

FORM OF CASTE CERTIFICATE FOR SC/ST

The format of the certificate to be produced by Scheduled Castes or Scheduled Tribes candidates applying for appointment to posts under Government of India.

This is to certify that Shri*/Shrimati/Kumari _____ Son/Daughter of
 _____ Village/Town _____ in District/Division*
 _____ of 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) (Part C States) Order, 1951;
- * The Constitution (Scheduled Tribes) (Union Territories) (Part C States) 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 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976.]
- *The Constitution (Jammu and Kashmir)* Scheduled Castes Orders, 1956.
- *The Constitution (Andaman and Nicobar Islands)* Scheduled Tribes Order, 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 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) Orders (Amendment) Act, 1990.
- *The Constitution (ST) Orders (Amendment) Ordinance Act, 1991.
- *The Constitution (ST) Orders (Amendment) Ordinance Act, 1996.
- *The Constitution (Scheduled Castes) Orders (Amendment) Act, 2002.
- *The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002.
- *The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002.

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 _____ 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* 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 _____.

Place _____
 Date _____

Signature _____
 Designation _____
 (with seal of Office)

State/Union Territory _____

*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 People Act, 1950.

** List of authorities empowered to issue Caste/Tribe Certificate:

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

Note: ST candidates belonging to Tami Nadu state should submit caste certificate ONLY FROM THE REVENUE DIVISIONAL OFFICER.

OBC CERTIFICATE FORMAT**FORMAT OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES
APPLYING FOR APPOINTMENT TO POST UNDER THE GOVERNMENT OF INDIA.**

This is to certify that Shri/Smt/Kum* _____

Son/Daughter* of Shri _____ of Village /Town _____

District _____ in _____ State belongs to _____ community

which is recognized as backward class under _____: (indicate the Sub Caste)

1. Resolution No. 12011/68/93-BCC@dtd 10th September 1993, published in the Gazette of India- Extraordinary Part-I, Section 1. No. 186 dated 13th September 1993.
2. Resolution No. 12011/9/94-BCC dated 19th October 1994, published in the Gazette of India-Extraordinary Part-I, Section I. No. 163, dated 20th October 1994.
3. Resolution No. 12011/7/95-BCC dtd 24th May 1995, Published in the Gazette of India-Extraordinary Part-I, Section I. No. 88 dated 25th May 1995.
4. Resolution No. 12011/44/96-BCC dtd 6th December 1996, published in the Gazette of India-Extraordinary Part-I, Section I. No. 210, dated 11th December 1996.
5. Resolution No. 12011/68/93-BCC, Published in Gazette of India – Extra Ordinary – No. 129, dated the 8th July 1997.
6. Resolution No. 12011/12/96-BCC, Published in Gazette of India – Extra Ordinary – No. 164 dated the 1st Sept. 1997.
7. Resolution No. 12011/99/94-BCC, Published in Gazette of India – Extra Ordinary – No. 236 dated the 11th Dec. 1997.
8. Resolution No. 12011/13/97-BCC, Published in Gazette of India – Extra Ordinary – No. 239 dated the 3rd Dec. 1997.
9. Resolution No. 12011/12/96-BCC, Published in Gazette of India – Extra Ordinary – No. 166 dated the 3rd August 1998.
10. Resolution No. 12011/68/93-BCC, Published in Gazette of India – Extra Ordinary – No. 171 dated the 6th August 1998.
11. Resolution No. 12011/68/98-BCC, Published in Gazette of India – Extra Ordinary – No. 241 dated the 27th Oct. 1999.
12. Resolution No. 12011/88/98-BCC, Published in Gazette of India – Extra Ordinary – No. 270 dated the 6th Dec. 1999.
13. Resolution No. 12011/36/99-BCC, Published in Gazette of India – Extra Ordinary – No. 71 dated the 4th April 2000.

Shri/Smt/Kum* _____ and / or his/her family ordinarily reside(s) in the
_____ District of the _____ 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 and Training O.M. No. 36012/22/93/Estt. (SCT) dated 08.09.1993) and modified vide Government of India, Department of Personnel and Training O.M. No. 36033/3/2004/Estt.(RES). dated 09.03.2004.

