

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.

* **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.ncbc.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
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.

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
size
Photograph
of the
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:

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