

# ANNEXURE - II (A)

## FORM OF CASTE CERTIFICATE FOR SC/ST

This is to certify that Shri\*/Shrimati/Kumari \_\_\_\_\_ Son/Daughter of  
\_\_\_\_\_ Village/Town \_\_\_\_\_ /District/Division\*  
\_\_\_\_\_ of the \_\_\_\_\_ State/Union Territory belongs to the  
\_\_\_\_\_ Caste\*/Tribe which is recognised as a Scheduled Caste/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 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 & 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 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 Station/Union Territory\* issued by the \_\_\_\_\_ dated \_\_\_\_\_.

3. Shri/Shrimati/Kumari\* and /or\* his/her\* family ordinarily reside(s) in Village/Town\* \_\_\_\_\_ 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 : (a) The term 'ordinarily reside'(s) used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

The following Officers are authorised to issue caste certificates :

1. District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Deputy Collector/1<sup>st</sup> Class Stipendiary Magistrate/Sub Divisional Magistrate/Paluka 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.
4. Sub-Divisional Officer of the area where the candidate and/or his family normally resides
5. Certificates issued by Gazetted Officers of the Central or of a State Government countersigned by the District Magistrate concerned.
6. Administrator/Secretary to Administrator (Laccadive, Minicoy and Amindivi Islands).

# ANNEXURE - II (B)

## OBC 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:

- (i) 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.
- (ii) 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.
- (iii) 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.
- (iv) Resolution No. 12011/96/94-BCC dated 9/03/96.
- (v) 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.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) 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.
- (x) 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.
- (xi) 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.
- (xii) Resolution No. 12015/9/2000-BCC dated 06/09/2001.
- (xiii) Resolution No. 12011/1/2001-BCC dated 19/06/2003.
- (xiv) Resolution No. 12011/4/2002-BCC dated 13/01/2004.
- (xv) 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.
- (xvi) Resolution No. 12011/14/2004-BCC dated 12/03/2007 published in the Gazette of India Extraordinary Part I Section I No. 67 dated 12/03/2007.
- (xvii) Resolution No. 12015/2/2007-BCC dated 18/08/2010.
- (xviii) Resolution No. 12015/13/2010-BCC dated 08/12/2011.

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, further modified vide OM No. 36033/3/2004-Estt. (Res.) dated 14/10/2008 or the latest notification of the Government of India.

Dated:

District Magistrate /  
Deputy Commissioner /  
Competent Authority

Seal

\* Please delete the word(s) which are not applicable.

#### 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 / Ist Class Stipendiary Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of Ist 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.

## ANNEXURE - II (C)

Government of .....  
(Name & Address of the authority issuing the certificate)

### INCOME & ASSET 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.

## ANNEXURE - II (D)

[ भाग II — खण्ड 3(i) ]

भारत का राजपत्र : असाधारण

27

### Form-II

**Disability Certificate**  
**(In cases of amputation or complete permanent paralysis of limbs**  
**and in cases of blindness)**  
**(See rule 4)**

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

Recent PP. 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 \_\_\_\_\_ Age \_\_\_\_\_ years, male/female \_\_\_\_\_

(DD / MM / YY)

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
- blindness

(Please tick as applicable)

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

(A) He/ She has .....%(in figure)..... percent  
(in words) permanent physical impairment/blindness in relation to his/her-----  
(part of body) as per 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 disability  
certificate is  
issued.

**Form-III**

**Disability Certificate**  
**(In case of multiple disabilities)**  
**(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE**  
**CERTIFICATE)**  
**(See rule 4)**

Recent	PP	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 \_\_\_\_\_ Age \_\_\_\_\_ years, male/female \_\_\_\_\_  
 (DD) (MM) (YY)

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 (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	Low vision	#		
3	Blindness	<b>Both Eyes</b>		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

(B) In the light of the above, his /her over all permanent physical impairment as per 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/both eyes  
 £ 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 disability  
 certificate is  
 issued.



**Form-IV****Disability Certificate**  
**(In cases other than those mentioned in Forms II and III)****(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE  
CERTIFICATE)**  
**(See rule 4)**

Recent	PP	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 \_\_\_\_\_ Age \_\_\_\_\_ years, male/female \_\_\_\_\_

(DD) (MM) (YY)

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	Low vision	#		
3	Blindness	Both Eyes		
4	Hearing impairment	£		
5	Mental retardation	X		
6	Mental-illness	X		

(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)

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

# e.g. Single eye/both eyes

£ 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

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

Countersigned

{Countersignature and seal of the CMO/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 disability certificate 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 vide notification number S.O. 908(E), dated the 31<sup>st</sup> December, 1996.

Form-V

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)

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 certificate is issued.
---

Form-VI  
Certificate of Disability  
(In case 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 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.



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 (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.

**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.

ANNEXURE - II (E)

**CERTIFICATE TO BE PRODUCED BY SERVING/RETIRED/RELEASED ARMED FORCES  
PERSONNEL FOR AVAILING THE AGE CONCESSION FOR POSTS FILLED BY DIRECT  
RECRUITMENT**

**A. Form of Certificate applicable for Released/Retired Personnel**

It is certified that No \_\_\_\_\_ Rank \_\_\_\_\_  
Name \_\_\_\_\_ whose date of birth is \_\_\_\_\_ has rendered  
service from \_\_\_\_\_ to \_\_\_\_\_ in Army/Navy/Air Force.

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.

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.

Note: Strikeout whichever is not applicable.

Date:  
Place:

Signature  
Designation  
Official Seal

**B. Form of Certificate for Serving Personnel**

*(Applicable for serving personnel who are due to be released within one year)*

It is certified that No \_\_\_\_\_ Rank \_\_\_\_\_  
Name \_\_\_\_\_ is serving in the Army/Navy/Air Force  
from \_\_\_\_\_.

He is due for release retirement on completion of his specific period of assignment  
on \_\_\_\_\_.

No disciplinary case is pending against him.

Date:  
Place:

Signature  
Designation  
Official Seal

**Candidate (Serving Personnel) furnishing certificate B as above will have to give the following undertaking:**

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

I understand that if selected on the basis of the recruitment/Examination to which this 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 Service and Posts) Rules, 1979, as amended from time to time.

Date:  
Place:

Signature  
and name of the Candidate

## ANNEXURE - II (F)

The form of Certificate to be produced by the candidate for claiming experience

### Experience Certificate Format

Letter Head of the Institution/Issuing Authority

Telephone No. ....

Fax No. ....

Name of the Organization

Address of the Organization

Date .....

This is to certify that Shri / Ms ..... S/o, D/o, W/o ..... is an employee of ..... and the duties performed by him/her during the period(s) are as under:

Name of the Organization	Name of the Post held	From dd/mm/yy	To dd/mm/yy	Total Period dd/mm/yy	Nature of Appointment Permanent / Temporary/ Part- time/Contract/ Guest / Honorary	Field of Experience / Specialization
a)	b)	c)	d)	e)	f)	g)

Pay Scale/Pay Level and last Salary drawn	Duties performed / experience gained in brief in each post	Place of Posting	Nature of Work Supervisory Level / Middle Management Level/ Head of Branch	Remarks, if any
h)	i)	j)	k)	l)

It is certified that above facts and figures are true and based on service records available in our organization.

Signature  
Name of the competent authority  
Stamp of the competent authority

## ANNEXURE - II (G)

### NO OBJECTION CERTIFICATE BY THE EMPLOYER (FOR IN SERVICE APPLICANTS)

(To be issued in the Institute/ Organization Letter Head)

- a) In case of in-service candidates in Government/ Semi-Government organizations/ Public Sector Undertakings/ Autonomous Organizations, etc., the NOC must be signed by the employer.
- b) In case of in-service candidates from Private Sector, acceptance of resignation and relieving letter from the employer must be submitted at the time of joining.

**Forwarded to: The Registrar, National Institute of Technology Karnataka (NITK),  
Surathkal - 575 025 (India).**

The applicant Dr./ Mr./ Mrs./ Ms. \_\_\_\_\_ who has submitted this application for the post of \_\_\_\_\_ in the NITK, Surathkal, has been in employment \_\_\_\_\_ a permanent capacity with effect from \_\_\_\_\_ in the Scale of Pay of ₹ \_\_\_\_\_. He/ She is drawing a basic pay of ₹ \_\_\_\_\_. His/ Her next increment is due on \_\_\_\_\_.

Further, it is certified that no disciplinary and or vigilance case has ever been held or contemplated or is pending against the said applicant. There is no objection for his/ her application being considered by the NITK, Surathkal and in the event of selection, he/ she will be relieved to join NITK, Surathkal as per rules.

**Signature of the forwarding officer with Seal**

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

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

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

## ANNEXURE - II (H)

:: TO BE ISSUED IN THE INSTITUTE/ ORGANIZATION LETTER HEAD ::

### VIGILANCE CLEARANCE CERTIFICATE

1.	Name	
2.	Father's Name	
3.	Date of Birth	
4.	Date of Retirement	
5.	Date of Entry into Service	
6.	Present Designation	
7.	Institution	
8.	Organisation	
9.	Whether IPR for previous year submitted by 31 <sup>st</sup> January of the following year	
10 a).	Whether the officer has been placed on the Agreed List or List of Officers of doubtful integrity.	
10 b).	If yes, details to be given	
11 a).	Whether any allegation of misconduct involving vigilance angle was examined against the officer during the last 10 years	
11 b).	If yes, its result	
12.	Details of minor penalty imposed during the last 10 years, if any	
13.	Details of major penalty imposed during the last 10 years, if any	
14.	Is any disciplinary/ criminal proceeding or charge sheet pending against the officer, as on date	
15.	Details of Prosecution sanction granted, if any	
16.	Whether debarred from assigning important assignment under the Government	
17.	Is any action contemplated against the officer, as on date (if so, details to be furnished)	
18.	Whether any complaint is pending against the officer (if so, details to be furnished)	
19.	Positions held during the last ten preceding years (in the following format)	

Sl. No.	Organization/ Institution (Full Name)	Designation	Place of Posting	From	To

Date:

**Chief Vigilance Officer of the Institute/ Organization with Seal**