Place:
Date:

District Magistrate/
Dy. Commissioner etc
(with seal of office)

- a. The term ordinarily used here will have the same meaning as Section 20 of the representation of the People Act. 1950.
- b. Where the certificates are issued by Gazetted Officers of the Union Government or State Governments, they should be in the same form but countersigned by the District Magistrate or Dy. Commissioner (Certificates issued by Gazetted officers and attested by District Magistrate/Deputy Commissioner are not sufficient).
- c. The OBC certificate from the authorities only will be accepted.
 1. District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector /I" Class Stipendiary Magistrate/Extra-Assistant Commissioner (not below the rank of I" Class stipendiary Magistrate)/ *Subdivisional Magistrate/Taluka Magistrate/Executive Magistrate.
 2. Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
 3. Revenue Officer not below the rank of Tahsildar, and
 4. Sub-Divisional officer of the area where the candidate and/or his family normally resides.

Government of

(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No _____

Date: _____

VALID FOR THE YEAR.....

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*** :

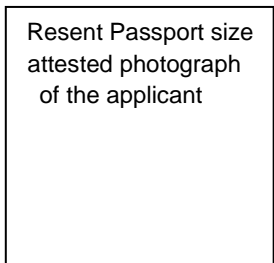
- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- III. Residential plot of 200 sq. yards and above in. areas other than the notified municipalities.

2. Shri/Smt./Kumari _____ belongs to the _____ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List)

Signature with seal of Office _____

Name _____

Designation _____



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

**Note 2: The term 'Family' for this purpose include 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

***Note 3: 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 MEDICAL CERTIFICATE FOR PERSONS WITH BENCHMARK DISABILITIES (PwBD)
NAME & ADDRESS OF THE INSTITUTE / HOSPITAL**

Certificate No. : _____

Date _____

DISABILITY CERTIFICATE

1. This is certified that Shri / Smt. / Kum.+ _____
Son / Daughter of Shri _____
age _____ sex Male/Female having Identification marks as below:

_____ 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) OL - One leg affected (right or left)

(a) Impaired reach

(b) Weakness of grip

(c) Ataxic

(iv) OA- One arm affected (right or left)

(a) Impaired reach

(b) Weakness of grip

(c) Ataxic

(v) BH - Stiff back and hips(Cannot sit or stoop)

(vi) MW - Muscular weakness and limited physical endurance.

B Blindness or Low vision: C Hearing Impairment

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

Re-assessment 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 requirement for discharge of his/her duties.

(i)	F - can perform work by manipulating with fingers	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(ii)	PP - can perform work by pulling and pushing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(iii)	L - can perform work by lifting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(iv)	KC - can perform work by kneeling and crouching	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(v)	B - can perform work by bending	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(vi)	S - can perform work by sitting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(vii)	ST - can perform work by standing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(viii)	W - can perform work by walking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(ix)	SE - can perform work by seeing	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(x)	H - can perform work by hearing/speaking	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(xi)	RW - can perform work by reading and writing.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

(Signature of Doctor)
Name:
Registration No.
Member Medical Board

(Signature of Doctor)
Name:
Registration No.
Member Medical Board

(Signature of Doctor)
Name:
Registration No.
Member Medical Board

* Please delete the words which are not applicable.

Place:

Date:

Counter Signature of the Medical Superintendent/CMO/Head of Hospital (with seal)

Note. (i) According to the Persons with Benchmark Disability (Equal opportunities, Protection of Rights and Full participation) Rules, 1996 notified on 31.12.1996 by the Central Government in exercise of the powers conferred by sub-section (1) and (2) of Section 73 of the Persons with Benchmark Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 (1 of 1996), authorities to give disability certificate will be a Medical Board duly constituted by the Central or the State Government. The State Government may constitute a Medical Board Consisting of at least three members out of whom at least one shall be specialist in the particular field for assessing locomotor/hearing & speech disability, mental retardation and leprosy cured, as the case may be.

(ii) The certificate would be valid for a period of 5 years for those whose disability is temporary. For those who acquired permanent disability, the validity can be shown as permanent.

Paste here your recent colour photograph showing the disability (The photograph should be attested by the chairperson of the Medical Board)
Signature of the Candidate

SCHEDULE-II (See rule 4)

**Medical Fitness Certificate for Standard of physical fitness
for Act Apprentice Training in East Central Railway**

Name of the Candidate-

Father Name-

Category-

Date of Birth/Age-

Trade & Name of Workshop/Unit-

Permanent identification marks 1.

