PROFORMA-I

FORMAT 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 OM No. 36012/22/93-Estt. (SCT,) dated 08.09.1993**.

Date _____ **District Magistrate/Deputy Commissioner etc.**

Seal of Office

*-	The Authority issuing the Certificate may have to mention the details of Resolution of Government of India, in which the Caste of candidate is mentioned as OBC
**-	As amended from time to time
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 Certificate Certificates:	
I.	District Magistrate / Additional District Magistrate/ Collector/ Deputy Commissioner / Additional Deputy Commission/ Dy. Collector / 1st 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 applicant and or his family normally resides.

NOTE-I : a. The term 'Ordinarily' 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 Certificate are indicated below:-

I. District Magistrate / Additional Magistrate / Collector / Dy. Commissioner / Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendary Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st Class Stipendiary Magistrate).
II. Chief Presidency Magistrate /Additional Chief Presidency Magistrate/ Presidency Magistrate.
III. Revenue Officer not below the rank of Tehsildar
IV. Sub-Divisional Officer of the area where the candidate and/or his family resides

NOTE-II: The closing date for receipt of application will be treated as the date of reckoning for OBC status of the candidate and also, for assuming that the candidate does not fall in the creamy layer.

NOTE-III: The candidate should furnish the relevant OBC Certificate in the format prescribed for Central Government jobs as per prescribed proforma issued by the competent authority on or before the Closing Date as stipulated in this Notice.

PROFORMA-I-A

FORM OF DECLARATION TO BE SUBMITTED BY THE OBC CANDIDATE (IN ADDITION TO THE COMMUNITY CERTIFICATE)

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 36102/22/93-Estt. (SCT) dated 8-9-1993. It is also declared that 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, 200, O.M. No. 36033/3/2004-Estt. (Res.) dated 14th October, 2008 and OM No. 36033/1/2013-Estt. (Res.), dated: 27th May, 2013.

Signature:.....

Full Name:.....

Address.....

PROFORMA-II

DECLARATION TO BE SUBMITTED BY EX-SERVICEMEN CANDIDATES REGARDING CIVIL EMPLOYMENT BY AVAILING EX-SERVICEMEN QUOTA.

I 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 notice, if I have at any time prior to such appointment, secured any employment on the civil side (including Public Sector Undertaking, Autonomous Bodies/ Statutory Bodies, Nationalized Banks, etc.), by availing of the concession of reservation of vacancies admissible to Ex-servicemen.

I also hereby declare the following facts:

a) I have not secured any civil employment by availing Ex- Servicemen quota, before attending for document verification for the posts of this notice.

b) I have availed Ex-Servicemen quota for securing civil employment and I have given self- declaration/undertaking to my employer about the details of application(s) for various vacancies notified in this notice for which I have applied for, before joining the civil employment. Certificate for submission of self-declaration/undertaking from the present Employer is enclosed.

(Strikeout whichever is not applicable)

Place: Signature:

Date: Roll Name:

No:

PROFORMA-III

FORM-VII

CERTIFICATE OF

(IN CASES OTHER THAN THOSE MENTIONED IN FORMS V AND VI)

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

Certificate No.:..... Date:.....

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

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 I am satisfied that He/She is a case of

_____**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:

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			

(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. Thisconditionisprogressive/non-progressive/likelytoimprove/notlikelytoimprove.
3. Reassessment of disability is:

i) Not necessary, Or

ii) is recommended/after .....Year .....months, and therefore this certificate shall be validtill

..... (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 documents as proof of residence

Nature of Document	Date of issue	Details of authority issuing signature

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

Signature/Thumb impression of the person in whose favour disability certificate 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 The principal rules were published in the Gazette of India vide notification number S.O. 908(E),dated the 31st December, 1996.

PROFORMA-III-A

FORM-V

Certificate of Disability

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

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

Recent PP 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 ..... Age..... Years, Male/Female.....
(DD/MM/YYYY)

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 caseof:
*Locomotor Disability
*Dwarfis
*Blindness
(Please tick as applicable)

(B) The diagnosis in his/her case is.....

(1) He/She has .....% (in figure)..... percent (in words) permanent locomotor disability/dwarfism/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 signature**

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

Signature and Seal of Authorized Signatory of notified Medical Authority)

PROFORMA-III-B

FORM-VII

CERTIFICATE OF DISABILITY

(IN CASES OF MULTIPLE DISABILITIES)

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

Certificate No.:..... Date:.....

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

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:

S. No.	Disability	Affected Part of Body	Diagnosis	Permanent Physical Impairment/ Mental Disability (in%)
1.	Locomotors 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			
12.	Intellectual Disability			
13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			
15.	Mental-illness			
16.	Chronic Neurological			
17.	Multiple Sclerosis			
18.	Parkinson's Disease			
19.	Hemophilia			
20.	Thalassemia			
21.	Sickle Cell disease			

(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. Thisconditionisprogressive/non-progressive/likelytoimprove/notlikelytoimprove.
3. Reassessment of disability is:

i) Not necessary, Or

ii) is recommended/after .....Year .....months, and therefore this certificate shall be validtill

..... (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 documents as proof of residence

Nature of Document	Date of issue	Details of authority issuing signature

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

PROFORMA-III-C

CERTIFICATE REGARDING PHYSICAL LIMITATION IN AN EXAMINE 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/State) 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).

PROFORMA-IV

LETTER OF UNDERTAKING FOR USING SCRIBE

NOTE: Candidates Visually Impaired(VI)/candidates whose writing speed is affected by Cerebral Palsy /muscular dystrophy/ candidates with loco motor disability (one arm)/Intellectual disability (Autism, specific learning disability and mental illness) are eligible for Scribe.

