

Formats for Certificates

OBC Undertaking

Declaration / undertaking - for OBC Candidates only

I, _____ son/daughter of Shri _____ resident of village/town/city _____ district _____ State hereby declare that I belong to the _____ community which is recognised as a backward class by the Government of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No.36012/22/93- Estt. (SCT), dated 8/9/1993. It is also declared that I do not belong to persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the above referred Office Memorandum, dated 8/9/1993, which is modified vide Department of Personnel and Training Office Memorandum No.36033/3/2004 Estt.(Res.) dated 9/3/2004. I also declare that the condition of status/annual income for creamy layer of my parents/guardian is within prescribed limits as on financial year ending on March 31, 2018.

Place:

Signature of the Candidate*

Date:

****Declaration/undertaking not signed by Candidate will be rejected***

OBC Certificate Format**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS / ADMISSION TO CENTRAL EDUCATIONAL INSTITUTES (CEIs), UNDER THE GOVERNMENT OF INDIA****"This certificate MUST have been issued on or after 1st April 2018."**

This is to certify that Shri/Smt./Kum. _____ Son/Daughter of Shri/Smt. _____
of Village/Town _____ District/Division _____ in the _____
State belongs to the _____ Community which is recognized as a backward class under:

- (i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary Part I Section I No. 186 dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary Part I Section I No. 163 dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary Part I Section I No. 88 dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC dated 9/03/96.
- (v) Resolution No. 12011/44/96-BCC dated 6/12/96 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC dated 6/12/99 published in the Gazette of India Extraordinary Part I Section I No. 270 dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary Part I Section I No. 71 dated 04/04/2000.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 21/09/2000.
- (xii) Resolution No. 12016/9/2000-BCC dated 06/09/2001.
- (xiii) Resolution No. 12011/1/2001-BCC dated 19/06/2003.
- (xiv) Resolution No. 12011/4/2002-BCC dated 13/01/2004.
- (xv) Resolution No. 12011/9/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 16/01/2006.
- (xvi) Resolution No. 12015/2/2007-BCC dated 18/08/2010.
- (xvii) Resolution No. 12015/2/2007-BCC dated 11/10/2010.
- (xviii) Resolution No. 12015/13/2010-BC-II dated 08/12/2011.
- (xix) Resolution No. 12015/05/2011-BC-II dated 17/02/2014.
- (xx) Resolution No. 12011/6/2014-BC-II dated 07/12/2016.

Shri/Smt./Kum. _____ and/or his family ordinarily reside(s) in the _____ District/Division of
_____ 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 O.M. No. 36012/22/93-Estt.(SCT) dated 08/09/93
which is modified vide OM No. 36033/3/2004 Estt.(Res.) dated 09/03/2004.

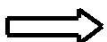
Dated:

District Magistrate/ Deputy
Commissioner, etc.

Seal

NOTE:

- (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 Certificates are indicated below:
 - (i) District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / First Class Stipendiary Magistrate / Sub-Divisional 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 and
 - (iv) Sub-Divisional Officer of the area where the candidate and / or his family resides.



OBC Certificate issued from Maharashtra State must be validated by social welfare Department of Maharashtra Government

SC/ST Certificate Format**FORM OF CERTIFICATE TO BE PRODUCED BY A CANDIDATE BELONGING TO SCHEDULED CASTE OR SCHEDULED TRIBE**

This is to certify that Shri/Smt./Kum. _____ Son/Daughter of Shri _____
of village/Town _____ in District/ Division _____ of the State/Union Territory _____
belongs to the _____ caste/Tribe, which is recognized as a Schedule Caste/Scheduled Tribe under.

* The Constitution (Scheduled Castes) order, 1950.

* The Constitution (Scheduled Tribes) order, 1950.

* The Constitution (Scheduled Tribes) (Union Territory) order, 1951.

* The Constitution (Scheduled Castes)(Union Territory) order, 1951.

(As amended by the Scheduled Castes and Scheduled Tribes (Modification) Order 1956, the Bombay Reorganization Act, 1960, the Punjab Reorganization Act, 1966, The State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganization Act, 1971) and the Scheduled Castes and Scheduled Tribes orders (Amendment) Act, 1976.), the stste of Mizoram Act, 1986, the stste of Arunachal Pradesh Act, 1986 and the Goa, Daman and Diu (Reorganisation) Act, 1987.)

* The constitution (Jammu & Kashmir) Scheduled Caste Order, 1956;

* The Constitution (Andaman and Nicobar Islands) Scheduled Tribes, 1959, as amended by the Scheduled Castes and Scheduled Tribes orders (Amendment) Act. 1976;

* The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order 1962;

* The Constitution (Dadra & Nagar Haveli) Scheduled Tribes Order, 1962;

* The Constitution (Pondichery) Scheduled Castes Order, 1964;

* The Constitution (Uttar Pradesh) Scheduled Tribes 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 (Scheduled Castes) Orders (Amendment) Act, 1990;

* The Constitution (Scheduled Tribes) Order, (Amendment) Ordinance, 1991;

* The Constitution (Scheduled Tribes) Order, (Second Amendment) Act, 1991;

* The Constitution (Scheduled Tribes) Ordinance, 1996;

* The Constitution (Scheduled Castes) order (Amendment) Act 2002;

* The Constitution (Scheduled Castes) order (Second Amendment) Act 2002;

* The Scheduled Castes 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/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 _____

Place _____

Date _____

Signature _____

Designation _____

(With seal of Office)

NOTE: - The terms ordinarily reside(s) used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.



SC Certificate issued from Maharashtra State must be validated by Social Welfare Department and ST Caste certificate must be validated by Tribal Development Department of Maharashtra Government.

