

## 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 Commission 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 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) orders (Amendment) Ordinance 1996  
The Scheduled Caste and Scheduled Tribe Orders(Amendment ) Act 2002.  
The Constitution (Scheduled Caste) Orders(Amendment) Act 2002.  
The Constitution(Scheduled Caste and Scheduled Tribe) Orders(Amendment) Act 2002.  
The Constitution (Scheduled Caste) Order (Amendment) Act 2007.

%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 \_\_\_\_\_ 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/Ist 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 (OBC) APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri/Smt./Km\* \_\_\_\_\_ son/ daughter of \_\_\_\_\_ of village \_\_\_\_\_ District/Division \_\_\_\_\_ in the State \_\_\_\_\_ belongs to the \_\_\_\_\_ Community which is recognized as a backward class under:

- i) Resolution No. 12011/68/93-BCC dated the 10<sup>th</sup> September, 1993, published in the Gazette of India Extraordinary – Part I, Section I, No. 186 dated 13<sup>th</sup> September, 1993.
- ii) Resolution No. 12011/9/94-BCC, dated 19.10.1994 published in Gazette of India extraordinary Part I Section I No. 163, dated 20<sup>th</sup> October, 1994.
- iii) Resolution No. 12011/7/95-BCC dated the 24<sup>th</sup> May 1995 Published in the Gazette of India extraordinary Part-I Section I No. 88 dated 25<sup>th</sup> May, 1995.
- iv) Resolution No.12011/96/94-BCC dated 9th March, 1996.
- v) Resolution No. 12011/44/96-BCC, dated the 6<sup>th</sup> December, 1996, published in the Gazette of India – Extraordinary-part I, Section-I, No. 210, dated the 11th December, 1996.
- vi) Resolution No.12011/13/97-BCC dated 3rd December, 1997.
- vii) Resolution No.12011/99/94-BCC dated 11th December, 1997.
- viii) Resolution No.12011/68/98-BCC dated 27th October, 1999.
- ix) Resolution No.12011/88/98-BCC dated 6th December, 1999, published in the Gazette of India, Extra Ordinary Part-I, Section-I No.270, 6th December, 1999.
- x) Resolution No.12011/36/99-BCC dated 4th April, 2000, published in the Gazette of India, Extra Ordinary Part-I, Section-I, No.71 dated 4th April, 2000.
- xi) Resolution No.12011/44/99-BCC dated 21.9.2000, published in the Gazette of India, Extra Ordinary Part-I, Section-I, No.210 dated 21.9.2000.

Shri /Smt./Km. \_\_\_\_\_ and/or his family ordinarily reside(s) in the \_\_\_\_\_ District/Division of the \_\_\_\_\_ State.

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 and Training O.M. No. 36012/22/93-Estt.(SCT) dated 8.9.1993 and modified vide Govt. of India, DOP&T O.M.No.36033/3/2004 dated 09.03.2004 and 14.10.2008.

Dated:

District Magistrate or  
Deputy Commissioner etc.

Seal:

- 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 1<sup>st</sup> 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 assuring that the candidate does not fall in the creamy layer.

**The OBC candidates should furnish the relevant OBC Certificate in the prescribed format prescribed for Central Government jobs issued by the competent authority on or before the Closing Date as stipulated in the Notice.**

## 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 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

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 31<sup>st</sup> December, 1996.