

**FORM OF CERTIFICATE TO BE SUBMITTED BY CENTRAL GOVERNMENT CIVILIAN
EMPLOYEES SEEKING AGE-RELAXATION**

(To be filled by the Head of the Office or Department in which the candidate is working).

It is certified that *Shri/Smt. /Km. _____ is a Central/
State Government and Autonomous Government Civilian employee holding the post of
_____ in the pay scale of Rs. _____ with
3 years regular service in the grade as on closing date of receipt of Applications Forms for
_____ (name of examination).

Signature

Name _____

Official Seal/Stamp

Place: _____

Date: _____

(*Please delete the words which are not applicable.)

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 the (Date) _____

(Signature of Commanding Officer)

Office Seal/Stamp

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 Re-employment 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 ason..... 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 ason..... 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 bestof 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: _____

Roll Number: _____

Date: _____

Date of appointment in Armed Forces: _____

Date of Discharge: _____

Last Unit/ Corps: _____

Mobile Number: _____

Email ID: _____

FORMAT FOR SC/ ST CERTIFICATE

A candidate who claims to belong to one of the Scheduled Caste or the Scheduled Tribes should submit in support of his/ her claim an attested/certified copy of a certificate in the form given below, from the District Officer or the sub-Divisional Officer or any other officer as indicated below of the District in which his parents (or surviving parent) ordinarily reside who has been designated by the State Government concerned as competent to issue such a certificate. If both his parents are dead, the officer signing the certificate should be of the district in which the candidate himself ordinarily resides otherwise than for the purpose of his own education. Wherever photograph is an integral part of the certificate, the Commission would accept only attested photocopies of such certificates and not any other attested or true copy.

(The format of the certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under 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/Tribes _____ which is recognized as a Scheduled Castes/Scheduled Tribes* 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 Lists (Modification) order, 1956, the Bombay Reorganization Act, 1960 & the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act 1970, the North-Eastern Area (Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Order (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 Order 1964@

The Constitution (Scheduled Tribes) (Uttar Pradesh) Order, 1967 @ The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968@ The Constitution (Goa, Daman & 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@

The Scheduled Caste and Scheduled Tribe Orders (Amendment) Act 2002@The Constitution (Scheduled Caste) Orders(Amendment) Act 2002@

The Constitution (Scheduled Caste and Scheduled Tribe) Orders (Amendment) Act 2002@ The Constitution (Scheduled Caste) Order (Amendment) Act 2007@

%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/Shrimati/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 ordinarily 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

(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 8.9.1993**.

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.

Government of
(Name & Address of the authority issuing the certificate)

**INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLYWEAKER
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 _____ PostOffice _____ 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/herspouse 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.

Disability Application Form

Filed by Patient /Attendant: -

Name:- _____ Sex:-

Date of Birth:- _____ Age:-

Father's/Husband's Name:-

Mobile No. :-

Hospital ID:-

Address:-

I here by certify that the information provided above is true and correct.

Date:-

Signature

Filed by Consultant:-

Consultant Name:- _____

Department:- _____

Nature of Disability:- _____

Other Departments that may be required for evaluation:- (1)

(2) _____

(3) _____

Verified by Consultant (with signature and seal) :-

Disability Application Form

{The application and issuance of the disability certificate is in accordance to the Gazette notification of government of India {EXTRAORDINARY, PART II Section 3- Sub section (i); nO. 489; New Delhi, Thursday, June 15, 2017/Jyaistha 25, 1939 (REGD. No. D> L. – 33004/99)} AND {EXTRAORDINARY, PART II Section 3- Sub section (ii): No. 61; New Delhi, Friday, January 05,2018/Pausha 15,1939 (REGD. NO. D. L. – 33004/99)}}]

Certificate No. - _____

Date-

Hospital: _____

This is certified that I have carefully examined Mr./Mrs./Miss

S/o/D/o/W/o Date of Birth

Age YearsMonths.....

Permanent resident of

Recent Passport size
attested photograph
of the applicant

Identifications Mark(s)

(i)

(ii)

Whose photograph is affixed and had applied for disability certificate on dated:

.....

Vide Application No:-

| 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 attach 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 | | | |
| 16 | Chronic Neurological Condition | | | |
| 17 | Multiple sclerosis | | | |
| 18 | Parkinson's disease | | | |
| 19 | Hemophilia | | | |
| 20 | Thalassemia | | | |
| 21 | Sickle Cell Disease | | | |

(Please strike out the disabilities which are not applicable)

1. The above condition is progressive/non-progressive/likely to improve/not likely to improve.
2. Reassessment of disability is:
 - a. Is recommended after years and therefore this certificate shall be valid till.....
 - b. Not recommended
3. Percentage of disability as per guideline is%
4. The applicant has submitted the following document as proof of residence:-

| Name of the document | Number | Details of authority issuing certificate |
|----------------------|--------|--|
| AADHAR CARD | | UIDAI |

Dr.
Dr.

Dr.

Signature Signature
Signature.....
Chairman of Medical Board Member of Medical Board Member of
Medical Board
(Subject Expert) (Subject Expert)

Dr.....
Dr.....
Signature.....
Signature.....
Member of Medical Board Member of
Medical Board
(Subject Expert) (Subject Expert)

Sign/Thumb Impression of
the person whose in favour
Certificate of disability is issued

by

Superintendent/CMO/

Counter signed

Medical

HOD of Hospital
(With Seal)

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/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 (e.g. Visual impairment-Ophthalmologist, Locomotor disability-Orthopaedic 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: _____