

PRESCRIBED PROFORMAE

The form of certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under the 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
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 List (Modification) Order, 1956; the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976., the State of Mizoram Act, 1986, the State of Arunachal Pradesh Act, 1986 and the Goa, Daman and Diu (Reorganisation) Act, 1987.]

- @ The Constitution (Jammu and 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 (Dadar and Nagar Haveli) Scheduled Castes Order, 1962
- @ The Constitution (Dadar and Nagar Haveli) Scheduled Tribes Order, 1962
- @ The Constitution (Pondicherry) Scheduled Castes Order, 1964
- @ The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967
- @ The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968
- @ The Constitution (Goa, Daman and 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) Order (Amendment) Act, 1990
- @ The Constitution (ST) Order (Amendment) Act, 1991
- @ The Constitution (ST) Order (Second Amendment) Act, 1991
- @ The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act 2002
- @ The Constitution (Scheduled Castes) Order (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes and Scheduled Tribes) Orders (Amendment) Act, 2002
- @ The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002

% 2. Applicable in the case of Scheduled Castes/Scheduled Tribes persons who have migrated from one State/Union Territory Administration to another.

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 belongs to the caste/tribe* which is recognised as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* of issued by the dated

% 3. Shri/Shrimati/Kumari*..... and/or* his/her* family ordinarily resides in village/town*..... of..... District/Division* of the State/Union Territory* of.....

Signature.....
**Designation.....

(With Seal of Office)
State/Union Territory*

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 Scheduled Caste/Scheduled Tribe Certificate.

- (i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary Magistrate/† Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner.
†(not below of the rank of 1st Class Stipendiary Magistrate).
- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- (iii) Revenue Officers not below the rank of Tehsildar.
- (iv) Sub Divisional Officer of the area where the candidate and/or his/her family normally resides.
- (v) Administrator/Secretary to Administrator/Development Officer(Lakshadweep)

**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 recognised 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.

Form of declaration to be submitted by the OBC candidate (in addition to the community certificate)

I Son/daughter of Shri.....resident of village/town/city.....district.....state.....hereby declare that I belong to the.....community which is recognized 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 36102/22/93-Estt.(SCT) dated 8-9-1993. It is also declared that I do not belong to persons/sections/sections (Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum dated 8-9-1993, O.M. No. 36033/3/2004-Estt.(Res.) dated 9th March, 2004 and O.M. No. 36033/3/2004-Estt.(Res.) dated 14th October, 2008.

Signature:.....

Full Name:.....

Address:.....

Government of.....

(Name & Address of the authority issuing the certificate)

**INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY
ECONOMICALLY WEAKER SECTIONS**

Certificate No.....

Date:.....

VALID FOR THE YEAR

This is to certify that Shri/Smt./Kumari
son/daughter/wife of permanent resident of,
..... Village/Street, Post Office,
.....District..... in the State/Union
Territory..... Pin Code.....whose photograph
is attested below belongs to Economically Weaker Sections, since
the gross annual income* of his/her family** is below Rs. 8 lakh
(Rupees Eight Lakh only) for the financial year His/her
family does not own or possess any of the following assets*** :

- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in. areas other than the notified municipalities.

2. Shri/Smt./Kumari belongs to the
caste which is not recognized as a Scheduled Caste, Scheduled
Tribe and Other Backward Classes (Central List).

Signature with seal of Office.....

Name.....

Designation.....

Recent
passport size
attested
photograph of
the applicant

***Note 1:** Income covered all sources i.e. salary, agriculture, business, profession, etc.

****Note 2:** The term '**Family**' for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

*****Note 3:** The property held by a 'Family' in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status.

Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India

Form-V

Disability Certificate

(In case of Single Disability)

[See rule 18(1)]

(Name and Address of the Medical Authority Issuing the Certificate)

Recent passport
size photograph
(Showing face
only) of the
person with
disability

Certificate/UDID No.

