

# Annexure-II: CERTIFICATE FORMATS

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

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

Certificate No. \_\_\_\_\_

Date \_\_\_\_\_

1. 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 in 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 2022-2023. 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 Schedule Caste, Schedule Tribe and Other Backward Classes (Central List).

Signature with seal of Officer \_\_\_\_\_  
Name \_\_\_\_\_  
Designation \_\_\_\_\_

Recent Passport size attested photograph of the applicant

**The income and assets of the families as mentioned would be required to be certified by an officer not below the rank of Tehsildar in the States/UTs.**

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\* **Note1:** Income covered all sources i.e., salary, agricultural, business, profession, etc.  
\*\* **Note2:** The term “Family” for this purpose includes 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.  
\*\*\* **Note3:** 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.

OBC-NCL Certificate Format

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES (NCL)\* APPLYING FOR ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri/Smt./Kum\*\* \_\_\_\_\_ Son/  
Daughter\*\* of Shri/Smt.\*\* \_\_\_\_\_ of Village/  
Town\*\* \_\_\_\_\_ District/Division\*\* \_\_\_\_\_ in  
the State/Union Territory \_\_\_\_\_ belongs to the  
\_\_\_\_\_ community that is recognized as a backward class  
under 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 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, further modified vide OM No. 36033/3/2004-Estt. (Res.) dated  
14/10/2008, again further modified vide OM No.36036/2/2013-Estt (Res) dtd. 30/05/2014, and  
again further modified vide OM No. 36033/1/2013-Estt (Res) dtd. 13/09/2017.

District Magistrate /  
Deputy Commissioner /  
Any other Competent Authority

Dated:

Seal

\* Visit <http://www.nbc.nic.in> for latest guidelines and updates on the Central List of State-wise OBCs.

\*\* Please delete the word(s) which are not applicable.

\*\*\* As listed in the Annexure (for FORM-OBC-NCL)

\*\*\*\* The authority issuing the certificate needs to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

**NOTE:**

- (a) The term 'Ordinarily resides' 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/ Ist 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
  - (v) Certificate issued by any other authority will be rejected

## ANNEXURE for FORM-OBC-NCL

| Sl. No. | Resolution No.         | Date of Notification |
|---------|------------------------|----------------------|
| 1       | No.12011/68/93-BCC(C)  | 13.09.1993           |
| 2       | No.12011/9/94-BCC      | 19.10.1994           |
| 3       | No.12011/7/95-BCC      | 24.05.1995           |
| 4       | No.12011/96/94-BCC     | 09.03.1996           |
| 5       | No.12011/44/96-BCC     | 11.12.1996           |
| 6       | No.12011/13/97-BCC     | 03.12.1997           |
| 7       | No.12011/99/94-BCC     | 11.12.1997           |
| 8       | No.12011/68/98-BCC     | 27.10.1999           |
| 9       | No.12011/88/98-BCC     | 06.12.1999           |
| 10      | No.12011/36/99-BCC     | 04.04.2000           |
| 11      | No.12011/44/99-BCC     | 21.09.2000           |
| 12      | No.12015/9/2000-BCC    | 06.09.2001           |
| 13      | No.12011/1/2001-BCC    | 19.06.2003           |
| 14      | No.12011/4/2002-BCC    | 13.01.2004           |
| 15      | No.12011/9/2004-BCC    | 16.01.2006           |
| 16      | No.12011/14/2004-BCC   | 12.03.2007           |
| 17      | No.12011/16/2007-BCC   | 12.10.2007           |
| 18      | No.12019/6/2005-BCC    | 30.07.2010           |
| 19      | No. 12015/2/2007-BCC   | 18.08.2010           |
| 20      | No.12015/15/2008-BCC   | 16.06.2011           |
| 21      | No.12015/13/2010-BC-II | 08.12.2011           |
| 22      | No.12015/5/2011-BC-II  | 17.02.2014           |

SC/ST Certificate Format**FORM OF CERTIFICATE TO BE PRODUCED BY SCHEDULED CASTES (SC) AND SCHEDULED TRIBES (ST) CANDIDATES**

1. This is to certify that Shri/ Shrimati/ Kumari\* \_\_\_\_\_ son/daughter\* of \_\_\_\_\_ of Village/Town\* \_\_\_\_\_ District/Division\* \_\_\_\_\_ of State/Union Territory\* \_\_\_\_\_ belongs to the \_\_\_\_\_ 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 Lists (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 Orders (Amendment) Act, 1976 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002]

- \* 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 (Dadara and Nagar Haveli) Scheduled Castes Order, 1962;
- \* The Constitution (Dadara 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 and Kashmir) Scheduled Tribes Order, 1989;
- \* The Constitution (Scheduled Castes) Order (Amendment) Act, 1990;
- \* The Constitution (Scheduled Tribes) Order (Amendment) Act, 1991;
- \* The Constitution (Scheduled Tribes) Order (Second Amendment) Act, 1991.

2. # 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 State/Union Territory\* \_\_\_\_\_ who belong to the Caste / Tribe\* which is recognised 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 \_\_\_\_\_.

Signature: \_\_\_\_\_  
Designation \_\_\_\_\_  
(With seal of the Office)

Place: \_\_\_\_\_ State/Union Territory\* \_\_\_\_\_

Date: \_\_\_\_\_

\* Please delete the word(s) which are not applicable.

# Applicable in the case of SC/ST Persons who have migrated from another State/UT.

**IMPORTANT NOTES**

The term “ordinarily reside(s)\*\*” used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

Officers competent to issue Caste/Tribe certificates:

1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendiary Magistrate / City 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 family normally reside(s).
5. Administrator / Secretary to Administrator / Development Officer (Lakshadweep Island).
6. Certificate issued by any other authority will be rejected.

