

## **PRESCRIBED FORMAT OF SCHEDULED CASTES (SC) AND SCHEDULED TRIBES (ST) CERTIFICATE**

1. This is to certify that Shri/ Shrimati/ Kumari\* \_\_\_\_\_ son/daughter'  
of \_\_\_\_\_ of Village/Town\* \_\_\_\_\_ District/Division\*

\_\_\_\_\_ of State/Union Territory\* \_\_\_\_\_ belongs to the  
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 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, the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002]
- \* 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 (Dadara and Nagar Haveli) Scheduled Castes Order, 1962; \* The Constitution (Dadara 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 and Kashmir) Scheduled Tribes Order, 1989;
  - \* The Constitution (Scheduled Castes) Order (Amendment) Act, 1990;
  - \* The Constitution (Scheduled Tribes) Order (Amendment) Act, 1991;
  - \* The Constitution (Scheduled Tribes) Order (Second Amendment) Act, 1991.

2 # 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\* 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 \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Designation: \_\_\_\_\_

(With seal of the Office)

State/Union Territory\* \_\_\_\_\_

\* Please delete the word(s) which are not applicable.

# Applicable in the case of SC/ST Persons who have migrated from another State/UT.

### **IMPORTANT NOTES**

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 / Ist Class Stipendiary Magistrate / City 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 family normally reside(s).
5. Administrator / Secretary to Administrator / Development Officer (Lakshadweep Island).
6. Certificate issued by any other authority will be rejected.

## **PREScribed FORMAT OF OBC-NCL CERTIFICATE**

This is to certify that Shri / Smt. / Kum\* \_\_\_\_\_ Son / Daughter\* of Shri / Smt.\* \_\_\_\_\_ of Village/Town\* \_\_\_\_\_ District/Division\* \_\_\_\_\_ In the \_\_\_\_\_ State belongs to the \_\_\_\_\_ community which is recognized as a backward class under:

- (i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary Part I Section I No. 186 dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary Part I Section I No. 163 dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary Part I Section I No. 88 dated 25/05/95.
- (iv) Resolution No. 12011/196/94-BCC dated 9/03/96.
- (v) Resolution No. 12011/44/96-BCC dated 6/12/96 published in the Gazette of India Extraordinary Part I Section 1 No. 210 dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC dated 6/12/99 published in the Gazette of India Extraordinary Part I Section 1 No. 270 dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary Part I Section I No. 71 dated 04/04/2000.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 21/09/2000.
- (xii) Resolution No. 12015/9/2000-BCC dated 06/09/2001.
- (xiii) Resolution No. 12011/1/2001-BCC dated 19/06/2003.
- (xiv) Resolution No. 12011/4/2002-BCC dated 13/01/2004.
- (xv) Resolution No. 12011/9/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 16/01/2006.
- (xvi) Resolution No. 12011/14/2004-BCC dated 12/03/2007 published in the Gazette of India Extraordinary Part I Section I No. 67' dated 12/03/2007.
- (xvii) Resolution No. 12015/2/2007-BCC dated 18/08/2010.
- (xviii) Resolution No. 12015/13/2010-BCC dated 08/12/2011.

Shri / Smt. / Kum. \_\_\_\_\_ and / or his family ordinarily reside(s) in the District/Division of State. 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 G.M. No. 36012122/93-Estt.(SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt.(Res.) dated 09/03/2004, further modified vide OM No. 36033/3/2004-Estt. (Res.) dated 14/10/2008 or the latest notification of the Government of India.

Dated: \_\_\_\_\_

District Magistrate I  
Deputy Commissioner /Any other  
Competent Authority  
Seal

\* Visit <http://www.ncbc.nic.in> for latest guidelines and updates on the Central List of State-wise OBCs.

\*\*Please delete the word(s) which are not applicable.

\*\*\* As listed in the Annexure (for FORM-OBC-NCL)

\*\*\*\* The authority issuing the certificate needs to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

**NOTE:**

a. The term 'Ordinarily resides' 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 Certificates are indicated below:

- (i) District Magistrate/ Additional 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 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' and
- (iv) Sub-Divisional Officer of the area where the candidate and/or his family resides

**PRESCRIBED FORMAT OF ECONOMICALLY WEAKER SECTIONS CERTIFICATE**

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

**INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY  
WEAKER SECTIONS**

Certificate No. -----  
Valid for the year -----

Dated -----

1. 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 2024-2025. 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 Schedule Caste, Schedule Tribe and Other Backward Classes (Central List).

