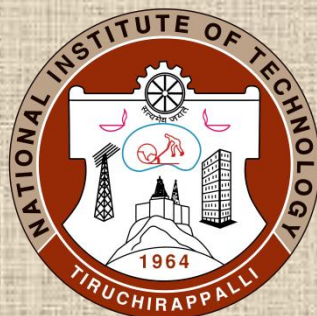


**NATIONAL INSTITUTE OF TECHNOLOGY  
TIRUCHIRAPPALLI - 620 015, TAMIL NADU**

**ADMISSION BROCHURE FOR  
M.A. (ENGLISH LANGUAGE AND LITERATURE) PROGRAMME  
(2020 - 21)**



**The Chairperson  
(PG Admissions)  
Academic Office  
National Institute of Technology  
Tiruchirappalli - 620 015  
Tamil Nadu  
Phone No.: 0431 - 2503014, 2503131  
E-mail : pg@nitt.edu**

**ADMISSION BROCHURE FOR  
M.A. (ENGLISH LANGUAGE AND LITERATURE) PROGRAMME  
(2020-21)**

**GENERAL**

1. National Institute of Technology, Tiruchirappalli invites applications from eligible candidates for admission to M.A. (English Language and Literature) programme offered in the Department of Humanities and Social Sciences for the academic year 2020-2021. The eligible bachelor degree required for M.A. admission is given below:

S. No.	Programme offered	Eligible Bachelor's Degree
1.	M.A. (English Language and Literature)	B.A. in English literature / Language / ELT / Linguistics from any recognized university / College

2. Candidates who have already passed their qualifying degree examination or who have appeared / are appearing for the final semester / year examination in 2020 are eligible to apply.
3. There is no stipend for the candidates admitted to M.A. (English Language and Literature) programme.

**ELIGIBILITY FOR ADMISSION TO M.A. PROGRAMME:**

1. Candidates should have secured a minimum of 60% aggregate marks or 6.5 CGPA (on a 10-point scale) in B.A. in English Literature/Language/ELT/linguistics for GEN / GEN-EWS / OBC candidates [55% aggregate marks or 6.0 CGPA (on a 10-point scale) for SC / ST / PWD candidates].
2. Those candidates who have appeared/ are appearing for final semester/ year examination, provisional admission is permitted provided their final marks are made available on or before 15<sup>th</sup> September, 2020.
3. Conversion from CGPA to percentage or vice versa given by individual institute will not be considered / allowed.
4. Any candidate admitted provisionally shall produce the provisional/degree certificate and all mark lists in original on or before 15<sup>th</sup> September, 2020. Else, their admission shall stand cancelled automatically. For such candidates refund will be made as per the norms applicable to the institute.

**Reservation:** Government of India reservation policy will be followed for GEN-EWS / OBC / SC / ST and Persons with Disabilities (PWD).

**OBC/GEN-EWS certificate:** OBC/GEN-EWS certificate must have been obtained on or after **01.04.2020** as per the prescribed format given in Annexure-I. Owing to COVID-19 outbreak, the application without certificate may be accepted. However, at the time of admission, the certificate issued after 1<sup>st</sup> April 2020 should be produced. If the candidate fails to produce the certificate issued after 1<sup>st</sup> April 2020 at the time of admission, his/her admission will be automatically cancelled.

## How to apply?

1. Candidates applying for M.A. programme must apply online through the website [www.nitt.edu](http://www.nitt.edu). The information brochure is also available in the website.
2. The registration fee is Rs.500/- for GEN/GEN-EWS/OBC and Rs.200/- for SC/ST/PWD candidates. The payment should be made only through **State Bank i-collect mode**.
3. Candidates must upload the self-attested copies of the following certificates when filling out the application, if applicable:
  - i. Category (GEN-EWS/OBC/SC/ST) certificate as per the prescribed format given in Annexure-I,
  - ii. PWD certificate as per the prescribed format given in Annexure-I and
4. The registration fee is non-refundable.
5. **INCOMPLETE APPLICATIONS WILL BE SUMMARILY REJECTED.**

