

**(Format of certificate to be submitted by Government Employees  
seeking age – relaxation)**

(To be filled by the Head of the Office or Department in which the candidate is working)

It is certified that Shri/Smt/Kum. \_\_\_\_\_  
is a Central Government Civilian employee holding the post of \_\_\_\_\_  
in the pay scale of Rs. \_\_\_\_\_ with 03 years regular/continuous  
service in the grade as \_\_\_\_\_.

2. There is no objection to his appearing for the post of \_\_\_\_\_ and document  
verification for the said recruitment.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Tele No. \_\_\_\_\_

Office Seal \_\_\_\_\_

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

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

(\*Please delete the words which are not applicable)

(Format of the certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under Government of India.)

### **FORM OF CASTE CERTIFICATE**

This is to certify that Shri/Shrimati\*/Kum\* \_\_\_\_\_  
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 Lists (Modification) Order, 1956, the Bombay Re-organisation Act, 1960, the Punjab Re-organisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North-Eastern Area (Re-organisation) Act, 1971 and the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976,

The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956\*

The Constitution (Andaman & 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) Order (Amendment) Ordinance, 1996@

**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 Caste/ Scheduled Tribes Certificate issued to Shri/Shrimati/Kumari \_\_\_\_\_  
Father/Mother \_\_\_\_\_ of Shri/Shrimati/Kumari \_\_\_\_\_ of  
village/town \_\_\_\_\_ in District/Division \_\_\_\_\_ of the  
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 office)

State/Union Territory\* of \_\_\_\_\_

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 Caste/Tribe Certificates:**

(i) District Magistrate/Additional District Magistrate/Collector/ Deputy Commissioner/Additional Deputy Commissioner/Dy. Collector/1<sup>st</sup>Class Stipendiary Magistrate / Sub-Divisional Magistrate/Extra-Assistant Commissioner/Taluka Magistrate/Executive Magistrate.

(ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.

(iii) Revenue Officers not below the rank of Tehsildar.

(iv) Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

**(Format 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 recognized 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/section(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

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\* - 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.

**(Format of certificate to be produced by Persons with Disabilities applying for appointment to posts under the Government of India)**

**NAME & ADDRESS OF THE INSTITUTE/HOSPITAL**

Certificate No. .... Date .....

**DISABILITY CERTIFICATE**

This is certified that Shri/Smt/Kum ..... Son/wife/ daughter of Shri ..... age ..... Sex..... identification mark(s) .....is suffering from permanent disability of following category:-

A. Locomotor or cerebral palsy:

- (i) BL – Both legs affected but not arms.
- (ii) BA-Both arms affected
  - (a) Impaired reach
  - (b) Weakness of grip
- (iii) BLA-Both legs and both arms affected
- (iv) OL-one leg affected (right or left)
  - (a) Impaired reach
  - (b) Weakness of grip
  - (c) Ataxic
- (v) OA-One arm affected
  - (a) Impaired reach
  - (b) Weakness of grip
  - (c) Ataxic
- (vi) BH- Stiff back and hips (cannot sit or stoop)
- (vii) MW-Muscular weakness and limited physical endurance.

B. Blindness or Low Vision:

- (i) B-Blind
- (ii) PB-Partially Blind

C. Hearing Impairment :

- (i) D-Deaf
- (ii) PD-Partially Deaf

(DELETE THE CATEGORY WHICHEVER IS NOT APPLICABLE)

2. This condition is progressive/non-progressive/likely to improve/not likely to improve. Reassessment of this case is not recommended/is recommended after a period of ..... Years .....months. \*

3. Percentage of disability in his/her case is ..... Percent.

4. Shri/Smt/Kum ..... meets the following physical requirements for discharge of his/her duties:-

- (i) F-can perform work by manipulating with fingers Yes/No
- (ii) PP-can perform work by pulling and pushing Yes/No

Affix here recent  
attested  
photograph  
showing the  
disability duly  
attested by the  
chairperson of the  
Medical Board

- (iii) L-can perform work by lifting Yes/No
- (iv) KC-can perform work by kneeling and crouching Yes/No
- (v) B-can perform work by bending Yes/No
- (vi) S-can perform work by sitting Yes/No
- (vii) ST-can perform work by standing Yes/No
- (viii) W-can perform work by walking Yes/No
- (ix) SE-can perform work by seeing Yes/No
- (x) H-can perform work by hearing/speaking Yes/No
- (xi) RW-can perform work by reading and writing

(Dr.....)  
Member, Medical  
Board

(Dr.....)  
Member, Medical Board

(Dr. ....)  
Chairperson, Medical Board

Countersigned by the Medical Superintendent/  
CMO/Head of Hospital (with seal)

\* Strike out which is not applicable.

**(Undertaking to be given by serving Armed Force personnel who are due to be released within one year)**

**Part-I**

It is certified that Ser. No..... Rank.....  
Name..... whose date of birth is .....

I understand that, if selected on the basis of the recruitment/examination to which the application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the Appointing Authority that I have been duly released/retired/discharged from the Armed Forces and that I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen Re-employment in Central Civil Services and Posts rules, 1979, as amended from time to time.

I also understand that I shall not be eligible to be appointed to a vacancy reserved for Ex-S in regard to the recruitment covered by this examination, if I have at any time prior to such appointment, secured any employment on the civil side (including Public Sector Undertakings, Autonomous Bodies/Statutory Bodies, Nationalized Banks, etc.) by availing of the concession of reservation of vacancies admissible to Ex-S (in accordance with Gol Order's on subject amended time to time).

I further submit the following information:

- a) Date of appointment in Armed Forces \_\_\_\_\_
- b) Date of discharge \_\_\_\_\_
- c) Length of service in Armed Forces \_\_\_\_\_
- d) My last Unit / Corps \_\_\_\_\_

Place:

Date:

**Signature and Name of Candidate**

**Part-II**

1. It is certified that No.....Rank..... Name.....  
who is serving in the Army/Navy/Air from.....

2. He is due for release/retirement on completion of his specific period of assignment on.....

3. No disciplinary case is pending against him.

Place

Date

Signature, Name and Designation of the Competent Authority  
SEAL

**(Format of Certificate applicable for Released/Retired Armed Force Personnel)**

1. It is certified that No..... Rank ..... Name..... whose date of birth..... is has rendered service from..... to in Army/ Navy/Air Force.
  
2. He has been released from military services:
  - (a) on completion of assignment otherwise than
    - (i) by way of dismissal, or
    - (ii) by way of discharge on account of misconduct or inefficiency, or
    - (iii) on his own request, but without earning his pension, or
    - (iv) he has not been transferred to the reserve pending such release
  
  - (b) on account of physical disability attributable to Military Service.
  
  - (c) on invalidment after putting in at least five years of Military service.
  
3. He is covered under the definition of Ex-Serviceman (Re-employment in Central Civil Services and Posts) Rules, 1979 as amended from time to time

Place:

Signature.

Name and Designation of the Competent Authority

Date:

SEAL

**Note:-** In case of JCOs/ORs and equivalent of the Navy and Air Force: **Army:** By various Regimental Record Offices; **Navy:** CABS/INS Tanaji, Mumbai; **Air Force:** Air Force Records, New Delhi

**Disclaimer:-** The recommended format of certificates, as above are subject to revision based on extant order's of competent authority.