

PRESCRIBED PROFORMAE

Performa-I

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)

OBC (NON-CREAMY LAYER) CERTIFICATE

(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. / Kum.*.....
 son/daughter* of Shri..... of Village/Town
 District..... in
 State belongs to..... community which is recognized as
 Backward Class under : (indicate the Sub Caste above)

- 1) Resolution No.12011/68/93-BCC@dated 10th September 1993, published in the Gazette of India - Extraordinary-part 1, Section 1, No.186, dated 13th September 1993.
- 2) Resolution No.12011/9/94-BCC, dated 19th October 1994, published in the Gazette of India - Extraordinary-part 1, Section 1, No.163, dated 20th October 1994.
- 3) Resolution No.12011/7/95-BCC, dated 24th May 1995, published in the Gazette of India - Extraordinary-part 1, Section 1, No.88, dated 25th May 1995.
- 4) Resolution No.12011/44/96-BCC, dated 6th December 1996, published in the Gazette of India - Extraordinary-part 1, Section 1, No.210, dated 11th December 1996.
- 5) Resolution No.12011/68/93-BCC, published in the Gazette of India - Extraordinary-No. 129, dated the 8th July 1997.
- 6) Resolution No.12011/12/96-BCC, published in the Gazette of India - Extraordinary-No. 164, dated the 1st September 1997.
- 7) Resolution No.12011/99/94-BCC, published in the Gazette of India - Extraordinary-No. 236, dated the 11th December 1997.
- 8) Resolution No.12011/13/97-BCC, published in the Gazette of India - Extraordinary-No. 239, dated the 3rd December 1997.
- 9) Resolution No.12011/12/96-BCC, published in the Gazette of India - Extraordinary-No. 166, dated the 3rd August 1998.
- 10) Resolution No.12011/68/93-BCC, published in the Gazette of India - Extraordinary-No. 171, dated the 6th August 1998.
- 11) Resolution No.12011/68/98-BCC, published in the Gazette of India - Extraordinary-No. 241, dated the 27th October 1999.
- 12) Resolution No.12011/88/98-BCC, published in the Gazette of India - Extraordinary-No. 270, dated the 6th December 1999.
- 13) Resolution No.12011/36/99-BCC, published in the Gazette of India - Extraordinary-No. 71, dated the 4th April 2000.

Shri/Smt./Kum* _____ and/or his/her family ordinarily reside(s)
 in the _____ District 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
 8.9.1993) and modified vide Government of India, Department of Personnel and Training O.M. No.
 36033/3/2004-Estt. (Res) dated 09.03.2004.

Place:

Date:

Signature of Issuing Authority with seal of office

*Strike out whichever is not applicable

NB: (a) The term 'ordinarily' used here will have the same meaning as in section 20 of the Representation of Peoples 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 / 1st class Stipendiary Magistrate/ Sub-Divisional Magistrate/ Taluk Magistrate / Executive Magistrate/ Extra Assistant Commissioner (not below the rank of 1st class Stipendiary Magistrate). (ii) Chief Presidency Magistrate/ Additional Chief Presidency Magistrate / Presidency Magistrate
- (iii) Revenue officer not below the rank of Tahsildar, and (iv) Sub-Divisional Officer of the area where the Candidate and or his family resides.

FORM OF DECLARATION/UNDERTAKING TO BE SUBMITTED BY 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 Service admission in Central Govt. institutions as per orders contained in the Department of Personnel and Training Office Memorandum No. 36012/22/93-Estt.(SCT) dated 08th September, 1993. I also declare that I do not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule to the above referred Office Memorandum dated 08th September, 1993, which is modified vide Department of Personnel and Training Office Memorandum No. 36033/1/2013-Estt. (Res.) dated 14th September, 2017.

Signature of Candidates:

Full Name:

Correspondence Address:

Place:

E-Mail:

Mobile No:

Date:

Government of
(Name & Address of the authority issuing the certificate)

INCOME & ASSETS 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

*Note1: 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.

Form-V

Certificate of Disability

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

[See rule 18(1)]

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

<p>Recent passport size attested photograph (Showing face only) of the person with disability.</p>
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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:

(A) he/she is a case of:

- locomotor disability
- dwarfism
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is _____

(A) he/she has _____ % (in figure) _____ percent (in words) permanent locomotor disability/dwarfism/blindness in relation to his/her _____ (part of body) as per guidelines (.....number and date of issue of the 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 certificate of disability is issued

Form - VI

Certificate of Disability

(In cases of multiple disabilities)

[See rule 18(1)]

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

Recent passport
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 (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:

(A) he/she is a case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to be specified) for the disabilities ticked below, 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.	Dwarfism			
5.	Cerebral Palsy			

6.	Acid attack Victim			
7.	Low vision	#		
8.	Blindness	#		
9.	Deaf	£		
10.	Hard of Hearing	£		
11.	Speech and Language disability			
12.	Intellectual Disability			
13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			
15.	Mental illness			
16.	Chronic Neurological Conditions			
17.	Multiple sclerosis			
18.	Parkinson's disease			
19.	Haemophilia			
20.	Thalassemia			
21.	Sickle Cell disease			

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (.....number and date of issue of the 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

£ 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 certificate of disability is issued.