## SELECTION PROCEDURE

1. Selection will be based on an entrance test conducted by National Institute of Technology, Tiruchirappalli followed by a personal interview.
2. The time, date of entrance test and interview will be notified through the NITT website.
3. **Admit card will be sent by Email to the eligible candidates well before the date of entrance test and also the eligible candidates list for the entrance test will be displayed in [www.nitt.edu](http://www.nitt.edu).**

## Original Certificates to be produced at the time of Admission:

1. Admission letter received from NIT, Tiruchirappalli
2. Degree / provisional certificate
3. Consolidated Grade or mark sheet of qualifying degree examinations
4. Course completion / Bonafide certificate for result awaiting candidates
5. Transfer certificate and Migration certificate issued by the institute last studied
6. 10<sup>th</sup> and +2 Mark sheets
7. GEN-EWS, OBC certificate issued on or after 01.04.2020 by the competent authority, if applicable
8. SC / ST certificate issued by the competent authority, if applicable
9. Certificate for PWD candidates

<b>Important Dates: Details</b>	<b>Proposed Dates</b>
<b>Last date for submitting online application form</b>	<b>30.06.2020</b>
<b>Date of Entrance Test</b>	<b>Will be intimated later through our website - <a href="http://www.nitt.edu">www.nitt.edu</a></b>
<b>Interview of shortlisted Candidates</b>	
<b>Announcement of results</b>	

If it is found that a candidate has been admitted due to any mistake made inadvertently in the processing of applications and during the admission stage, the institute reserves the right to cancel the seat at any stage.

### **JURISDICTION**

In case of any dispute arising out of the M.A. admission process, the decision of Director, NIT, Tiruchirappalli shall be final. The jurisdiction for legal disputes, if any, will be limited to Tiruchirappalli City only.

**DIRECTOR**

## **Annexure - I**

## M.A. – 2020

### FORMAT OF COURSE COMPLETION CERTIFICATE

[TO BE ISSUED IN THE OFFICIAL LETTER HEAD OF THE INSTITUTE/UNIVERSITY]

This is to certify that

- 1** Mr. /Ms. \_\_\_\_\_ (full name) bearing  
Roll No. \_\_\_\_\_ is a bonafide student of \_\_\_\_\_ (course /  
program) in our institute/university.
- 2** He / She has completed all requirements of the course / program and all of his/her  
examinations will be / has been completed by July 15, 2020.
- 3** His / Her final result is awaited and will be published on or before September 15, 2020.

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**Signature (with Seal) of the  
Authorised Signatory of the  
Institute/University**

**Date - \_\_\_\_\_**

M.A. - 2020

FORMAT FOR DYSLEXIA CERTIFICATE - I

MEDICAL CERTIFICATE TO BE PRODUCED BY DYSLEXIC CANDIDATES

{Psycho-Education Evaluation Report - To be obtained from any Dyslexia Association\*}

No. - \_\_\_\_\_

Date - \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of the candidate: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of the Father/Mother/Guardian \_\_\_\_\_

Registration in the Dyslexia Association: No \_\_\_\_\_

Date - \_\_\_\_/\_\_\_\_/\_\_\_\_

Name & Address of the Dyslexia Association: \_\_\_\_\_

Registration No. of the Dyslexia Association: \_\_\_\_\_

Physical & Neurologic Assessment: [            ]

Psychological Assessment: [            ] WISC

Verbal IQ:

Performance IQ:

Full Scale IQ:

Interpretation: [            ]

Educational Assessment: [            ]

Certified that

The condition of handicap is: MILD / MODERATE / SEVERE (tick whichever is applicable)\*\*

The disability is **PERMANENT** in nature.

