

ANNEXURE

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Government of

(Name & Address of the authority issuing the certificate)

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 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 Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

Recent Passport size
attested photograph of
the applicant

Signature with seal of Office _____

Name _____

Designation _____

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.

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR
APPOINTMENT TO POSTS / ADMISSION TO CENTRAL EDUCATIONAL INSTITUTES (CEIs), UNDER
THE GOVERNMENT OF INDIA**

"This certificate MUST have been issued on or after 1st April 2023"

This is to certify that Shri/Smt./Kum. _____ Son/Daughter of Shri/Smt.
_____ of Village/Town _____ District/Division
_____ in the _____ State 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.

Shri/Smt./Kum. _____ and/or his family ordinarily reside(s) in the _____
District/Division of _____ 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 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.

Dated:

District Magistrate/
Deputy Commissioner, etc.

Seal

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 1st 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.



OBC Certificate issued from Maharashtra State must be validated by social welfare Department of Maharashtra Government

OBC UNDERTAKING

Declaration/undertaking - for OBC Candidates only

I, _____ son / daughter of Shri
_____ resident of _____

village/town/city _____ district

_____ 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. 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, 2023.

Signature of the Candidate

Place: _____

Date: _____

SC/ST Certificate Format -I

FORM OF CERTIFICATE TO BE PRODUCED BY A CANDIDATE BELONGING TO SCHEDULED CASTE OR SCHEDULED TRIBE

This is to certify that Shri/Smt./Kum. _____ Son/Daughter of Shri _____
_____ of village/Town _____ in District/ Division _____
_____ of the State/Union Territory _____ belongs to the _____
caste/Tribe, which is recognized as a Schedule Caste/Scheduled Tribe under.

The Constitution (Scheduled Castes) order, 1950.
The Constitution (Scheduled Tribes) order, 1950.

The Constitution (Scheduled Castes)(Union Territory) order, 1951.
The Constitution (Scheduled Tribes) (Union Territory) order, 1951.

(As amended by the Scheduled Castes and Scheduled Tribes (Modification) Order 1956, the Bombay Reorganization Act, 1960, the Punjab Reorganization Act, 1966, The State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganization Act, 1971) and the Scheduled Castes and Scheduled Tribes orders (Amendment) Act, 1976.)

- *The constitution (Jammu & Kashmir) Scheduled Caste Order, 1956;
- *The Constitution (Andaman and Nicobar Islands) Scheduled Tribes, 1959, as amended by the Scheduled Castes and Scheduled Tribes orders (Amendment) Act. 1976;
- *The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order 1962;
- *The Constitution (Dadra & Nagar Haveli) Scheduled Tribes Order, 1962;
- *The Constitution (Pondichery) Scheduled Castes Order, 1964;
- *The Constitution (Uttar Pradesh) Scheduled Tribes 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 (Scheduled Castes) Orders (Amendment) Act, 1990.
- *The Constitution (Scheduled Tribes) Order, (Amendment) Ordinance, 1991.
- *The Constitution (Scheduled Tribes) Order, (Second Amendment) Act, 1991.
- *The Constitution (Scheduled Tribes) Ordinance, 1996

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes Certificate issue to
Shri _____ Father of Shri _____ of
village/town _____ in District/Division _____ of the State/UT
_____ who belongs to the _____ caste/Tribe which is recognized as a SC/ST in the
State/Union Territory _____ issued by the _____ (name of the
prescribed issuing authority) vide their No. _____ dated _____ or Shri
_____ and or his/her family ordinarily reside(s) in Village/Town
_____ of _____ District/Division of the State/Union Territory of _____.

Place _____
Date _____

Signature _____
Designation _____
(With seal of Office)

NOTE: - The terms ordinarily reside(s) used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

SC Certificate issued from Maharashtra State must be validated by Social Welfare Department and ST Caste certificate must be validated by Tribal Development Department of Maharashtra Government

LIST OF AUTHORITIES EMPOWERED TO ISSUE CASTE/TRIBE CERTIFICATE:

1. District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner /Additional Deputy Commissioner/Dy. 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 Tahsildar.
4. Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

PWD Certificate Format

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:

[Authorised 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		

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

6. Signature and seal of the Medical Authority:

Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson

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:

[Authorised 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.