is found that his / her qualification is not as declared by the undersigned and is beyond my qualification, I shall forfeit my right to the post and claims relating thereto.

(Signature of the candidate with Disability)

Place: _____

Date: _____

FORM OF CERTIFICATE FOR SERVING DEFENCE PERSONNEL

I hereby certify that, according to the information available with me (No) _____
(Rank)_____ (Name)_____ is due
to complete the specified term of his engagement with the Armed Forces on (Date)

(Signature of Commanding Officer)

Office Seal

Place:

Date:

UNDERTAKING TO BE GIVEN BY THE EX-SERVICEMEN

I _____ bearing Roll No _____ appearing for the Document Verification of the _____ Examination, 20_____ do hereby undertake that:

(a) I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen Reemployment in Central Civil Services and Posts Rules, 1979, as amended from time to time.

(b) I have not joined the Government job on civil side (including Public Sector Undertakings, Autonomous Bodies/ Statutory Bodies, Nationalized Banks, etc.) in Group "C" and "D" posts on regular basis after availing of the benefits of reservation given to ex-serviceman for re-employment; **OR**

(c) I have availed the benefit of reservation as ex-serviceman for securing Government job on civil side. I have joined as _____ on _____ in the office of _____ . I hereby undertake that I have submitted the self-declaration/ undertaking to my current employer about date wise detail of the application for the above mentioned examination for which I had applied for before joining the present civil employment; **OR**

(d) I have availed the benefit of reservation as ex-serviceman for securing Government job on civil side. I have joined as _____ on _____ in the office of _____ . Therefore, I am eligible for age-relaxation only.

I hereby declare that the above statements are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, my candidature/ appointment is liable to be cancelled/ terminated.

Signature: _____

Name: _____

Date: _____

Roll Number: _____

Date of appointment in Armed Forces: _____

Date of Discharge: _____

Last Unit/ Corps: _____

Mobile Number: _____

Email ID: _____

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. _____ 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 _____

(C) 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 Authorized Signatory of notified Medical Authority)

Signature/thumb impression of the person in whose favor certificate of disability is issued

Form - VI

Certificate of Disability
(In cases of multiple disabilities)
[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 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 | | | |

| S No | Disability | Affected part of body | Diagnosis | Permanent physical impairment / mental disability (in %) |
|------|---------------------------------|-----------------------|-----------|--|
| 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) _____

@ eg Left/right/both arms/legs

eg Single eye

£ eg Left/Right/both ears 4

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

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 | | | |

| S No | Disability | Affected part of body | Diagnosis | Permanent physical impairment/mental disability (in %) |
|------|---------------------|-----------------------|-----------|--|
| 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

{Counter signature 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

PRESCRIBED PROFORMAE

Performa-I

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 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 recognised
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, OM No. 36033/3/2004-
Estt. (Res) dated 9th March, 2004, O.M. No. 36033/3/2004-Estt. (Res) dated 14th
October, 2008 and O.M. No. 36033/1/2013-Estt. (Res) dated 27th May, 2013**.

Signature _____
Designation _____ \$

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.

\$ - List of Authorities empowered to issue Other Backward Classes certificate will be the same as those empowered to issue Scheduled Caste/Scheduled Tribe certificates.

Note:- The term "Ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

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.....

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.