Passport size  
photograph  
of the  
Candidate

**\*Some Dyslexia Associations:**

- 1) Dyslexia Trust of Kolkatta, Divya Jalan, Aruna Bhaskar 3, Dover Park, Kolkata – 700019
- 2) Dyslexia Association Of Andhra Pradesh (DAAP), 3-4-494/1,1st Floor, Macherla Gastrology Hospital, Reddy College Road, Barkatpura, Hyderabad, Telangana, 500027
- 3) Madras Dyslexia Association, 94 Park View, 1<sup>st</sup> Floor, G.N. Chetty Road, T. Nagar, Chennai – 600017  
Maharashtra Dyslexia Association, 003, Amit Park Bldg, L J Road, Deonar, Mumbai 400088
- 4) The Dyslexia Association of India, MZ-47, The Center Stage Mall, Plot No 01, Block L, Sector 18, NOIDA 201303

**\*\*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.**

**Official Seal:**

**[Signature]**

**Name of the certifying official: \_\_\_\_\_**



FORMAT FOR DYSLEXIA CERTIFICATE - II

TESTIMONIAL TO BE PRODUCED BY DYSLEXIC CANDIDATES

{Testimonial - To be obtained from the Principal of the school/college last attended\*}

No. - \_\_\_\_\_ Date - \_\_\_\_/\_\_\_\_/\_\_\_\_

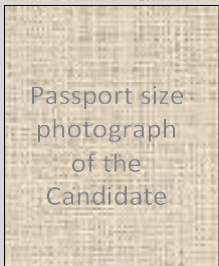
Name of the candidate: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of the Father/Mother/Guardian \_\_\_\_\_

Registration in the Dyslexia Association: No \_\_\_\_\_

Date - \_\_\_\_/\_\_\_\_/\_\_\_\_



Name & Address of the School/College: \_\_\_\_\_

Certified that  
Shri/Shrimati/Kumari \_\_\_\_\_

son/daughter of \_\_\_\_\_ of

\_\_\_\_\_ Village / Town passed his/her Class X from this school and as per  
records, he/she has availed concession under dyslexic category.

Official Seal:

[Signature]

Name of the Principal: \_\_\_\_\_

\*A candidate passing Class X 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.

# M.A. – 2020

## INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKERSECTIONS

Government of .....

(Name & Address of the authority issuing the certificate)

**[This certificate MUST have been issued on or after 1<sup>st</sup> April 2020]**

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

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

VALID FOR THE YEAR \_\_\_\_\_

**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 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).s**

Signature with seal of Office \_\_\_\_\_

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.**

Note:

\*Income covered all sources i.e. salary, agriculture, business, profession, etc.

\*\* 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.

\*\*\* 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.

## M.A. – 2020

### FORMAT FOR OBC [NCL] CERTIFICATE

TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR ADMISSION THROUGH M.A.-2020

**[This certificate MUST have been issued on or after 1<sup>st</sup> April 2020]**

This is to certify that Shri/Smt./Kum. \_\_\_\_\_ Son/Daughter of Shri/Smt.

\_\_\_\_\_ of Village/Town \_\_\_\_\_

District/Division \_\_\_\_\_ in the \_\_\_\_\_ State/UT

belongs to the \_\_\_\_\_ Community which is recognized as a backward class under:

- (i) Resolution No. 12011/68/93-BCC(C), dated 10/09/93 published in the Gazette of India Extraordinary Part I Section I No. 186, dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC, dated 19/10/94 published in the Gazette of India Extraordinary Part I Section I No. 163, dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC, dated 24/05/95 published in the Gazette of India Extraordinary Part I Section I No. 88, dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC, dated 9/03/96.
- (v) Resolution No. 12011/44/96-BCC, dated 6/12/96 published in the Gazette of India Extraordinary Part I Section I No. 210, dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC, dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC, dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC, dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC, dated 6/12/99 published in the Gazette of India Extraordinary Part I Section I No. 270, dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC, dated 04/04/2000 published in the Gazette of India Extraordinary Part I Section I No. 71, dated 04/04/2000.
- (xi) Resolution No. 12011/44/99-BCC, dated 21/09/2000 published in the Gazette of India Extraordinary Part I Section I No. 210, dated 21/09/2000.
- (xii) Resolution No. 12016/9/2000-BCC, dated 06/09/2001.
- (xiii) Resolution No. 12011/1/2001-BCC, dated 19/06/2003.
- (xiv) Resolution No. 12011/4/2002-BCC, dated 13/01/2004.
- (xv) Resolution No. 12011/9/2004-BCC, dated 16/01/2006 published in the Gazette of India

Extraordinary Part I Section I No. 210, dated 16/01/2006.