FORM-VII

(As per RPD Act, 2016)

Certificate of Disability

(In cases other than those mentioned in Forms-V & VI)

{See Rule 18(1)}

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

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/Ms. _____, 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 permanent physical impairment / disability has been evaluated as per guidelines (_____ number and date of issue of the guidelines to be specified) and is shown against the relevant disability in the table below:

Sr. No.	Disability	Affected Part of Body	Diagnosis	Permanent Physical Impairment / Mental Disability (in %)
1	Locomotor disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Dwarfism			
5	Cerebral Palsy			
6	Acid Attack Victim			
7	Low Vision	#		
8	Blindness	#		
9	Deaf	*		
10	Hard of Hearing	*		
11	Speech & Language disability			
12	Intellectual disability			
13	Specific learning disability			
14	Autism Spectrum Disorder			
15	Mental Illness			
16	Chronic Neurological Conditions			
17	Multiple Sclerosis			
18	Parkinson's disease			
19	Haemophilia			

Sr. No.	Disability	Affected Part of Body	Diagnosis	Permanent Physical Impairment / Mental Disability (in %)
20	Thalassemia			
21	Sickle Cell disease			

(Please strike out the disabilities which are not applicable)

@ e.g. Left / Right / Both Arms / Legs

e.g. Single Eye

* e.g. Left / Right / Both Ears

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).

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

Name of Document	Date of Issue	Details of Authority issuing Certificate

(Authorised Signatory of Notified Medical Authority
(Name & Seal)

Countersigned
{Countersignature & 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.

NO OBJECTION CERTIFICATE

(To be produced on the Letter Head of the Department and to be filled by the Head of the Department in which the candidate is working)

1. It is certified that Mr./Mrs./Miss/Dr. _____
(designation)_____ is working in the temporary/permanent capacity with effect from_____. The particulars furnished by him/her in the application form are correct and he/she possesses educational qualification and experience mentioned in the Vacancy Circular no. _____ dated_____. **This organization has no objection in him/her applying to the post of _____ as mentioned in the above stated circular.**

2. It is certified that his/her pay level is_____. He/She is drawing a Basic Pay of Rs._____. He/her next increment is due on_____.

3. It is certified that no vigilance case is pending/contemplated against the individual.

4. It is certified that in the event of selection of Mr./Mrs./Miss/Dr. _____ to the post of _____ at ICMR-NIRT, No.1, Mayor Sathyamoorthy Road, Chetput, Chennai-31, he/she shall be relieved within a period of 01 month of issue of appointment letter.

Place:

Date:

Signature: _____

Name: _____

Designation: _____

Seal of the office: _____

NO OBJECTION CERTIFICATE FOR ICMR-PROJECT STAFF

(To be produced on the Letter Head of the Department and to be filled by the Head of the Department in which the candidate is working)

1. It is certified that Mr./Mrs./Miss/Dr. _____
_____(designation) is working in the project
entitled “ _____”. The
particulars furnished by him/her in the application form are correct and he/she
possesses educational qualification and experience mentioned in the Vacancy Circular
no. _____ dated _____.
This organization has no objection in him/her applying to the post of
_____ as mentioned in the above state circular.

Place: _____

Date: _____

Signature: _____

Name: _____

Designation: _____

Seal of the office: _____

(Format of certificate to be submitted by Central Government Employees seeking age relaxation)

(To be produced on the Letter Head of the Department and to be filled by the Head of the Department in which the candidate is working)

1. It is certified that Shri./Smt/Kum. _____ is a Central Government employee holding the post of _____ in the Pay Scale/Pay Level of Rs. _____ with 03 years regular/continuous service in the grade as _____ w.e.f. _____ .
2. There is no objection to him/her appearing for the post of _____ and document verification for the said recruitment.

Signature: _____

Name: _____

Designation: _____

Tel No: _____

Seal of the office: _____

**EXPERIENCE CERTIFICATE FOR CANDIDATES WORKING IN THE ICMR
PROJECTS**

(To be produced on the Letter Head of the Department and to be filled by the Head of the Department in which the candidate is working)

It is certified that Shri/Smt/Kum. _____
is working at _____ as
per the details given below:

Sl.No.	Period (Initial to latest)		Designation	Name of the ICMR funded Project	Emoluments Drawn (Rs.)	Remarks
	From	To				

Please state whether the candidate has entered into the project service within the prescribed age limit for the post for which the candidate is applying:- _____ (YES/NO).

Note:- Please attach copies of the appointment letters and joining orders in r/o of each of the above mentioned work experience.

Signature: _____

Name: _____

Designation: _____

Tel No: _____

Seal of the office: _____