

**FORM OF CERTIFICATE TO BE PRODUCED BY A
CANDIDATE BELONGING TO SCHEDULED CASTE OR
SCHEDULED TRIBE IN SUPPORT OF HIS / HER CLAIM.**

**1. This is to certify that Sri / Smt / Kum* _____ son /
daughter* of _____ of village / town*
_____ in District / Division* _____ of the State / Union
Territory* _____ belongs to the _____ Caste/Tribe* which is recognized 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)Orders, 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 Constitution (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 (Reorganization) 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 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 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) 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 Tribes Orders (Amendment)Act 2002;
- * The Constitution (Scheduled Castes) Order (Amendment) Act, 2002;
- * The Constitution (Scheduled Caste and Scheduled Tribes) Order (Amendment) Act, 2002;
- * The Constitution (Scheduled Caste) Order (Second Amendment) Act, 2002.

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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. / Smt. / Kumari* _____ Father /Mother* of Sri / Smt. / 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 _____ [Name of the authority] vide their order No. _____ dated _____.

3. Shri/Smt/Kumari* _____ and/or* his/her* family ordinarily reside(s) in village/town* _____ of _____ District / Division* of the State / Union Territory* of _____

Signature _____

Designation _____

Place:

[With seal of Office]

Date :

State/Union Territory

Note : The term "Ordinarily resides" used here will have the same meaning as in Section 20 of the Representation of the Peoples Act, 1950.

* Please delete the words which are not applicable.

Delete the paragraph which is not applicable.

List of authorities empowered to issue Caste / Tribe Certificates:

1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector/I Class Stipendiary Magistrate / Sub-Divisional Magistrate / Extra-Asst. Commissioner / Taluka Magistrate / Executive Magistrate.
2. Chief Presidency Magistrate/ Additional Chief Presidency Magistrate / presidency Magistrate.
3. Revenue Officer not below the rank of Tehsildar.
4. Sub-Divisional Officers of the area where the candidate and / or his family normally resides.
5. Administrator/Secretary to Administrator/Development Officer Lakshadweep).

Note : The Certificate is subject to amendment/modification of Scheduled Castes and Scheduled Tribes lists from time to time

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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 Sri / Smt. / Kumari _____ son/daughter
of _____ of village/Town _____ 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 8-9-1993

Dated :

District Magistrate

Deputy Commissioner etc.

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.

The Prescribed proforma shall be subject to amendment from time to time as per Government of India Guidelines.

FORM-I

Disability Certificate

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)
(Prescribed proforma subject to amendment from time to time)

(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 :

(A) he/she is a case of :

- Locomotor disability
- Blindness

(Please tick as applicable)

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

(A) 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)

2. The applicant has submitted the following documents 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 - II
Disability Certificate
(In case of multiple disabilities)
(Prescribed proforma subject to amendment from time to time)
(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 we 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 :

(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 :

Sr. 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		

(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. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3. 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

4. The applicant has submitted the following documents as proof of residence :-

Nature of Document	Date of Issue	Details of authority issuing certificate

5. Signature and Seal of the Medical Authority

Name and seal of Member	Name and seal of Member	Name and seal of Chairperson

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

FORM - III

Disability Certificate

(In cases other than those mentioned in Form I and II)

(Prescribed proforma subject to amendment from time to time)

(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. His/her

extent of percentage physical impairment/disability has been evaluated as per guidelines (to be specified)

and is shown against the relevant disability in the table below :

Sr. 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 :

(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

4. The applicant has submitted the following documents 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.