

**Annexure - VIII**

**Form of Caste Certificate to be produced by a candidate belonging to a Scheduled Caste or Tribe in support of his/her claim.**

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 and Scheduled Tribes lists (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 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976) ]

- # The Constitution ( Jammu & Kashmir ) Scheduled Castes Order, 1956.
- \* The Constitution ( Andaman and Nicobar Islands) Scheduled Tribes Orders, 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 Tribes Order, 1962
- \* The Constitution ( Scheduled Tribes) ( Uttar Pradesh ) Order, 1967
- \* The Constitution ( Goa, Daman and Diu ) Scheduled Castes Order, 1968.
- \* The Constitution ( Goa, Daman and Diu ) Scheduled Castes Order, 1968.
- \* The Constitution ( Nagaland ) Scheduled Tribes Order, 1970.

..... 2/-

2. Shri/ Shrimati \* / Kumari \* .....  
and his/her \* family ordinarily reside(s) in Village / Town  
..... of .....  
District / Division \* of the State / Union Territory\* .....

SIGNATURE .....

Designation .....  
(With seal of .....  
Office ) .....

Place..... State .....

Date ..... Union Territory \*

\* Please delete the words which are not applicable.

Note : (1) The terms 'Ordinarily resides' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950

(2) Certificates are valid only when they are issued by the Competent Authority empowered to issue the certificate and is in the relevant name of the community and not in its synonyms or equivalents (which are meant only for purposes of verification of claims of members of relevant community calling themselves by such synonyms or equivalent).

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD  
CLASSES APPLYING FOR APPOINTMENT OF POSTS UNDER THE  
GOVERNMENT OF INDIA.**

This is to certify that Shri/Smt./Kum.\* \_\_\_\_\_ son/daughter\* of  
Shri \_\_\_\_\_ of village/town \_\_\_\_\_ district \_\_\_\_\_  
in \_\_\_\_\_ state belongs to \_\_\_\_\_ community which is  
recognized as backward class under the Government of India, Ministry of Welfare Resolution  
No. 12011/68/93- BCC(C), dated 10<sup>th</sup> September. 1993 published in the Gazette of India  
Extraordinary part I Section I date 13<sup>th</sup> September 1993. Shri/Smt./Kum.\*  
\_\_\_\_\_ and/or his/her family ordinarily reside(s) in the  
\_\_\_\_\_ District of the \_\_\_\_\_ state. This is also to certify that he/she  
does not belong to the persons/selections (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) and modified vide Government of India,  
Department of Personnel and training O.M No.36033/3/2004 – Estt.(Res) dated 09.03.2004.

Dated

District Magistrate,  
Deputy Commissioner etc..

Seal

N.B

(a) The term 'ordinarily' used here will have the same meaning as in section 20 of the Representation of the peoples Act, 1950

(b) Where the certificates are issued by Gazetted officers of the union Government or state Governments, they should be in the same form but counter signed by the District Magistrate or Deputy Commissioner (Certificates issued by Gazetted Officers and attested by District Magistrate/Deputy Commissioner are not sufficient)

\* Should be dated on or after 01.01.2015.

## DECLARATION

I \_\_\_\_\_ certify that the above said particulars are true to the best of my knowledge and belief and that do not belong to the Creamy Layer of OBCs and am eligible to be considered for the posts reserved for O.B.Cs. In the event of any information being found false or incorrect, or ineligibility being detected before or after the selection, I understand that my candidature/appointment is liable to be canceled and I shall be liable to such further action as may be provided under the law and/or Rules.

Yours faithfully,

Signature of the Candidate

Place:

Date:

NAME & ADDRESS OF THE INSTITUTE / HOSPITAL :

APPENDIX-C

Certificate No.

Date :

DISABILITY CERTIFICATE

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

This is certified that Shri/Smt/Kum..... Son/wife/daughter of Shri .....  
age..... sex ..... identification mark(s) ..... is suffering from permanent disability of following category :

1.

A. Locomotor or cerebral palsy :

- |       |  |  |
|-------|--|--|
| (i)   | BL-Both legs affected but not arms                   |  |
| (ii)  | BA-Both arms affected                                | (a) Impaired reach<br>(b) Weakness of grip               |
| (iii) | BLA-Both legs and both arms affected                 |  |
| (iv)  | OL – One leg affected (right or left)                | (a) Impaired reach<br>(b) Weakness of grip<br>(c) Ataxic |
| (v)   | OA – One arm affected                                | (a) Impaired reach<br>(b) Weakness of grip<br>(c) Ataxic |
| (vi)  | BH – Stiff back and hips (can not 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.....)

Chairperson  
Medical Board

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

\*strike out whichever is not applicable.