**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)**

**(See rule 4)**

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-III  
**Disability Certificate**  
 (In cases of multiple disabilities)  
**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE  
 CERTIFICATE)**  
 (See rule 4)

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                     |           |  |

@ - e.g., Left/Right/both arms/legs

# - e.g., Single eye/both eyes

£ - e.g., Left/Right/both ears

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) \_\_\_\_\_

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)****(See rule 4)**

|  |
|--|
| Recent PP size<br>attested photograph<br>(showing face only)<br>of the person with<br>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  | Diagnosis | Permanent physical impairment / mental disability (in %) |
|--------|---|-----------|--|
| 1      | Locomotor disability  |           |  |
| 2      | Visual Impairment (blindness / low vision)  |           |  |
| 3      | Hearing impairment  |           |  |
| 4      | Speech and language disability  |           |  |
| 5      | Intellectual disability   |           |  |
| 6      | Mental-illness  |           |  |
| 7      | Disability caused due to chronic neurological conditions and / or blood disorders |           |  |

(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) \_\_\_\_\_

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.

## FORM-DYSLEXIC-1

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

{ To be obtained from any Government or Government approved Learning Disability Clinic/Neurodevelopmental Centre/Dyslexia Association }

Date:

#### PSYCHO-EDUCATION EVALUATION REPORT

Name of the candidate:

Date of Birth:

Candidate

Registration in the Clinic/Centre/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 and **DETAILED REPORTS OF DYSLEXIA ASSESSMENT ARE ATTACHED WITH THIS FORM (IN ORIGINAL).**

\*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.

**Signature and Name (in CAPITAL LETTERS) of the certifying official:**

**Seal:**

|   |
|---|
| Passport<br>size<br>Photograph<br>of the<br>Candidate |
|---|

**FORM-DYSLEXIC-2**

**\*CERTIFICATE TO BE PRODUCED BY DYSLEXIC CANDIDATE  
FROM THE PRINCIPAL OF THE SCHOOL/COLLEGE LAST  
ATTENDED**

**Testimonial**

Date:

Name of the candidate:

Date of Birth:

Name and Address of the School/College:

Passport  
size  
Photograph  
of the  
Candidate

Certified that Shri/Smt/Kum \_\_\_\_\_  
son/daughter of \_\_\_\_\_ of  
\_\_\_\_\_ village/town passed his/her Class XII from  
this school and as per records, availed concession under dyslexic category.

Signature with seal:

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*\* A candidate passing Class XII or equivalent through open school system or in private mode may submit the certificate to this effect from the competent authority in the board certifying the concessions availed under dyslexia.*

## FORM - DISABILITY AND HAVING DIFFICULTY IN WRITING

CERTIFICATE FOR PERSON WITH SPECIFIED DISABILITY COVERED UNDER THE DEFINITION OF SECTION 2 (S) OF THE RPWD ACT, 2016 BUT NOT COVERED UNDER THE DEFINITION OF SECTION 2(R) OF THE SAID ACT, I.E. PERSONS HAVING LESS THAN 40% DISABILITY AND HAVING DIFFICULTY IN WRITING

This is to certify that, we have examined Mr/Ms/Mrs. \_\_\_\_\_ (name of the candidate), S/o /D/o \_\_\_\_\_, a resident of \_\_\_\_\_ (Vill/PO/PS/District/State), aged \_\_\_\_\_ yrs, a person with \_\_\_\_\_ (nature of disability/condition), and to state that he/she has limitation which hampers his/her writing capability owing to his/her above condition. He/she requires support of scribe for writing the examination.

2. The above candidate uses aids and assistive device such as prosthetics & orthotics, hearing aid (name to be specified) which is/are essential for the candidate to appear at the examination with the assistance of scribe.

3. This certificate is issued only for the purpose of appearing in written examinations conducted by recruitment agencies as well as academic institutions and is valid up to \_\_\_\_\_ (it is valid for maximum period of six months or less as may be certified by the medical authority)

Signature of medical authority

| (Signature & Name)  | (Signature & Name)  | (Signature & Name)            | (Signature & Name)                          | (Signature & Name)  |
|---|---|-------------------------------|---|---|
| Orthopedic/<br>PMR specialist   | Clinical<br>Psychologist /<br>Rehabilitation<br>Psychologist /<br>Psychiatrist /<br>Special<br>Educator | Neurologist (if<br>available) | Occupational<br>Therapist (if<br>available) | Other Expert, as<br>nominated by<br>the Chairperson<br>(if any) |
| (Signature & Name)  |   |                               |   |   |
| Chief Medical Officer / Civil Surgeon / Chief District Medical Officer<br>..... Chairperson |   |                               |   |   |

Name of Government Hospital / Health care Centre with Seal

Place:

Date:

**PROFORMA**  
**EDUCATION SCHOLARSHIP-ENTITLEMENT CARD**  
(To children of Armed Forces personnel killed/disabled/missing in wars/CI operations)

The holder of this card Shri/Kum \_\_\_\_\_  
born on \_\_\_\_\_ is the son/daughter of Shri/Smt \_\_\_\_\_  
\_\_\_\_\_, Rank \_\_\_\_\_  
\_\_\_\_\_ of Unit \_\_\_\_\_ Service  
\_\_\_\_\_ Service No. \_\_\_\_\_  
killed in action/permanently disabled/missing on \_\_\_\_\_  
during \_\_\_\_\_ (Name of war/operation).

Name of the Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

The holder is eligible for all educational concessions sanctioned by Central Government for children of Armed Forces personnel killed, missing or permanently disabled in wars/CI Operations.

Signature (with date) of the authorized Officer

Office Address:

*(Respective record offices of Armed Forces Personnel)*