

18.2 Submission of OBC/ EWS/ PwD Certificates

Candidates are required to upload the valid OBC/ EWS/ PwD certificates in the following formats only issued on or after 1 st April 2022

OBC-NCL Certificate Format

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES (NCL) APPLYING FOR ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT OF INDIA

This is to certify that Shri/Smt./Kum* _____ Son/
Daughter* of Shri/Smt.* _____ of Village/
Town* _____ District/Division* _____
in the State/Union Territory _____ belongs to the
_____ community that is recognized as a backward
class under Government of India**, Ministry of Social Justice and Empowerment's
Resolution No. _____ dated _____ ***
Shri/Smt./Kum. _____ 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 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) dtd. 30/05/2014.

District Magistrate /
Deputy Commissioner /
Any other Competent Authority

Dated:

Seal

- * Please delete the word(s) which are not applicable.
- ** As listed in the Annexure (for FORM-OBC-NCL)
- *** The authority issuing the certificate needs to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

NOTE:

- (a) The term 'Ordinarily resides' 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/ 1st 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-NCL Certificate Format

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

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:

- 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.
- 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.
- 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.
- Resolution No. 12011/96/94-BCC dated 9/03/96.
- 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.
- Resolution No. 12011/13/97-BCC dated 03/12/97.
- Resolution No. 12011/99/94-BCC dated 11/12/97.
- Resolution No. 12011/68/98-BCC dated 27/10/99.
- 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.
- 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.
- 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.
- Resolution No. 12015/9/2000-BCC dated 06/09/2001.
- Resolution No. 12011/1/2001-BCC dated 19/06/2003.
- Resolution No. 12011/4/2002-BCC dated 13/01/2004.
- 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:

- The term 'Ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
- The authorities competent to issue Caste Certificates are indicated below:
 - District Magistrate / Additional Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendiary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of Ist Class Stipendiary Magistrate).
 - Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
 - Revenue Officer not below the rank of Tehsildar' and
 - Sub-Divisional Officer of the area where the candidate and / or his family resides.

EWS Certificate Format
Annexure-I

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;
- 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)

Signature with seal of Office _____
Name _____
Designation _____

Recent Passport size
attested photograph of
the applicant

*Note1: 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.

G. Srinivasan

PWD- Multiple Disability Certificate Format

FORM-VI

(As per RPD Act, 2016)

Certificate of Disability

(In cases of multiple disabilities)

{See Rule 18(1)}

(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 we have carefully examined Shri/Smt/Ms. _____, son/wife/daughter of Shri _____, Date of Birth (DD/MM/YY) _____ 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:

(A) he/she is a case of Multiple Disability. His/Her extent of permanent physical impairment / disability has been evaluated as per guidelines (_____ number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below:

Sr. No.	Disability	Affected Part of Body	Diagnosis	Permanent Physical Impairment / Mental Disability (in %)
1	Locomotor disability	@		
2	Muscular Dystrophy			
3	Leprosy cured			
4	Dwarfism			
5	Cerebral Palsy			
6	Acid Attack Victim			
7	Low Vision	#		
8	Blindness	#		
9	Deaf	*		
10	Hard of Hearing	*		
11	Speech & Language disability			
12	Intellectual disability			
13	Specific learning disability			
14	Autism Spectrum Disorder			
15	Mental Illness			
16	Chronic Neurological Conditions			

Sr. No.	Disability	Affected Part of Body	Diagnosis	Permanent Physical Impairment / Mental Disability (in %)
17	Multiple Sclerosis			
18	Parkinson's disease			
19	Haemophilia			
20	Thalassemia			
21	Sickle Cell disease			

@ e.g. Left / Right / Both Arms / Legs

e.g. Single Eye

* e.g. Left / Right / Both Ears

- (B) In the light of the above, his/her overall permanent physical impairment as per guidelines (_____ number and date of issue of the guidelines to be specified), is as follows:
- (C) In figures : _____ percent
- (D) In words : _____ percent
2. This condition is progressive / non-progressive / likely to improve / not likely to improve.
3. 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).
4. The applicant has submitted the following document as proof of residence:

Name of Document	Date of Issue	Details of Authority issuing Certificate

5. Signature and Seal of the Medical Authority

Name & Seal of Member	Name & Seal of Member	Name & Seal of the Chairperson

Signature / thumb impression
of the person in whose favour
certificate of disability is
issued