

(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**. OM No. 36033/3/2004Estt. (Res) dated 9th March, 2004, O.M. No. 36033/3/2004-Estt.
(Res) dated 14th October, 2008 and O.M. No. 36033/1/2013-Estt. (Res) dated 27th May, 2013**.

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 / 1 st 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.

The candidate should furnish the relevant OBC Certificate in the format prescribed for Central Government jobs as per **Annexure 'A'** above issued by the competent authority on or before the Closing Date as stipulated in this Notice.

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 36012/22/93-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, 2004, 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

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***:

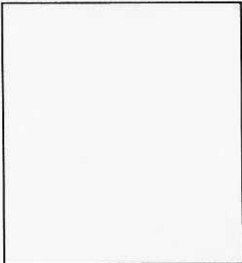
- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in. areas other than the notified municipalities.

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 _____



*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/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.

**FORM OF UNDERTAKING TO BE GIVEN BY CANDIDATES APPLYING FOR CIVIL POSTS
UNDER EX-SERVICEMEN CATEGORY**

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 Services and Posts) Rules, 1979, as amended from time to time.

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

I further submit the following information:

- a) Date of appointment in Armed Forces _____
- b) Date of discharge _____
- c) Length of service in Armed Forces _____
- d) My last Unit / Corps _____

Place:

Date:

(Signature of Candidate)

**FORM OF CERTIFICATE TO BE SUBMITTED BY ESIC EMPLOYEES/GOVERNMENT
SERVANTS 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 holding the post of
_____ in the pay scale of _____ with 3 years regular service
in the grade as on **closing date.**

Signature _____

Name _____

Office seal

Place:

Date :

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

Form of 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) _____.

Place:
(Signature of Commanding Officer)
Date:
Office 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-Orthopedic specialist/PMR)