- (xvi) Resolution No. 12015/2/2007-BCC, dated 18/08/2010.
- (xvii) Resolution No. 12015/2/2007-BCC, dated 11/10/2010.
- (xviii) Resolution No. 12015/13/2010-BC-II, dated 08/12/2011.
- (xix) Resolution No. 12015/05/2011-BC-II, dated 17/02/2014.
- (xx) Resolution No. 12011/6/2014-BC-II, dated 07/12/2016.

**Shri/Smt./Kum.\_\_\_\_\_and/or his family ordinarily reside(s) in the \_\_\_\_\_District/Division of \_\_State/UT. 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. 36 012/22/93-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) dated 30/05/2014.**

Place \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Designation \_\_\_\_\_

(with seal of office)

NOTE:

- (a) The term 'Ordinarily' 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 / First Class Stipendiary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1<sup>ST</sup> Class Stipendiary Magistrate).
  - (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
  - (iii) Revenue Officer not below the rank of Tehsildar.
  - (iv) Sub-Divisional Officer of the area where the candidate and / or his family resides.
- (C) OBC Certificate issued from Maharashtra State must be validated by the Social Welfare Department of Maharashtra Government.

## M.A. – 2020

### FORMAT FOR DECLARATION TO BE SUBMITTED BY OBC CANDIDATES

I, \_\_\_\_\_, son/daughter of Shri \_\_\_\_\_ resident of village/town/city \_\_\_\_\_ district \_\_\_ of State/UT \_\_\_\_\_ hereby declare that I belong to the \_\_\_\_\_ 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 8/9/1993. 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 8/9/1993, which is modified vide Department of Personnel and Training Office Memorandum No.36033/3/2004 Estt.(Res.) dated 9/3/2004. I also declare that the condition of status/annual income for creamy layer of my parents/guardian is within prescribed limits as on financial year ending on March 31, 2020.

**Place:** \_\_\_\_\_

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

\_\_\_\_\_  
**Signature of the Candidate**

**DISABILITY CERTIFICATE FORMAT - II**

**{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)**

No. - \_\_\_\_\_

Date - \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature/LTI/RTI of the Candidate

Passport size  
photograph  
of the  
candidate

This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_,

son/wife/daughter of Shri \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

[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 (Please tick as applicable):

- a. locomotor disability
- b. blindness

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 the certificate

**Official Seal:**

**[Authorized Signatory of notified Medical Authority] Name:**

\_\_\_\_\_

**DISABILITY CERTIFICATE FORMAT - III**

**{In cases of multiple disabilities}**

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

No. - \_\_\_\_\_

Date - \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature/LTI/RTI of the Candidate

Passport size  
 photograph  
 of the  
 candidate

This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_,

son/wife/daughter of Shri \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

[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 **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		

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: \_\_\_\_\_%

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)\_\_\_\_\_.

**@ - e.g. Left/Right/both arms/legs # - e.g. single eye/both eyes  
£- e.g. Left/Right/both ears**

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

Nature of Document	Date of Issue	Details of authority issuing the certificate

6. Signature and seal of the Medical Authority:

<b>Name and Seal of Member</b>	<b>Name of Seal of Member</b>	<b>Name and Seal of the Chairperson</b>



## DISABILITY CERTIFICATE FORMAT - IV

**{In cases of any other case not covered in Format – II & III}****(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**

No. - \_\_\_\_\_

Date - \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature/LTI/RTI of the Candidate

--

Passport size photograph of the candidate
--

This is to certify that I have carefully examined Shri/Smt./Kum. \_\_\_\_\_

son/wife/daughter of Shri \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

[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 **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		

Contd.

