

## **Annexure-B**

### **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 .....

% 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.

- District Magistrate/Additional District 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).

- Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- Revenue Officers not below the rank of Tehsildar.
- Sub Divisional Officer of the area where the candidate and/or his/her family normally resides.
- Administrator/Secretary to Administrator/Development Officer (Lakshadweep)

## Performa II

### **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.

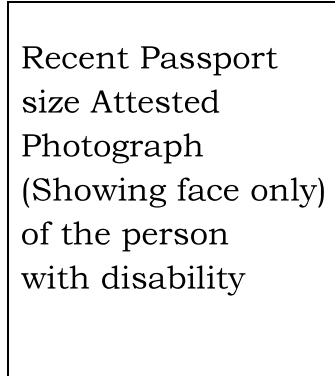
Performa IV

Certificate of Disability

(In cases of amputation or complete permanent paralysis of limbs  
and in cases of blindness)

[See rule 18(1)]

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



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/ 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 :

- locomotor disability
- dwarfism
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is .....

(A) He/ She has .....% (in figure).....  
percent (in words) permanent Locomotor  
Disability/dwarfism/blindness in relation to his/her  
..... (part of body) as per guidelines  
(.....number and date of issue of the guidelines to be  
specified).

2. 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 certificate of disability certificate is issued. |
|---|

Performa IV  
Certificate of Disability  
(In case of multiple disabilities)  
[See rule 18(1)]

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

|   |                      |
|---|----------------------|
| Recent<br>size<br>Photograph<br>(Showing face only)<br>of the person with<br>disability | Passport<br>Attested |
|---|----------------------|

Certificate No. ....

Date: .....

This is to certify that we have carefully examined Shri/Smt/Kum  
..... /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 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 (.....number and date of issue of the 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.    | 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 and Language disability  |                       |           |  |
| 12.   | Intellectual Disability         |                       |           |  |
| 13.   | Specific Learning Disability    |                       |           |  |
| 14.   | Autism Spectrum Disorder        |                       |           |  |
| 15.   | Mental illness                  |                       |           |  |
| 16.   | Chronic Neurological Conditions |                       |           |  |
| 17.   | Multiple sclerosis              |                       |           |  |
| 18.   | Parkinson's disease             |                       |           |  |
| 19.   | Haemophilia                     |                       |           |  |
| 20.   | Thalassemia                     |                       |           |  |
| 21.   | Sickle Cell disease             |                       |           |  |

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

In figures:- .....percent

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)

@ e.g. Left/right/both arms/legs

# e.g. Single eye

£ e.g. Left/Right/both ears

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

| Nature of Document | Date of Issue | Details of authority issuing certificate |
|--------------------|---------------|--|
|                    |               |  |

5. Signature and seal of the Medical Authority.

|                         |                         |                                  |
|-------------------------|-------------------------|----------------------------------|
|                         |                         |                                  |
| Name and seal of Member | Name and seal of Member | Name and seal of the Chairperson |

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

Performa IV

Certificate of Disability

(In cases other than those mentioned in Forms V and VI)

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

[See rule 18(1)]

|   |  |
|---|--|
| Recent<br>size<br>photograph<br>(Showing<br>only)<br>person<br>disability | Passport<br>Attested<br>face<br>of the<br>with<br>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)/(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 he/she  
is a case of ..... disability. His/her extent of  
percentage physical impairment/disability has been evaluated as  
per guidelines (to be specified) and is 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.    | Muscular Dystrophy              |                       |           |  |
| 3.    | Leprosy cured                   |                       |           |  |
| 4.    | Cerebral Palsy                  |                       |           |  |
| 5.    | Acid attack Victim              |                       |           |  |
| 6.    | Low vision                      | #                     |           |  |
| 7.    | Deaf                            | €                     |           |  |
| 8.    | Hard of Hearing                 | €                     |           |  |
| 9.    | Speech and Language disability  |                       |           |  |
| 10.   | Intellectual Disability         |                       |           |  |
| 11.   | Specific Learning Disability    |                       |           |  |
| 12.   | Autism Spectrum Disorder        |                       |           |  |
| 13.   | Mental illness                  |                       |           |  |
| 14.   | Chronic Neurological Conditions |                       |           |  |
| 15.   | Multiple sclerosis              |                       |           |  |
| 16.   | Parkinson's disease             |                       |           |  |
| 17.   | Haemophilia                     |                       |           |  |
| 18.   | Thalassemia                     |                       |           |  |
| 19.   | Sickle Cell disease             |                       |           |  |

(Please strike out the disabilities which are not applicable.)

2. The above 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)

@ - eg. Left/Right/both arms/legs

# - eg. Single eye/both eyes

€ - eg. Left/Right/both ears

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

| Nature of Document | Date of Issue | Details of authority issuing certificate |
|--------------------|---------------|--|
|                    |               |  |

(Authorised Signatory of notified Medical Authority)  
(Name and Seal)

Countersigned

(Countersignature and seal of the  
Chief Medical Officer/Medical Superintendent/  
Head of Government Hospital, in case the  
certificate is issued by a medical  
authority who is not a government  
servant (with seal))

|  |
|--|
| Signature/Thumb<br>impression of the person<br>in whose favour certificate<br>of disability 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 by Ministry of Social Justice and Empowerment vide notification number 489, dated 15.06.2017.

**Performa - III**

**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

**\*Note 1:** 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.

\*\*\*\*\*