Signature with seal of Officer \_\_\_\_\_  
Name \_\_\_\_\_ - \_\_\_\_\_  
Designation \_\_\_\_\_

Recent Passport size  
attested photograph  
of the applicant

**The income and assets of the families as mentioned  
would be required to be certified by an officer not  
below the rank of Tehsildar in the States/UTs.**

\* **Note 1:** Income covered all sources i.e. salary, agricultural, business, profession, etc.

\*\* **Note2:** The term "**Family**" for this purpose includes 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.

\*\*\* **Note3:** The property(ies) 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.

## **PRESCRIBED FORMAT OF CW CATEGORY**

(On the proper Letter Head with complete address, telephone number(s) and e-mail ID)

OFFICE OF THE \_\_\_\_\_

This is to certify that Mr. / Miss. \_\_\_\_\_ is son / daughter of \_\_\_\_\_ (No. \_\_\_\_\_ ) resident of \_\_\_\_\_.

The above named officer / JCO / OR \_\_\_\_\_:

Priority – I

Widows / Wards of Defence personnel killed in action on \_\_\_\_\_ during \_\_\_\_\_;

Priority – II

Wards of disabled in action on \_\_\_\_\_ during \_\_\_\_\_ and boarded out from service with disability attributable to military service.

Priority – III

Widows / Wards of Defence Personnel who died while in service with death attributable to military service.

Priority – IV

Wards of Defence Personnel disabled in service and boarded out with disability attributable to the military service.

Priority – V

Wards of Serving / Ex-servicemen personnel including personnel of police forces who are in receipt of Gallantry Awards;

- i. ParamVir Chakra
- ii. Ashok Chakra
- iii. MahaVir Chakra
- iv. Kirti Chakra
- v. Vir Chakra
- vi. Shaurya Chakra
- vii. President's Police Medal for Gallantry/President's Fire Service Medal for Gallantry
- viii. Sena, NauSena, VayuSena Medal
- ix. Mention-in-Despatches
- x. Police Medal for Gallantry/Gallantry Medal for Fire Services/Fire Service Medal for Gallantry.

Priority – VI

Wards of Ex- Servicemen

Priority – VII

Wives of:

- i. Defence Personnel disabled in action and boarded out from service.
- ii. Defence Personnel disabled in service and boarded out with disability attributable to military service.
- iii. Ex-Servicemen and Serving Personnel who are in receipt of Gallantry Awards.

Priority – VIII

Wards of Serving Personnel

Priority – IX

Wives of Serving Personnel

Mr. / Miss. / Mrs. \_\_\_\_\_ son / daughter / wife of \_\_\_\_\_ Officer / JCO / OR is eligible for educational concession for admission in National Forensic Sciences University against the Armed Forces Category under Priority No. \_\_\_\_.

No.: \_\_\_\_\_ Date: \_\_\_\_\_

Seal <Rubber Stamp> with Name & Designation  
(Signature)

## FORM-PwD (II)

Form-II

### Disability Certificate

(In cases of amputation or complete permanent paralysis of limbs 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 (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:

1. he/she is a case of:

a. locomotor disability

b. blindness

(Please tick as applicable)

2. the diagnosis in his/her case is \_\_\_\_\_

3. He/ She has \_\_\_\_\_ % (in figure) \_\_\_\_\_ percent (in words)

permanent physical impairment/blindness in relation to his/her \_\_\_\_\_ (part of body) as per guidelines (to be specified).

4. 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 Authorised Signatory of notified Medical Authority)

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

### FORM-PwD (III)

Form-III

Disability Certificate

(In cases multiple disabilities)

(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 (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 are satisfied that:

1. 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	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: \_\_\_\_\_ percent

In words: \_\_\_\_\_ percent

3. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

4. 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) \_\_\_\_\_

**@ - e.g. Left/Right/both arms/legs**

**# - e.g. Single eye/both eyes**

**£ - e.g. Left/Right/both ears**

5. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

6. Signature and seal of the Medical Authority:

Name and Seal of Member	Name of Seal of Member	Name and Seal of the Chairperson

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

**FORM-PwD(IV)**

Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III)

**(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 (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.

1. His/her extent of percentage of physical impairment/disability has been evaluated as per 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	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

(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:

a. not necessary

Or

b. is recommended/after \_\_\_\_\_ years \_\_\_\_\_ months, and therefore this certificate shall be valid till (DD/MM/YY) \_\_\_\_\_

**@ - 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 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

{Countersignature and seal of the CMO/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 disability certificate is issued.
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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. Note: The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996.