PARTICULARS OF SCRIBE PROPOSED TO BE ENGAGED BY THE CANDIDATE

Paste here recent colour Passport Size Photograph of the SCRIBE of size 3.5 cmx 4.5cm (The colour photograph should not be more than 3 months old.

1. Name of the Candidate.....
2. Roll No.....
3. Name of Center.....
4. Qualification of Candidate .....
5. Disability Type .....
6. Name of the.....
7. Date of Birth of the Scribe .....
8. Father's Name of the Scribe.....
9. Address of the Scribe:
   (a) Permanent Address .....
   .....
   (b) Present Address.....
   .....
10. Educational Qualification of the Scribe .....
    .....
    .....
11. Relationship, if any, of the Scribe to the Candidate.....
12. **DECLARATION:**

i) We hereby declare that the particulars furnished above are true and correct to the best of our knowledge and belief. We have read/ been read out the instructions of the CBSE regarding conduct of the candidates assisted by Scribe/Scribes at this examination and here by undertake to abide by them.

ii) We do hereby undertake that the qualification of scribe is mentioned correctly and the qualification of the scribe is one step below qualification of candidate. In case, subsequently it is found qualification of scribe is not as declared by the candidate, I (the candidate) shall forfeit my right to the post and claims relating thereto.

iii) We declare that the Scribe herself / himself is not a candidate in this examination. We understand that in case it is found otherwise the candidature of both of us will be rejected.

iv) We declare that the scribe has not acted/will not act as Scribe to any other candidate of this examination.

(Signature of the Candidate)

Left thumb impression of the Candidate in the box given above

(Signature of the Scribe)

Left thumb impression of the Scribe in the box given above

Signature of the Invigilator

PROFORMA-V

FORM OF CASTE CERTIFICATE FOR SC/ST

This is to certify that Shri*/ Srimati/ Kumari* ..... son/daughter* of ..... Village/Town ..... 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) (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 Re-organisation Act 1960, the Punjab Re- organisation Act 1966, the State of Himachal Pradesh Act 1970, the North Eastern Areas (Reorganisation) 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/Kumari..... of Village/ Town* ..... inDistrict/Division*.....of the State/Union Territory*.....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 inVillage/Town* ..... District/ Division* ..... of the State/ Union Territory* of.....

Place.....
Date.....

Signature.....
Designation.....
(with seal of Office)

State/ Union Territory.....
* Please delete the words which are not applicable.
@ Please quote the specific presidential order.
% 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 Presidency Magistrate / 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 Gazetteed Officers of the Central or of a State Government Countersigned by the District Magistrate concerned. 6. Administrator/ Secretary to Administrator (Laccadive, Minicoy and Admin div islands).

PROFORMA-VI

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 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).

Recent Passport size Attested photograph of the applicant

Signature with seal of Office .....
Name .....
Designation .....

*Note: 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.

PROFORMA-VII

FORM OF CERTIFICATE TO BE SUBMITTED BY EX-SERVICEMEN FOR SEEKING AGERELAXATION/APPOINTMENT AGAINST VACANCIES RESERVED FOR EX-SERVICEMAN

A. Form of Certificate applicable for Released/Retired Personnel

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.

B. Form of Certificate for Serving Personnel

(Applicable for serving personnel who are due to be released within one year)

It is certified that No. ..... Rank ..... Name..... is serving in the Army/Navy/Air Force from .....

2. He is due for release retirement on completion of his specific period of assignment on .....

3. No disciplinary case is pending against him.

Place: .....

Date: .....

Signature, Name and Designation of
the Competent Authority**

SEAL

Candidate (Serving Personnel) furnishing certificate B as above will have to give the following undertaking:

Undertaking to be given by serving Armed Force personnel who are due to be released within one year

I understand that if selected on the basis of the recruitment/Examination to which this 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 Service and Posts) Rules, 1979, as amended from time to time.

Place:

Date:

Signature and Name of Candidate

C. Form of Certificate applicable for Serving ECOs/SSCOs who have already completed their initial assignment and are on extended assignment

It is certified that No..... Rank..... Name ..... whose date of birth is.....is serving in the Army/Navy/Air Force from.....

2. He has already completed his initial assignment of five years on..... and is on extended assignment till .....

3. There is no objection to his applying for civil employment and he will be released on three months notice on selection from the date of receipt of offer of appointment.

Place:

Date:

Signature, Name and Designation of the
Competent Authority**

SEAL

**Authorities who are competent to issue certificate 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

PROFORMA-VIII

Name of Organization

Address of the Organization

Dated.....

This is to certify that Shri/Ms.....S/o, D/o, W/o Shri..... was/is an employee of this Organization/Department/Ministry and duties performed by him/her during the period(s) are as under:

Name of post held	From dd/mm/yy	To Dd/mm/yy	Total period dd/mm/yy	Nature of Appointment- Permanent, Regular, Temporary, Part-time, Contract, Guest, Honorary etc.	Department/Specially/Field of experience
(1)	(2)	(3)	(4)	(5)	(6)
Pay Scale and last salary drawn	Duties performed/experience gained in brief in each post(please give details, if need be, in attached sheet)(in case of Medical posts, please mention field of specialization)		Place of posting		Worked at Supervisory level/middle management level/head of branch
(7)	(8)		(9)		(10)

2. It is certified that above facts and figures are true and based on service records available in our organization/Department/Ministry.

Signature
Name of competent authority
Stamp of competent authority