

OBC CERTIFICATE FORMAT

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING
FOR APPOINTMENT TO POSTS UNDER GOVERNMENT OF INDIA**

This is to certify that Sh./Smt./Kumari _____
son/daughter of _____ of village/town
_____ in District/Division
_____ State/Union Territory _____ belongs to
the _____ community which is recognized as a
backward class under the Government of India, Ministry of Social Justice and Empowerment's
Resolution No. _____ dated _____ * ..
Sh./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, Departmental of Personnel &
Training OM No. 36012/22/93-Estt.(SCT) dated 08.09.1993**

District Magistrate

Dy. Commissioner etc.

Dated:

Seal

* The authority issuing the certificate may have to mentioned the details of Resolution of
Government of India, in which the case of the candidates is mentioned as OBC.

** As amended from time to time

Note: The term "Ordinarily used here will have used here will have the same meaning as in
Section 20 of the Representation of the People Act., 1950.

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.

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

*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.

FORMAT OF MEDICAL CERTIFICATE FOR PERSON WITH DIABILITIES (PwD)

NAME AND ADDRESS OF THE INSTITUTE/HOSPITAL _____

Certificate No. _____ Date: _____

1. This is to certify that Smt./Shri/Kum _____
son/daughter of Shri _____ age _____
Male/Female having identification marks as below: _____
is suffering from permanent disability of following category:

Paste here your recent
colour photograph showing
the disability (The
photograph should be
attested by the Chairperson
of the Medical Board)

Signature of the candidate

- 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) OL-One leg affected (right or left): a) Impaired reach b) Weakness of grip c) Ataxic
 - (iv) OA- One arm affected (right or left): a) Impaired reach b) Weakness of grip c) Ataxic
 - (v) BH- Stiff Back and hips (cannot sit or stoop)
 - (vi) MW- Muscular Weakness and limited physical endurance.
- B. Blindness or Low Vision : (i) B-Blind (ii) PB- Partially Blind
- C. 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. Re-assessment of this case is not recommended/ recommended after a period _____ years
_____ months.

3. Percentage of disability in his/ her case is _____ Percent.

4. Smt./Shri/Kum _____ meets the following physical requirement 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. | Yes/No |
| (ix) SE- can perform work by seeing. | Yes/No |
| (x) H – can perform work by hearing/speaking. | Yes/No |
| (xi) RW- can perform work by reading and writing. | Yes/No |

(Signature of Doctor)

Name :

Registration No.

Member, Medical Board

(Signature of Doctor)

Name:

Registration No.

Member, Medical Board

(Signature of Doctor)

Name :

Registration No.

Member/Chairperson,
Medical Board

* Please delete the words which are not applicable.

Place :

Date:

Counter Signature of the Medical Superintendent/CMO/Head of Hospital (with seal)

NO OBJECTION/SERVICE/VIGILANCE CERTIFICATE

It is certified that Mr./Mrs./Miss _____ is working as
_____ (present post) in this** Institution/Organization
_____(Name of Institution/
Organization) which is a **Central/State Govt./Public Sector
Undertaking/Autonomous Body of the Central/State Government
Organization** since _____ (date of appointment in the post) in the Pay
Matrix Level _____ (as per 7th Pay Commission/Pay
Band Rs. _____ (as per 6th pay Commission) with grade pay of
Rs. _____. The details of his/ her service are as under:-

Sl. No	Name of the post held	Whether on Regular/ Contractual/ Adhoc Basis	Pay Matrix Level (as per 7 th Pay Commission/ Pay Band and Grade Pay as per 6 th Pay Commission	Period of Service		Remarks
				From	To	

It is, further certified that no disciplinary action is pending/contemplated against him/her as on date.

This office has no objection if he/she is selected for the post of _____ in Kendriya Vidyalaya Sangathan.

Signature of the Head of Office

Name: _____

Designation _____

Seal

Place

Date:

UNDERTAKING

I hereby undertake that in case of my selection to the post of _____ in Kendriya Vidyalaya Sangathan, I am willing to be posted any where in India.

Signature _____

Name: _____

Date: _____

Place: _____