Date of Issue :

This is to certify that I/we have carefully examined <Name of the applicant>, Son/Daughter/Care of < name of father/mother/guardian > , Date of Birth (DD/MM/YYYY), Gender < Male/Female/Transgender > , Registration No. <UDID Enrolment No.> Resident of < address of PwD> whose photograph is affixed above, and I am /we are satisfied that:

(A) He/She is a case of (Any one of the following disabilities):

- i. Locomotor Disability
- ii. Muscular Dystrophy
- iii. Leprosy Cured
- iv. Dwarfism
- v. Cerebral Palsy
- vi. Acid Attack Victim
- vii. Low Vision
- viii. Blindness
- ix. Hearing Impairment
- x. Speech and Language Disability
- xi. Intellectual Disability
- xii. Specific Learning Disabilities
- xiii. Autism Spectrum Disorder
- xiv. Mental Illness
- xv. Chronic Neurological Conditions
- xvi. Multiple Sclerosis
- xvii. Parkinson's Diseases
- xviii. Haemophilia
- xix. Thalassemia
- xx. Sickle Cell Disease

(B) Name of affected body part:

(C) The diagnosis in his/her case is _____

(D) He/She has _____% (in figure) _____ percent (in words) disability and the nature of certificate is {Permanent / temporary and valid till (DD/MM/YYYY) } as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide <Notification No> dated (DD/MM/YYYY).

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Member(s):

Signature:

Name and Address of the Medical Authority Issuing the Certificate:

Logo of Government of India	Logo of Department of Empowerment of Persons with Disabilities, GoI	Logo of Respective State or Union Territory
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Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India

Form-VI

Disability Certificate

(In case of Multiple Disabilities)

[See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport
size photograph
(Showing face
only) of the
person with
disability

Certificate/UDID No.

Date of Issue:

This is to certify that we have carefully examined <Name of the applicant>, Son/Daughter/Care of <write name of father/mother/guardian>, Date of Birth (DD/MM/YYYY), Gender < Male/Female/Transgender >, Registration No. <UDID Enrolment No.> Resident of < address of PwD> whose photograph is affixed above, and we are satisfied that:

(A) He/She is a case of **Multiple Disabilities**. His/her extent of physical impairments/ disabilities have been evaluated as per the guidelines for the purpose of assessing the extent of specified disability in a person included under the Rights of Persons with Disabilities Act, 2016 notified by Government of India vide <Notification No> dated (DD/MM/YYYY) for the disabilities below:

S. No.	Disability	Name of Affected Body Part	Diagnosis	Disability Percentage
1.	Locomotor Disability			
2.	Muscular Dystrophy			
3.	Leprosy Cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid Attack Victim			
7.	Low Vision			
8.	Blindness			
9.	Hearing Impairment			
10.	Speech and Language Disability			
11.	Intellectual Disability			
12.	Specific Learning Disabilities			
13.	Autism Spectrum Disorder			
14.	Mental Illness			
15.	Chronic Neurological Conditions			
16.	Multiple Sclerosis			
17.	Parkinson's Diseases			
18.	Haemophilia			
19.	Thalassemia			
20.	Sickle Cell Disease			

(Note: Only the disabilities diagnosed will be listed)

(B) He/She has _____% (in figure) _____ percent (in words) overall disability and the nature of certificate is { permanent/ temporary and valid till (DD/MM/YYYY) }

Signature / Thumb impression of the Person with Disability:

Signature of notified Medical Authority Members:

Signature:

Form-VII
Certificate of Disability
(In cases other than those mentioned in Forms V and VI)
(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE
CERTIFICATE)
[See rule 18(1)]

Recent Passport 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. 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.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision	#		
7.	Deaf	€		
8.	Hard of Hearing	€		
9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			
14.	Chronic Neurological Conditions			
15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	Sickle Cell disease			

(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)

@ - eg. Left/Right/both arms/legs

- eg. Single eye/both eyes

€ - eg. 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
Chief Medical Officer/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 certificate of disability 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 by Ministry of Social Justice and Empowerment vide notification number 489, dated 15.06.2017.