2. In the light of the above, his/her overall permanent physical impairment as per guidelines (to be specified), is as follows:

In figures: \_\_\_\_\_ %

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)\_\_\_\_\_.

@ - e.g.

**Left/Right/both arms/legs # - e.g.**

**single eye/both eyes**

**£- e.g. Left/Right/both ears**

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

Nature of Document	Date of Issue	Details of authority issuing the certificate

**Official Seal:**

**[Authorized Signatory of notified Medical Authority\*]**

**Name:** \_\_\_\_\_

\* 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.

**Countersigned**

**Official Seal:**

**[CMO/Medical Superintendent/Head of Govt. Hospital]**

**Name:** \_\_\_\_\_

^ Countersignature and seal of the CMO/Medical Superintendent/Head of Government Hospital is essential in case the certificate is issued by a medical authority who is not a government servant.

**FORMAT FOR SC/ST CERTIFICATE**

A candidate who claims to belong to one of the Scheduled Castes or the Scheduled Tribes should submit in support of his claim an attested/self-certified copy of a certificate in the form given below, from the District Officer or the Sub-Divisional Officer or any other officer as indicated below of the District in which his parents (or surviving parent) ordinarily reside who has been designated by the State Government concerned as competent to issue such a certificate. If both his parents are dead, the officer signing the certificate should be of the district in which the candidate himself ordinarily resides otherwise than for the purpose of his own education. Wherever photograph is an integral part of the certificate, the M.A.-2020 would accept only attested/self-certified photocopies of such certificates and not any other copy.

**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 recognized as a Scheduled Castes**  
**[SC]\***

**/ Scheduled Tribes [ST]\* 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 Reorganization Act, 1960 & the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act 1970, the North-Eastern Area (Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976. [%]

The Constitution (Jammu & 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 (Dadra and Nagar Haveli) Scheduled Castes Order, 1962. The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order 1962\*\*. The Constitution (Pondicherry) Scheduled Castes Order, 1964\*\*. The Constitution (Scheduled Tribes) (Uttar Pradesh) Order, 1967\*\*. The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968\*\*. The Constitution (Goa, Daman & 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, 1991\*\*. The Constitution (ST) Orders (Second Amendment) Act, 1991\*\*. The Constitution (ST) orders (Amendment) Ordinance, 1996. The Scheduled Caste and Scheduled Tribe Orders (Amendment) Act. 2002. The Constitution (Scheduled Caste) Orders (Amendment) Act, 2002. The Constitution (Scheduled Caste and Scheduled Tribe) Orders (Amendment) Act, 2002. The Constitution (Scheduled Caste) Order (Amendment) Act, 2007. [%]

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/Shrimati \_\_\_\_\_ Father/Mother of  
Shri/Srimati/Kumari\* \_\_\_\_\_ of village/town\* \_\_\_\_\_  
\_\_\_\_\_ in the District/Division\* \_\_\_\_\_ of the  
State/Union Territory\* \_\_\_\_\_, who belong to the \_\_\_\_\_  
\_\_\_\_\_ Caste/Tribe\* which is recognized 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 the village/town\* \_\_\_\_\_ of  
\_\_\_\_\_ District/Division\* of the State/Union Territory of  
\_\_\_\_\_.

Place \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Designation \_\_\_\_\_

(with seal of office)

\* Please delete the words which are not applicable

\*\* Please quote specific presidential order

% please delete the paragraph which is not applicable.

^ List of authorities empowered to issue Schedule Caste / Schedule Tribe Certificates:

- 1) District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / 1st Class Stipendiary Magistrate / Sub-Divisional Magistrate / Extra-Assistant Commissioner / Taluka Magistrate / Executive Magistrate.
- 2) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
- 3) Revenue Officers not below the rank of Tehsildar.
- 4) Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

NOTES:

- 1) The term ordinarily reside(s) used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- 2) ST candidates belonging to Tamil Nadu state should submit caste certificate only from the Revenue Divisional Officer.