

FORM OF CASTE CERTIFICATE FOR SC/ST

Annexure - I

This is to certify that Shri*/ Srimati/ Kumari*.....son/daughter* of..... Village/ Town..... /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) (Part C States) Order 1951;
- *The Constitution (Scheduled Tribes) (Union Territories) (Part C States) Order 1951;
- [As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification Order 1956, the Bombay Re-organisation Act 1960, the Punjab Re- organisation Act 1966, the State of Himachal Pradesh Act 1970, the North Eastern Areas (Re-organisation) Act 1971 and the Scheduled Castes and Scheduled Tribes Orders, (Amendment) Act 1976]
- *The Constitution (Jammu and Kashmir)* Scheduled Castes Orders, 1956
- *The Constitution (Andaman and Nicobar Islands)* Scheduled Tribes Order, 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 and Nagar Haveli) Scheduled Tribes, Order, 1962
- *The Constitution (Pondicherry) Scheduled Castes Orders, 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) Orders (Amendment) Act, 1990
- *The Constitution (ST) Orders (Amendment) Ordinance Act, 1991
- *The Constitution (ST) Orders (Amendment) Ordinance Act, 1996
- *The Constitution (Scheduled Castes) Orders (Amendment) Act, 2002
- *The Constitution (Scheduled Castes) Orders (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/Srimati*.....father/mother*.....of Shri/Srimati/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* issued by thedated.

3. Shri/Srimati/Kumari* and /or* his/her* family ordinarily resides in Village/Town*..... District/ Division* of the State/ Union Territory* of.....

Place..... Signature.....
Date..... Designation.....

(with seal of Office)
State/ Union Territory.....

* Please delete the words which are not applicable.
@ Please quote the specific presidential order.
% Delete the Paragraph, which is not applicable

Note: (a) The term "ordinarily reside(s)" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

1. 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.
2. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
3. Revenue Officers not below the rank of Tehsildar.
4. Sub-Divisional Officer of the area where the candidate and / or his / her family normally reside(s).
5. Certificates issued by Gazetted Officers of the Central or of a State Government Countersigned by the District Magistrate concerned.
6. Administrator/ Secretary to Administrator (Laccadive, Minicoy and Admindivi Islands).

OBC CERTIFICATE FORMAT

Annexure - II

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POST 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./Kum.*..... 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 OM No. 36012/22/93-Estt(SCT), dated 8.9.1993 and modified vide Government of India, Department of Personnel and Training O.M.No.36033/1/2013-Estt. (Res) dated 27.05.2013**.

DISTRICT MAGISTRATE / DY. COMMISSIONER ETC.

Date:.....

(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 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.

Annexure - III

Proforma for declaration to be submitted by Other Backward Class Candidates at the time of document verification, who had applied for the posts against Employment Notice No CEN 03/2015

DECLARATION

"I,..... son/daughter of Shri resident of Village/Town/ City district State hereby declare that I belong to the (indicate your sub caste) 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 08.09.1993. 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 08.03.1993 and its subsequent through O.M.No.36033/1/2013-Estt. (Res) dated 27.05.2013."

Place :..... Signature of the Candidate

Date :..... Name of the candidate

FORMAT OF INCOME CERTIFICATE TO BE ISSUED ON LETTER HEAD

DECLARATION

For Waiver of Examination Fees for RRB Examination (Economically backward classes only)

1. Name of Candidate :
2. Father's Name :
3. Age :
4. Residential Address :
5. Annual Family Income (In words & Figures) :
6. Date of Issue :
7. Signature : Name
8. Stamps of Issuing Authority :

Note: Economically Backward classes will mean the candidates whose family income is less than 50,000/- per annum. The following authorities are authorized to issue income certificates for the purpose of indentifying economically backward classes:

- (1) District magistrate or any other Revenue Officer up in the level of Tahsildar (2) Sitting Member of Parliament of Lok Sabha for persons of their own responsibility (3) BPL Card or any other certificate issued by Central Government under a recognized poverty alleviation programme or Izzat MST issued by Railways. (4) Union Minister may also recommend to Chairman /RRBs for any persons from anywhere in the country. (5) Sitting Member of Parliament of Rajya Sabha for persons of the district in which these MPs normally reside.

Annexure - V

SELF DECLARATION OF MINORITY CANDIDATES FOR WAIVER OF EXAMINATION FEE FOR RRB EXAMINATIONS

(Proforma for declaration to be submitted by Minority candidates at the time of Document Verification, who have applied post (s) against Centralised Employment Notice No 03/2015.)

DECLARATION

"I, son/daughter of Shri resident of village/ town/city district state hereby declare that I belong to the..... (indicate minority community notified by Central Government i.e., Muslim / Sikh / Christian / Buddhist / Jain / Zorastrians (Parsis))."

Date : Signature of the Candidate

Place : Name of the Candidate

Note : At the time of document verification such candidates claiming waiver of examination fee will be required to furnish 'Minority Community Declaration' affidavit on Non Judicial Stamp paper that he / she belongs to any of the minority community notified by Central Government (i.e., Muslim / Sikh / Christian / Buddhist / Jain / Zorastrians (Parsis)).

Annexure - VI (A)

FROM-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)

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

(1) 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

Recent PP Size Attested Photograph (Showing face only) of the person with disability

Signature/Thumb Impression of the person in whose favour disability certificate is issued
(Signature and Seal of Authorized Signatory of notified Medical Authority)

Annexure - VI (B)

FORM-III

Disability Certificate

(In case of multiple disabilities)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

(See Rule 4)

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.....

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.

Recent PP Size Attested Photograph (Showing face only) of the person with disability