2.

Recent passport
size photo as
uploaded in
application form

Photo to be
attested by
Medical Officer

SN	Standard of physical fitness	Observation of Medical Officer
1	A candidate should be free evidence of any contagious or infectious disease. He should not be suffering from any disease which is likely to be aggravated by service or is likely to render him unfit for service or endanger the health of the public. He should also be free from evidence of tuberculosis in any form, active or healed.	
2	<u>Height, Weight And Chest-</u> Candidates should satisfy the following minimum standards, namely:- HEIGHT: <u>137 centimetres</u> ; Weight: <u>25.4 Kilogram</u> ; Chest expansion should not be less than <u>3.8 centimetres</u> irrespective of size of chest: Provide that where a candidate does not satisfy the said minimum standards but is certified in writing by a Medical Officer not below the rank of an Assistant Surgeon (Gazetted), to be physically fit for being engaged as an apprentice in a particular trade under the Apprentices Act, 1961, he may be engaged as an apprentice in that trade.	
3	<u>EYES-</u> There should be no evidence of any morbid condition of either eye of the lids of either eye which may be liable to risk of aggravation of recurrence. Standard of Vision (A) Visual acuity: *Candidates having vision in one eye shall eligible to undergo apprenticeship training except in the following seventeen trades, namely :- (1) Electrician Aircraft (2) Watch and Clock Mechanic (3) Driver cum Fitter (4) Surveyor (5) Process Cameraman (6) Sirdar (7) Rigger(Engg. & Chem. Industry) (8) Shortfirer/Blaster(Mines) (9) Mate(Mines) (10) Mech. Radio & Radar Aircraft (11) Ceramic Moduler (12) Ceramic Caster (13) Ceramic Kiln Operator (14) Ceramic Press Operator (15) Ceramic Modeller (16) Ceramic Decorator (17) Optical worker. * Substituted vide GSR 221 dated 21st April 1993. (B) Colour vision: Not required	
4	<u>EARS-</u> Hearing must be good in both ears and there should be no sign of suppurative disease. No hearing aid shall be permitted.	
5	<u>SKIN-</u> There should be no evidence of acute or chronic skin disease or chronic ulceration.	
6	<u>SPEECH:</u> Speech should preferably be without impediment.	

7	<u>ALIMENTARY SYSTEM:</u> 1. Candidates should have sufficient number of natural teeth (in healthy state) for mastication. 2. Spleen should not be palpably enlarged and there should be no evidence of tenderness in the splenic area. 3. Liver should not be palpable or tender. 4. There should be no oral sepsis. 5. There should be no sugar in the urine. 6. Candidates should not be suffering from haemorrhoids, fissures in and testis anal hernia or bubonocele or ischio-rectal abscess or hydrocele.	
8	<u>CARDIO VASCULAR SYSTEM:</u> 1. Blood pressure should not exceed 85 diastolic and 140 systolic. 2. Candidates with low blood pressure (i.e. systolic below 100) should be rejected. 3. There should be no sign of any cardiovascular disease.	
9	<u>RESPIRATORY SYSTEM:</u> Candidates should be free from all diseases of respiratory system. There should be no deformity of chest which may cause impediment to breathing.	
10	<u>GENITO URINARY SYSTEM-</u> There should be no evidence of genito urinary disease or any abnormality.	
11	<u>SKELETAL SYSTEM:</u> 1. The function of all limbs should be within normal limits. 2. There should be no evidence of serious deformity of the spinal column or of the extremities.	
12	<u>NERVOUS SYSTEM:</u> There should be no evidence of any disease of nervous system or of any mental disease.	
13	<u>GLANDULAR SYSTEM:</u> There should be no evidence of tuberculosis or other disease of the glandular system including the endocrine glands.	

Above medical fitness certificate should be signed by Government authorised Doctor (Gaz), not below rank of Asst. Surgeon of Central/State Hospital.

Signature of Medical Officer

Name of Medical Officer

Registration No... ..

Designation

Name of Central/State Govt. Hospital

Seal of Medical Officer signing the certificate.....