

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.....

Contd...2/-

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 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 8.9.199.**

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.

Form of declaration to be submitted by the OBC candidate
(in addition to the community certificate)

I Son/daughter of Shri.....resident
ofvillage/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 36102/22/93- Estt. (SCT) dated 8-9-
1993. It is also declared that as on closing date I do not belong to persons/sections/sections (Creamy
Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum dated 8-9-
1993, O.M. No. 36033/3/2004- Estt. (Res.) dated 9th March, 2004 and O.M. No. 36033/3/2004-Estt.
(Res.) dated 14th October, 2008.

Signature:.....

Full Name:.....

Address:.....

**The form of certificate to be produced by Physically Handicapped candidates
applying for appointment to posts under the Government of India**

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

Certificate No.

Date:

DISABILITY CERTIFICATE

Recent Photograph of
the candidate showing
the disability duly
attested by the
Chairperson of the
Medical Board

1. This is certified that Shri/Smt./Kum.son/wife/daughter of Shri
..... agesex identification mark(s) 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) BLA—Both legs and both arms affected | |
| (iv) OL—One leg affected (right or left) | (a) Impaired reach
(b) Weakness of grip
(c) Ataxic |
| (v) OA—One arm affected | (a) Impaired reach
(b) Weakness of grip
(c) Ataxic |
| (vi) BH—Stiff back and hips (cannot sit or stoop) | |
| (vii) MW—Muscular weakness and limited physical endurance. | |

B. Blindness or Low Vision:

- (i) B—Blind
(ii) PB—Partially blind

C. Hearing impairment:

- (i) D—Deaf
(ii) PD—Partially deaf
(Delete the category whichever is not applicable)

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. Shri/Smt./Kum. meets the following physical requirements for discharge of his/her duties:—

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

(Dr.....)
Member
Medical Board

(Dr.....)
Member
Medical Board

(Dr.)
Chairman
Medical Board

Countersigned by the Medical
Superintendent/CMO/Head of Hospital
(With seal)

* Strike out whichever is not applicable.

NOC/SERVICE / VIGILANCE CERTIFICATE

It is certified that Shri / Smt / Kumari* _____ is working as _____ in this Institution / Organisation*, which is a Central Government / State Government / Public Sector / Autonomous Body* of the Central / State Government Organisation since _____ (Date). He / She is drawing band Pay of Rs. _____ with Grade Pay of Rs. _____ in the Pay Band of Rs. _____

It is, further, certified that no disciplinary action is pending / contemplated against him / her as on date.

This office has no objection if he / she selected for the post of _____ in Atomic Energy Education Society.

Place : _____

Date : _____

Signature : _____

Name : _____

Designation : _____

Seal : _____

* Strike out which is not applicable.