

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/Tribe _____ 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, 991@
The Constitution (ST) orders (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 Castes/ Scheduled tribes certificate issued to Shri/Shrimati _____ Father/mother _____ of Shri/Srimati/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/ 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.

**(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 _____ 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 10th September, 1993, published in the Gazette of India Extraordinary – Part I, Section I, No. 186 dated 13th 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 20th October, 1994.
- iii) Resolution No. 12011/7/95-BCC dated the 24th May 1995 Published in the Gazette of India extraordinary Part-I Section I No. 88 dated 25th May, 1995.
- iv) Resolution No.12011/96/94-BCC dated 9th March, 1996.
- v) Resolution No. 12011/44/96-BCC, dated the 6th 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 _____ 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 & Training OM No. 36012/22/93-Estt. (SCT,) dated 08.09.1993 and modified vide Govt. of India Deptt. of Personnel and Training OM No. 36033/3/2004-Estt(Res) dated 09.03.2004 & 14.10.2008.

District Magistrate or
Deputy Commissioner etc.

Dated: _____

Seal: _____

Note-1: (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/ SubDivisional Magistrate/Taluka Magistrate/ Executive Magistrate/Extra Assistant Commissioner (not below the rank of Ist 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.

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
 attested photograph
 showing the
 disability duly
 attested by the
 Chairperson of the
 medical board

B. Blindness or Low Vision : (i) B-Blind
(ii) PB-Partially BlindC. 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.
 Reassessment 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.
- (ix) SE-can perform work by seeing.
- (x) H-can perform work by hearing/speaking.
- (xi) RW-can perform work by reading and writing.

Yes/No
Yes/No
Yes/No
Yes/No

(Dr. _____) (Dr. _____) (Dr. _____)
Member, Medical Board Member, Medical Board Chairperson, Medical Board

Countersigned by the Medical Superintendent/
CMO/Head of Hospital (with seal)

*Strike out which is not applicable.