

FORMAT FOR SC/ST CERTIFICATE

A candidate who claims to belong to one of the Scheduled Caste or the Scheduled Tribes should submit in support of his claim an attested/certified copy of a certificate in the form given below, from the District Officer or the sub-Divisional Officer or any other officer as indicated below of the District in which his parents (or surviving parent) ordinarily reside who has been designated by the State Government concerned as competent to issue such a certificate. If both his parents are dead, the officer signing the certificate should be of the district in which the candidate himself ordinarily resides otherwise than for the purpose of his own education. Wherever photograph is an integral part of the certificate, the Corporation would accept only attested photocopies of such certificates and not any other attested or true copy. (The format of the certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under Government of India.)

This is to certify that Shri/Shrimati/Kumari* _____ son / daughter of _____ of Village/Town/* in District/Division * _____ of the State/Union Territory* _____ belongs to the Caste/Tribes _____ which is recognized as a Scheduled Castes/Scheduled Tribes* 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 Reorganization Act, 1960 & the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act 1970, the North-Eastern Area(Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Order(Amendment) Act, 1976.

- The Constitution (Jammu & 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 (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 Order1989@
- 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) orders (Amendment) Ordinance 1996
- The Scheduled Caste and Scheduled Tribes Orders (Amendment) Act,2002
- The Constitution (Scheduled Caste) Orders (Amendment) Act,2002

The Constitution (Scheduled Caste and Scheduled Tribes) Orders (Amendment)Act,2002

% 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/Shrimati _____ 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 recognized 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)

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/1st 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 candidate and/or his family normally resides.

NOTE:ST candidates belonging to Tamil Nadu state should submit caste certificate ONLY FROM THE REVENUE DIVISIONAL OFFICER.

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 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 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 FOR PERSONS WITH DISABILITIES / PHYSICALLY HANDICAPPED CANDIDATES

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. | |

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

B) Blindness or Low Vision:

- (i) B-Blind
(ii) PB-Partially Blind

C) Hearing Impairment:

- (i) D-Deaf
(ii) PD-Partially Deaf

(DELETE THE CATEGORY WHICHEVER IS NOT APPLICABLE)

2. This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment of this case is not recommended/is recommended after a period of _____ years _____ months.*
3. Percentage of disability in his/her case is percent.
4. Sh./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. | Yes/No |

(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.