LIST OF AUTHORITIES EMPOWERED TO ISSUE CASTE/TRIBE CERTIFICATE:

1. 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.
2. Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
3. Revenue Officers not below the rank of Tahsildar.
4. Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

FORM-PwD (II)

Form-II

Disability Certificate

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)

(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 (DD/MM/YY) _____ Age _____ years, male/female

_____ Registration No. _____ permanent resident of House No.-

_____ Ward/Village/ Street _____ Post Office

_____ District _____ State

_____, whose photograph is affixed above, and am satisfied that:

1. he/she is a case of:
 - a. locomotor disability
 - b. blindness(Please tick as applicable)
2. the diagnosis in his/her case is _____
3. 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).
4. 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-PwD (III)

Form-III

Disability Certificate

(In cases multiple disabilities)

(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 (DD/MM/YY) _____ Age _____ years,

male/female _____ Registration No. _____

permanent resident of House No. _____ Ward/Village/Street

_____ Post Office _____ District

_____ State _____,

whose photograph is affixed above, and are satisfied that:

1. 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		

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: _____ percent

In words: _____ percent

3. The above condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

4. 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

5. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

6. Signature and seal of the Medical Authority:

Name and Seal of Member	Name of Seal of Member	Name and Seal of the Chairperson

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

FORM-PwD(IV)

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)

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 (DD/MM/YY) _____ Age _____ years,
male/female _____ 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.

1. His/her extent of percentage of 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:

a. not necessary

Or

b. 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 31st December, 1996.



**Centralized Counselling for M.Tech./M.Arch./M.Plan. Admissions 2018
(CCMT-2018)
Coordinated by NIT, Delhi**

PwD Certificate for Medical Board at Reporting Center

(For the use of Medical Board at RC)

Date _____

Name of the RC _____

This is to certify that Shri/Smt/Kum _____

Son / daughter of Shri _____

age _____ sex _____ identification mark (s) _____

Gate ID _____ GATE Score _____ Category _____ is suffering from permanent disability of following category :-

A. Locomotors or cerebral palsy:

- | | |
|---|----------------------|
| (i) BL-Both legs affected but not arms. | (a) Impaired reach |
| (ii) BA-Both arms affected | (b) Weakness of grip |
| (iii) BLA-Both legs and both arms affected | (a) Impaired reach |
| (iv) OL-One leg affected (right or left) | (b) Weakness of grip |
| (v) OA-One arm affected | (c) Ataxic |
| (vi) BH-Stiff back and hips (Cannot sit or stoop) | (a) Impaired reach |
| | (b) Weakness of grip |
| | (c) Ataxic |
| (vii) MW-Muscular weakness and limited physical endurance | |
| (viii) Others _____ | |

B. Blindness or Low Vision:

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

C. Hearing Impairment:

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

Percentage of disability is _____ %.

This is to certify that the candidate is capable of carrying out all theory and practical requirement of engineering/technology/ architecture studies.

and

This is to certify that the persons from whom disability certificate the candidate has produced are authentic.

Signature of the candidate _____

(Dr. _____)
Medical Board Member,

(Dr. _____)
Medical Board Member,

(Dr. _____)
Medical Board Member

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

**FORMAT OF MEDICAL CERTIFICATE / REPORT TO BE PRODUCED BY
DYSLEXIC CANDIDATE**

(To be obtained from any Dyslexia Association*)

Date:

PSYCHO-EDUCATION EVALUATION REPORT

Name of the candidate:

Date of Birth:

Registration in the Dyslexia Assn. (date / number):

Name of the Father/Mother/Guardian:

Name/address and Regn. No.
of the Dyslexia Association :

Physical & Neurologic Assessment : []

Psychological Assessment : []

WISC Verbal IQ:
Performance IQ:
Full Scale IQ:

Interpretation: []

Educational Assessment: []

Certified that:

1. The condition of handicap is: MILD / MODERATE / SEVERE (tick whichever is applicable)**
2. The disability is **PERMANENT** in nature.

*Some Dyslexia Associations:

1. Dyslexia Trust of Kolkatta, Divya Jalan, Aruna Bhaskar 3, Dover Park, Kolkata – 700019
2. Dyslexia Association Of Andhra Pradesh (DAAP), 3-4-494/1,1st Floor, Macherla Gastrology Hospital, Reddy College Road, Barkatpura, Hyderabad, Telangana, 500027
3. Madras Dyslexia Association, 94 Park View, 1st Floor, G.N. Chetty Road, T. Nagar, Chennai – 600017
4. Maharashtra Dyslexia Association, 003, Amit Park Bldg, LJ Road, Deonar, Mumbai 400088
5. The Dyslexia Association of India, MZ-47, The Center Stage Mall, Plot No 01, Block L, Sector 18, NOIDA 201303

**Learning Disability is a permanent developmental disorder. Currently there are no standard approved methods to quantify the disorder. However the method of diagnosis is based on significant impairment in academic achievement. To avail the benefit of relaxed norm under PwD category, the candidate must come under SEVERE category.

Name of the certifying official:

Seal:



**CERTIFICATE TO BE PRODUCED BY DYSLEXIC CANDIDATE FROM THE
HEAD OF THE COLLEGE/INSTITUTION LAST ATTENDED**

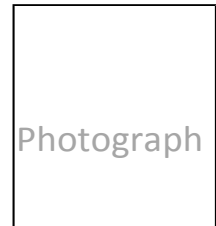
Testimonial

Date:

Name of the candidate:

Date of Birth:

Name and Address of the College/Institution:



Certified that Shri/Shrimati/Kumari _____ son/
daughter of _____ of
_____ village/town passed/passing his/her Degree
_____ from college/Institution _____ and as per
records, availed concession under dyslexic category.

Signature with seal: