

ANNEXURE

**FORM OF CERTIFICATE TO BE PRODUCED BY A
CANDIDATE BELONGING TO SCHEDULED CASTE OR SCHEDULED TRIBE IN
SUPPORT OF HIS / HER CLAIM**

1. This is to certify that Shri /Smt. /
Kum.* _____ son / daughter*
of _____ of village / town*
_____ in District / Division* _____ of the
State / Union Territory* _____ belongs to the
_____ Caste/Tribe* which is recognized 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)Orders, 1951;
- * The Constitution (Scheduled Tribes)(Union Territories)Order, 1951;

[as amended by the Scheduled Castes and Scheduled Tribes lists 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 Constitution (Scheduled Castes and Scheduled Tribes) Order (Amendment) Act,1976]:

- * 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 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 and Kashmir) Scheduled Tribes Order, 1989;
- * The Constitution (Scheduled Castes) Orders (Amendment)Act, 1990;
- * The Constitution (ST) Orders (Amendment) Ordinance, 1991;
- * The Constitution (ST) Orders (Second Amendment) Act, 1991;
- * The Constitution (ST) Orders (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 Castes / Scheduled Tribes* Certificate issued to Shri / Smt. / Kumari* _____ Father /Mother* of Shri / Smt. / Kumari* _____ - _____ of village / _____ town _____ in _____

District/Division* _____ of the State/Union Territory* _____ who belong to the _____ Caste / Tribe* which is recognized as a Scheduled Caste/Scheduled Tribe* in the State/Union Territory* issued by the _____ [Name of the authority] vide their order No. _____ dated _____.

3. Shri/Smt./Kumari* _____ and/or* his/her* family ordinarily reside(s) in village/town* _____ of _____ District / Division* of the State / Union Territory* of _____

Signature

Designation

Place:

Date :

[With seal of Office]

State/Union Territory

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

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

Delete the paragraph which is not applicable.

List of authorities empowered to issue Caste / Tribe Certificates :

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

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 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/sections (Creamy
Layer) mentioned in Column 3 of the Schedule to the Government of India,
Department of Personal & Training O. M. No. 36012/22/93 – Estt.(SCT) dated
08.09.1993**.

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.

FORM- IV

Application for Obtaining Certificate of Disability by Persons with Disabilities

[See rule 17(1)]

(1) Name : _____

(Surname) (First Name) (Middle Name)

(2) Father's Name : _____ Mother's Name: _____

(3) Date of Birth : _____/_____/_____

(Date) (Month) (Year)

(4) Age at the time of application : _____ years

(5) Sex: Male/Female/Transgender: _____

(6) Address:

(a) Permanent address (b) Current Address (i.e. for communication)

(c) Period since when residing at current address _____

(7) Educational Status (please tick as applicable)

- (i) Post Graduate
- (ii) Graduate
- (iii) Diploma
- (iv) Higher Secondary
- (v) High School
- (vi) Middle
- (vii) Primary
- (viii) Non-literate

(8) Occupation _____

(9) Identification marks (i) _____ (ii) _____

(10) Nature of disability :

(11) Period since when disabled: From Birth/since year _____

(12) (i) Did you ever apply for issue of a certificate of disability in the past ___ yes/no

(ii) If yes, details:

(a) Authority to whom and district in which applied _____

(b) Result of application _____

(13) Have you ever been issued a certificate of disability in the past? If yes, please enclose a true copy.

Declaration: I hereby declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further state that if any inaccuracy is detected in the application, I shall be liable to forfeiture of any benefits derived and other action as per law.

(signature or left thumb impression of person with disability, or of his/her legal guardian in case of persons with intellectual disability, autism, cerebral palsy and multiple disabilities, etc)

Date :

Place:

Enclosures:

1. Proof of residence (Please tick as applicable).
 - (a) ration card,
 - (b) voter identity card,
 - (c) driving license,
 - (d) bank passbook,
 - (e) PAN card,
 - (f) passport,
 - (g) telephone, electricity, water and any other utility bill indicating the address of the applicant,
 - (h) a certificate of residence issued by a Panchayat, municipality, cantonment board, any gazetted officer, or the concerned Patwari or Head Master of a Government school,
 - (i) in case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill, and other disability, a certificate of residence from head of such institution.
2. Two recent passport size photographs

(For office use only)

Date:

Place:

Signature of issuing authority
Stamp

Form-V

Certificate of Disability

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

[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 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 is issued

Form - VI

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./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 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:

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.

