

FORM OF EXPERIENCE CERTIFICATE

Name of the firm :
(Company/Corporation/Government Department/
Co-operative Institution etc)

Register Number :
(SSI Registration or any other Registration Number
and Date of Registration)

Authority issued Registration :

CERTIFICATE OF EXPERIENECE

Issued to (here enter Name and Address).....
.....
.....

This is to certify that the above mentioned person has worked/ has been working in this Institution/firm as..... (here enter the name of the post held and/ or the nature of assignment held in the capacity) on Rs. per day/per month for a period of Years months days from to

I hereby authorise the notified Enforcement Officer to inspect the register kept by the employer as per the provision of the Act/rules of the State/Central Act. #

(# This para is not applicable for Govt Department/s.)

Signature

Name and Designation of
The Issuing Authority with
Name of the Institution

Place :

Date :

(Office Seal)

**(Format of certificate to be submitted by Government 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/Kum. _____
is a Central Government Civilian employee holding the post of _____
in the pay scale of Rs. _____ with 03 years regular/continuous
service in the grade as _____.

2. There is no objection to his appearing for the post of _____ - and document
verification for the said recruitment.

Signature _____

Name _____

Tele No. _____

Office Seal _____

Place: _____

Date: _____

(*Please delete the words which are not applicable)

(Format of the certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under Government of India.)

FORM OF CASTE CERTIFICATE

This is to certify that Shri/Shrimati*/Kum* _____
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 Lists (Modification) Order, 1956, the Bombay Re-organisation Act, 1960, the Punjab Re-organisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North-Eastern Area (Re-organisation) Act, 1971 and the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976,

The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956*

The Constitution (Andaman & 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) Order (Amendment) Ordinance, 1996@

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 Caste/ Scheduled Tribes Certificate issued to Shri/Shrimati/Kumari _____

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 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 _____.

Signature _____

Designation _____

(with seal of office)

State/Union Territory* of _____

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/1stClass 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.

(Undertaking to be given by serving Armed Force personnel who are due to be released within one year)

It is certified that Ser. No..... Rank.....
Name..... whose date of birth is

I understand that, if selected on the basis of the recruitment/examination to which the 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-S 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-S.

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 and Name of Candidate

Form-II

Disability Certificate
 (In cases of amputation or complete permanent paralysis of limbs
 and in cases of blindness)
 (See rule 4)

**(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 _____ Age _____ years, male/female _____

(DD / MM / YY)

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 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-III

Disability Certificate
(In case of multiple disabilities)
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE
CERTIFICATE)
(See rule 4)

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 _____ Age _____ years, male/female _____

(DD) (MM) (YY)

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:

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		

(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 document 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 the Chairperson

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

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)
(See rule 4)

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 _____ Age _____ years, male/female _____

(DD) (MM) (YY)

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:-

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 :

(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 document as proof of residence:-

Nature of Document	Date of issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)
(Name and Seat)

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

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.