

**(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.

(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/section(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**.

District Magistrate
Deputy Commissioner etc.

Dated:

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.

(Format of certificate to be produced by Persons with Disabilities applying for appointment to posts under the Government of India)

NAME & ADDRESS OF THE INSTITUTE/HOSPITAL

Certificate No. Date

DISABILITY CERTIFICATE

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:-

A. Locomotor or cerebral palsy:

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

Affix here recent
attested
photograph
showing the
disability duly
attested by the
chairperson of the
Medical Board

(DELETE THE CATEGORY WHICHEVER IS NOT APPLICABLE)

2. This condition is progressive/non-progressive/likely to improve/not likely to improve. Reassessment of this case is not recommended/is recommended after a period of Yearsmonths. *

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

(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 which is not applicable.

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

Part-I

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 (in accordance with GoI Order's on subject amended time to time).

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

Part-II

1. It is certified that No..... Rank..... Name.....
who is serving in the Army/Navy/Air from.....

2. He is due for release/retirement on completion of his specific period of assignment on.....

3. No disciplinary case is pending against him.

Place

Date

Signature, Name and Designation of the Competent Authority
SEAL

(Format of Certificate applicable for Released/Retired Armed Force Personnel)

1. It is certified that No..... Rank Name..... whose date of birth..... is has rendered service from..... to in Army/ Navy/Air Force.
2. He has been released from military services:
 - (a) on completion of assignment otherwise than
 - (i) by way of dismissal, or
 - (ii) by way of discharge on account of misconduct or inefficiency, or
 - (iii) on his own request, but without earning his pension, or
 - (iv) he has not been transferred to the reserve pending such release
 - (b) on account of physical disability attributable to Military Service.
 - (c) on invalidment after putting in at least five years of Military service.
3. He is covered under the definition of Ex-Serviceman (Re-employment in Central Civil Services and Posts) Rules, 1979 as amended from time to time

Place:

Signature.

Name and Designation of the Competent Authority

Date:

SEAL

Note:- In case of JCOs/ORs and equivalent of the Navy and Air Force: **Army:** By various Regimental Record Offices; **Navy:** CABS/INS Tanaji, Mumbai; **Air Force:** Air Force Records, New Delhi

Disclaimer:- The recommended format of certificates, as above are subject to revision based on extant order's of competent authority.