

Performa - VIII

THE FORM OF CERTIFICATE TO BE PRODUCED BY CANDIDATES FOR CLAIMING EXPERIENCE

FORM-I

Experience Certificate

LETTER HEAD OF THE INSTITUTION/ISSUING AUTHORITY

(Name of the organisation, Address of the organisation, Email, Telephone No., Fax No.)

Dated: DD/MM/YYYY

This is to certify that Shri/Ms _____ S/o, D/o, W/o Shri _____
was/is an employee of this Organization/Department/Ministry and duties performed by him/her
during the period(s) are as under:

1.	NAME OF THE POST HELD	
2.	FROM (DD/MM/YY)	
3.	TO (DD/MM/YY)	
4.	TOTAL PERIOD (Years, Months, Days)	
5.	NATURE OF APPOINTMENT- PERMANENT, REGULAR, TEMPORARY, PART-TIME, CONTRACT, GUEST, HONORARY ETC.	
6.	DEPARTMENT/ SPECIALLY/FIELD OF EXPERIENCE	
7.	PAY SCALE AND LAST SALARY DRAWN	
8.	DUTIES PERFORMED/EXPERIENCE GAINED IN BRIEF IN EACH POST (PLEASE GIVE DETAILS, IF NEED BE, IN ATTACHED SHEET) (IN CASE OF MEDICAL POSTS, PLEASE MENTION FIELD OF SPECIALIZATION)	
9.	PLACE OF POSTING	
10.	WORKED AT SUPERVISORY LEVEL/MIDDLE MANAGEMENT LEVEL/HEAD OF BRANCH	

It is certified that above facts and figures are true and based on service records available in
our Organization/Department/Ministry.

Signature

Name of Competent Authority

Stamp of Competent Authority

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)

Recent Passport 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/YYYY) _____
age _____ years, male/female _____ Registration No. _____
Permanent resident of House No. _____ Ward/Village/Street _____
Post Office _____ District _____ State _____
Pin code _____

whose photograph is affixed above, and am satisfied that:

(A) He/She is a case of: (Please tick as applicable)

- Locomotors disability
- Blindness

(B) The diagnosis in his/her case is _____

(A) 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).

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

Nature of Document	Date of Issue	Details of authority issuing certificate

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Signature and Seal of
Authorised Signatory of
notified Medical Authority

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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)

Recent Passport 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/YYYY) _____
age _____ years, male/female _____ Registration No. _____
Permanent resident of House No. _____ Ward/Village/Street _____
Post Office _____ District _____ State _____
Pin code _____ whose photograph is affixed above, and are satisfied that:

(A) 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: She is a case of:

S. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/ mental disability (%)
1.	Locomotor disability	@		
2.	Low Vision	#		
3.	Blindness	Both eyes		
4.	Hearing impairment	£		
5.	Mental retardation	X		
6.	Mental illness	X		

(Please strikeout the disabilities which are not applicable)

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (to be specified), is as follows:-

- i. In figures:- _____ percent
- ii. In words:- _____ percent

This condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

Reassessment of disability is:

- not necessary or
- is recommended/ after _____ years _____ months, and therefore this certificate shall be valid till ____/____/____ (DD/MM/YYYY)

Example:

@ Left/Right/both arms/legs

Single eye/both eyes

£ Left/Right/both ears

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.

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-IV
DISABILITY CERTIFICATE

(In cases other than those mentioned in Form II and Form III)

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

Recent Passport
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/YYYY) _____
age _____ years, male/female _____ Registration No. _____
Permanent resident of House No. _____ Ward/Village/Street _____
Post Office _____ District _____ State _____
Pin code _____ whose photograph is affixed above, and are satisfied that:

(C) He/she is a Case of _____ Disability. His/her extent of percentage 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: She is a case of:

S. No.	Disability	Affected part of body	Diagnosis	Permanent physical impairment/ mental disability (%)
1.	Locomotor disability	@		
2.	Low Vision	#		
3.	Blindness	Both eyes		
4.	Hearing impairment	£		
5.	Mental retardation	X		
6.	Mental illness	X		

(Please strikeout the disabilities which are not applicable)

This condition is progressive/ non-progressive/ likely to improve/ not likely to improve.

Reassessment of disability is:

- not necessary or
- is recommended/ after _____ years _____ months, and therefore this certificate shall be valid till ____/____/____ (DD/MM/YYYY)

Example:

@ Left/Right/both arms/legs

Single eye/both eyes

£ Left/Right/both ears

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.

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.

**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.

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/Union Territory* _____ who belongs to the caste/tribe* which is recognised as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* of _____ issued by the _____ dated ____/____/____ (DD/MM/YYYY)

% 3. Shri/Shrimati/Kumari* _____ and/or* his/her* family ordinarily resides in village/town* _____ of _____ District/Division* of the State/Union Territory* of _____.

Signature _____
**Designation _____

(With Seal of Office)
State/Union Territory*

Place: _____

Date: ____/____/____

**Please delete the words which are not applicable.*

@Please quote specific Presidential Order.

% Delete the paragraph which is not applicable.

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

**List of authorities empowered to issue Scheduled Caste/Scheduled Tribe Certificate.

- I. District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1st Class Stipendiary Magistrate/t Sub-Divisional Magistrate/Taluka Magistrate/Executive Magistrate/Extra Assistant Commissioner. *(not below of the rank of 1st Class Stipendiary Magistrate).*
- II. Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- III. Revenue Officers not below the rank of Tehsildar.
- IV. Sub Divisional Officer of the area where the candidate and/or his/her family normally resides.
- V. Administrator/Secretary to Administrator/Development Officer(Lakshadweep)

ANNEXURE

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

This is to certify that Shri/Smt./Kumari _____ son/daughter
of _____ of village/town in District/Division _____
in the State/Union Territory belongs to the community which is recognised as a backward class
under the Government of India, Ministry of Social Justice and Empowerment's Resolution No.
_____ dated ___/___/_____. * Shri/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, Department of Personnel & Training O.M. No. 36012/22/93-
Estt. (SCT) dated 8.9.1993**.

District Magistrate
Deputy Commissioner etc.

Dated: ___/___/_____

Seal

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

** - As amended from time to time.

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

PERFORMA-111

**FORM OF DECLARATION TO BE SUBMITTED BY THE OBC CANDIDATE (IN ADDITION TO THE
COMMUNITY CERTIFICATE)**

I _____ Son/daughter of Shri _____
resident of village/town/city _____ District _____ State _____
hereby declare that I belong to the _____ community which is recognized
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 36102/22/93-
Estt.(SCT) dated 8-9-1993. It is also declared that I do not belong to persons/sections/sections
(Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum
dated 8-9-1993, O.M. No. 36033/3/2004-Estt.(Res.) dated 9th March, 2004 and O.M. No.
36033/3/2004-Estt.(Res.) dated 14th October, 2008.

Signature: _____

Full Name: _____

Address: _____