Form – VII

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 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/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 (.....number and
date of issue of the 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 impression of the person in whose favour certificate of disability is issued
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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

FORM - VIII

[Intimation of rejection of Application for Certificate of Disability]

[See rule 18 (4)]

No. _____

Dated:

To,

(Name and address of applicant
for Certificate of Disability)

Sub: Rejection of Application for Certificate of Disability

Sir/ Madam,

Please refer to your application dated _____ for issue of a Certificate of Disability for the following disability:

2. Pursuant to the above application, you have been examined by the undersigned/ Medical Authority on _____, and I regret to inform that, for the reasons mentioned below, it is not possible to issue a Certificate of Disability in your favour:

(i)

(ii)

(iii)

3. In case you are aggrieved by the rejection of your application, you may represent to _____, requesting for review of this decision.

Yours faithfully,

(Authorised Signatory of the notified Medical Authority)

(Name and Seal)

SCRIBE DECLARATION FORM

We, the undersigned, Shri/Smt./Kum. _____ **eligible candidate** for the _____ examination and Shri/Smt./Kum. _____ **eligible writer (scribe)** for the eligible candidate, do hereby declare that:

1. a. The scribe is identified by the candidate at his/her own cost and as per own choice.
- b. The candidate is affected by **loco-motor impairment and his/her writing speed is affected** and he/she needs a writer (scribe) as permissible under the Government of India rules governing the recruitment of Physically Challenged persons.
2. As per the rules, the candidate availing services of a scribe is eligible for compensatory time of 20 minutes for every hour of the examination.
3. In view of the importance of the time element and the examination being of a competitive nature, the candidate undertakes to fully satisfy the Medical Officer of the Organization that there was necessity for use of a scribe as his/her writing speed is affected by the disabilities mentioned in Paragraph '1 b' above.
4. In view of the fact that multiple appearance / attendance in the examination are not permitted, the candidate undertakes that he/she has not appeared / attended the examination more than once and that the scribe arranged by him/her is not a candidate for the examination and has not appeared as a Scribe for more than one candidate. If violation of the above is detected at any stage of the process, candidature of both the candidate and the scribe will be cancelled.
5. We hereby declare that all the above statements made by us are true and correct to the best of our knowledge and belief. We also understand that in case it is detected at any stage of recruitment that we do not fulfill the eligibility norms and/or that the information furnished by us is incorrect/false or that we have suppressed any material fact(s), the candidature of the applicant will stand cancelled, irrespective of the result of the examination. If any of these shortcoming(s) is/are detected even after the candidate's appointment, his/her services are liable to be terminated. In such circumstances, both signatories will be liable to criminal prosecution.

Given under our signature:-

Signature of the scribe: _____ Signature of the candidate _____

Postal Address:

Registration No:

Roll No:

Postal Address:

Educational Qualification
of the scribe

STD code _____ phone No _____
Cell No, if any _____

STD code _____ Phone No. _____
Cell No, if any _____



Signature of the Invigilator

Certificate for person with specified disability covered under the definition of Section 2 (s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing

This is to certify that, we have examined Mr/Ms/Mrs
 (name of the candidate),
 S/o /D/o....., a resident of
 (Vill/PO/PS/District/State), aged yrs, a person
 with..... (nature of disability/condition), and to state that he/she
 has limitation which hampers his/her writing capability owing to his/her above
 condition. He/she requires support of scribe for writing the examination.

2. The above candidate uses aids and assistive device such as prosthetics & orthotics, hearing aid (name to be specified) which is /are essential for the candidate to appear at the examination with the assistance of scribe.

3. This certificate is issued only for the purpose of appearing in written examinations conducted by recruitment agencies as well as academic institutions and is valid upto _____ (it is valid for maximum period of six months or less as may be certified by the medical authority)

Signature of medical authority

(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)
Orthopedic / PMR specialist	Clinical Psychologist/ Rehabilitation Psychologist/Psychiatrist / Special Educator	Neurologist (if available)	Occupational therapist (if available)	Other Expert, as nominated by the Chairperson (if any)
(Signature & Name)				
Chief Medical Officer.....	Chairperson	Civil Surgeon/Chief	District Medical	Officer

Name of Government Hospital/Health Care Centre with Seal

Place:

Date:

Letter of Undertaking by the person with specified disability covered under the definition of Section 2 (s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing

I _____, a candidate with _____
(nature of disability/condition) appearing for the _____(name of the
examination) bearing Roll No. _____
at _____ (name of the centre) in the District
_____, _____(name of the State).
My educational qualification is _____.

2. I do hereby state that _____ (name of the scribe)
will provide the service of scribe for the undersigned for taking the
aforementioned examination.
3. I do hereby undertake that his qualification is _____.
In case, subsequently it is found that his qualification is not as declared by the
undersigned and is beyond my qualification. I shall forfeit my right to the
post or certificate/diploma/degree and claims relating thereto.

(Signature of the candidate)

(counter signature by the parent/guardian, if the candidate is minor)

Place:

Date: