

I/1453789/2023

Annexure-I

Sl. No.	Roll	Name	DV date	Medical Date	Hospital
1	3010005073	SHIVAM PURWAR	13.10.2023	12.10.2023	Sion Hospital
2	3206022476	VIKASH KUMAR	13.10.2023	12.10.2023	Sion Hospital
3	4417001977	AJOY PANDIT	13.10.2023	12.10.2023	Sion Hospital
4	2201019999	ANKIT KUMAR	13.10.2023	12.10.2023	Sion Hospital
5	3011001657	DIGVIJAY GAUTAM	13.10.2023	12.10.2023	Sion Hospital
6	2405007070	BHUPENDRA CHAWLA	13.10.2023	12.10.2023	Sion Hospital
7	3003007290	ASHISH KUMAR VERMA	13.10.2023	12.10.2023	Sion Hospital
8	6005005464	SHIVAM GOYAL	13.10.2023	12.10.2023	Sion Hospital

Annexure-II

Sl. No.	Roll	Name	DV date	Medical Date	Hospital
1	2201053853	NISHTHA CHAWLA	13.10.2023	12.10.2023	JJ Hospital
2	2201034055	NAMRATA SUNEJA	13.10.2023	12.10.2023	JJ Hospital
3	2201042681	SUKIRTI	13.10.2023	12.10.2023	JJ Hospital
4	2201028916	HIMANSHI	13.10.2023	12.10.2023	JJ Hospital

A T T E S T A T I O N F O R M

WARNING: 1. The furnishing of false information or suppression of any factual information in the Attestation Form would be a disqualification & is likely to render the candidate unfit for employment under the Government.

PLEASE AFFIX
YOUR RECENT
PASSPORT SIZE
PHOTOGRAPH

2. If detained, convicted, debarred, etc., subsequent to the completion and submission of this form the details should be communicated to the Staff Selection Commission or the authority to whom the Attestation Form has been sent earlier, as the case may be, failing which it will be deemed to be suppression of factual information.

3. If the fact that false information has been furnished or that there has been suppression of any factual information in the attestation form comes to notice at any time during the service of a person, his services would be liable to be terminated.

1. (a) Name in full (IN BLOCK / SURNAME NAME FATHER’S NAME
CAPITAL LETTERS) with
aliases if any:

(b) Please indicate if you have
added or dropped in at any
stage any part of your name
or surname.

2. Present address in full,
(i.e. Village, Thana & Dist.
or House No., Lane/Street/
Road & Town) & name of
Dist. Headquarters.

3. (a) Home address in full (i.e. Village,
Thana & Dist., or House No.
Lane/Street/Road & Town) &
Name of Dist. Headquarters.

(b) If originally a resident of
Pakistan, the address in that
Country and the date of
Migration to Indian Union.

4. (a) Particular of places (with periods of residences) where you have resided for more than one year at a time during the preceding five years. In case of stay abroad (Including Pakistan) particulars of all places where you have resided for more than one year after attaining the age of 21 years, should be given: -

Residential address
in full (i.e. Village,
Thana & Dist. Or
House No. Lane/
Street/Road & Town)

Name of the Dist., Headquarters
of the place mentioned in the
preceding column.

FROM

TO

(b) Name	Nationality (by birth & or by Domicile)	Place of Birth	Occupation (if employed give designation & official address)	Present postal Address (If dead give last address)	Permanent Home address.
i. Father'sname					
ii. Mother'sname					
iii. Wife's / Husband'sname					
iv. Brother(s)name					
v. Sister(s)name					

5. Information to be furnished with regards to Son(s) and or Daughter(s) in case they are studying / living in a foreign country:

Name	Nationality (By birth & By domicile)	Country in which studying / living with full address	Date from which studying / living in the country mentioned In previous column
------	--	--	--

6. Nationality :

7. (a) Date of Birth :
(b) Present age :
(c) Age at Matriculation :

8. (a) Place of Birth, Distt. & State :
in which situated

(b) Distt. & State to which you :
Belong

(c) Distt. & State to which your :
Father originally belongs

9. (a) Your Religion :
(b) Are you a member of a Scheduled
Caste/Scheduled Tribes? Answer :
“Yes” or “No” & if the answer is
“Yes” state the name thereof. :

10. Education Qualification showing places of education, with years, in Schools & Colleges since the age of 15.

Name of School/ College with full Address.	Date of Entering	Date of Leaving	Examination Passed
---	------------------	-----------------	--------------------

11. (a) Are you holding or have at any time held an appointment under the Central or State Government or a Semi-Government or a private firm or institution? If so, give full particulars with dates of employment, up to date:

Period		Designation	Full name &	Reasons for leaving
From	To	Emoluments & Nature of work Handled	address of the Employer	previous service

11. (b) If the previous employment was under the Govt. of India / a State Govt./ An Undertaking owned or controlled by the Govt. of India or a State Govt./An Autonomous Body / University / Local Body. If you had left service on giving a month's notice under Rule-5 of the Central, Civil Services (Temporary Service) Rules, 1965 or any similar corresponding rules where any disciplinary proceedings framed against you, or had you been called upon to explain your conduct in any matter at the time you gave notice of termination of service, or at a subsequent date, before your services actually terminated: -

- | | |
|--|----------|
| 12(i)a. Have you ever been arrested? | Yes / No |
| b. Have you ever been prosecuted? | Yes / No |
| c. Have you ever been kept under detention? | Yes / No |
| d. Have you ever been fined by a Court of Law? | Yes / No |
| e. Have you ever been convicted by a Court of Law for any offence? | Yes / No |
| f. Have you ever been bound down? | Yes / No |
| g. Have you ever been debarred from any examination or rusticated by any University or any other Educational Authority / Institution? | Yes / No |
| h. Have you ever been debarred / disqualified by any Public Service Commission for any of its Examination / Selection? | Yes / No |
| i. Is any case pending against you in any Court of Law at the time of filling up these Attestation Forms? | Yes / No |
| j. Is any case pending against you in any University or any other Educational Authority / Institution at the time of filling up these Attestation Forms? | Yes / No |
| k. Whether discharged/ expelled/ withdrawn from any training/ institution Under the Government or otherwise? | Yes / No |

- (ii) If the answer to any of the above mentioned questions is "Yes", give full particulars of the case / arrest / detention / fine / conviction / punishment, etc. and/ or the nature of the case pending in the Court/ University / Educational Authority, etc. at the time of filling up this Attestation Form

- NOTE:** i. Please also see the ‘Warning’ at the top of this Attestation Form.
ii. Specific answers to each of the questions should be given striking out “Yes” or “No” as the case may be.

13. Names of two responsible persons
of your locality or two references
to whom you are known.

1. _____

2. _____

I certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances which might impair my fitness for employment under Government.

Signature of Candidate : _____

Date : _____

Place : _____

Mobile No. : _____

- 6 -
I D E N T I T Y C E R T I F I C A T E

(Certificate to be signed by anyone of the following)

- i. Gazetted officers of Central or State Government.
- ii. Members of Parliament or State Legislature belonging to the Constituency where the Candidate or his parent / guardian is ordinarily resident.
- iii. Sub-Divisional Magistrate / Officers.
- iv. Tehsildars or Naib / Deputy Tehsildars authorized to exercise Magistrate powers.
- v. Principal / Head Master of the recognized School / College / Institution where the candidate studied last.
- vi. Block Development Officer.
- vii. Post Master.
- viii. Panchayat Inspector.

Certified that, I have known Shri / Smt. / Kum. _____
_____ Son / Daughter / Wife of
Shri _____ for the last
_____ years _____ months and that to the best of my knowledge and belief
the particulars furnished by him / her are correct.

Place : _____ Signature of the candidate: _____

Date : _____ Signature,
Designation or Status
& Address : _____

TO BE FILLED BY THE OFFICE

- i. Name, Designation & full address:
of the Appointing Authority **Addl. Commissioner of Customs,**
Personnel & Estt. Deptt.,
New Custom House, Ballard Estate,
Mumbai-400001
- ii. Post for which the candidate is
being considered **(STENOGRAPHER)**
- PERSONNEL & ESTT. DEPTT.,**
New Custom House,
Ballard Estate,
MUMBAI – 400 001.

I hereby declare that,

I am a Citizen of India.

I was not a member of any unlawful organization.

I am not a member of any unlawful organization and I shall not take part in activities of any unlawful organization.

I have not been convicted by the Court of Law for any offence.

I shall not be a member of, or be otherwise associated with, any political party or any organization which take part in politics nor shall I take part in, subscribe in aid of, or assist in any other manner, any political movement or activity.

I further declare that I am **not** a member of Provincial Unit of Territorial Army.

I am unmarried / married.

I take the appointment as _____ in Mumbai Custom House, on service conditions laid down in the Mumbai Custom House, Appointment Memo _____ dated _____.

I will produce the Domicile Certificate within a month of this date.

PLACE: _____

DATE : _____

SIGNATURE OF THE CANDIDATE

DECLARATION

1. I, Shri / Smt. / Kum. _____
declare as under :-

- i. That I am unmarried / a widower / a widow.
- ii. That I am married and have only one wife living.
- iii. That I am married and my husband has no other living wife to the best of my knowledge.
- iv. That I am married and have more than one wife living. Application for grant of exemption is enclosed.
- v. That I am married to a person who has already one wife or more living. Application for grant of exemption is enclosed.
- vi. I will not marry any woman / man having a living husband / wife without Government's consent.

2.** I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

DATE: _____

SIGNATURE _____

NOTE: Please delete the not applicable clauses.

** Applicable in the case of Clauses (i), (ii) & (iii) only.

VERIFICATION FORM FOR CANDIDATES UNDER CONSIDERATION FOR
APPOINTMENT TO A SUBORDINATE SERVICE UNDER THE GOVT. OF INDIA.

I, _____ a candidate for
the appointment to _____ hereby certify that my
answers to the following questions are correct.

a. Have you previously been employed by the Central or any Provincial Government?

NO / YES

Department or Office in which previously employed. Designation of appointment.
Reasons for termination of appointment.

b. Have you previously applied without success for any appointment under the Central
or a Provincial Government?

NO / YES

Department or office in which an appointment was sought. Designation of appointment applied for

I understand that if the above statement is false in any material respect my appointment is
liable to be terminated.

PLACE: _____

DATE: _____

SIGNATURE

-:10(A):-

CHARACTER CERTIFICATE

Certified that I have known Shri / Smt. / Kum. _____
_____son / daughter of Shri / Smt. _____
_____for the last_____years_____months
and that to the best of my knowledge and belief he / she bears a reputable character and has no
antecedents which will render him / her unsuitable for Government employment.

Shri / Smt. / Kum. _____is not related to me.

PLACE: _____
_____GAZETTED OFFICER’S NAME & SIGNATURE

DATE: _____DESIGNATION: _____

OFFICE ADDRESS:

-:10(B):-

CHARACTER CERTIFICATE

Certified that I have known Shri / Smt. / Kum. _____
_____son / daughter of Shri / Smt. _____
_____for the last_____years_____months
and that to the best of my knowledge and belief he/she bears a reputable character and has no
antecedents which will render him / her unsuitable for Government employment.

Shri / Smt. / Kum. _____is not related to me.

PLACE: _____
_____GAZETTED OFFICER’S NAME & SIGNATURE

DATE: _____DESIGNATION: _____

OFFICE ADDRESS:

IDENTITY CERTIFICATE

[Certificate to be signed by any one of the following (*) Competent Authorities]

Certified that I have known Shri / Smt. / Kum. _____

son / daughter/wife of Shri _____

for the last _____ years _____ months, who is residing at

_____ and it is also certified that the signatures and photograph attested below are of

Shri / Smt / Kum_____. His / Her identification

marks are_____.

**Recent
Photograph
duly attested by
Competent
Authority with
seal (partly on
photograph and
partly on this
certificate)**

(Signature of Candidate)

Name, Designation, Signature and Address
of the **Competent Authority**

PLACE:_____

DATE: _____

(*)

- i) Gazetted officers (Group ‘A’)
- ii) Gazetted officers of Central or State Government.
- iii) Member of Parliament or State Legislature belonging to the Constituency where the candidate or his parent/guardian is ordinarily resident.
- iv) Sub-Divisional Magistrate/Officers.
- v) Tehsildars or Naib/Deputy Tehsildars authorized to exercise Magistrate powers.
- vi) Principal/Head Master of the recognized School/College/Institution where the candidate studied last.
- vii) Block Development Officer.
- viii) Post Master.
- ix) Panchayat Inspector.

Note:- **Photograph attested by Competent Authority with seal (partly on photograph and partly on this certificate)**

STENOGRAPHER ‘C’ AND ‘D’, 2022

DOCUMENT VERIFICATION PROFORMA FOR (STENOGRAPHER)

SR.NO.	PARTICULARS	DETAILS(IN BLOCK LETTERS)
1	NAME OF THE CANDIDATE	
2	ROLL NO. & RANK	
3	FATHER’S NAME	
4	MOTHER’S NAME	
5	LANDLINE /MOBILE NO	
6	EMAIL ADDRESS	
7	DEGREE CERTIFICATE DETAILS	-
A	CERTIFICATE NO. AND DATE	
B	MARKSHEET SR.NO. AND DATE	
C	ENROLLMENT NO.	
D	ISSUING AUTHORITY DETAILS (ADDRESS WITH PINCODE)	
8	SECONDARY SCHOOL CERTIFICATE DETAILS	-
A	CERTIFICATE /MARKSHEET NO. AND DATE	
B	ROLL NO.	
C	ISSUING AUTHORITY DETAILS (ADDRESS WITH PINCODE)	-
9	DOMICILE CERTIFICATE DETAILS	-
A	CERTIFICATE NO. AND DATE	
B	ISSUING AUTHORITY DETAILS (ADDRESS WITH PINCODE)	
10	AADHAR NUMBER	
11	CASTE CERTIFICATE DETAILS	-
A	CERTIFICATE NO. AND DATE	
B	ISSUING AUTHORITY DETAILS (ADDRESS WITH PINCODE)	
12	CHARCTER AND ANTECEDENT VERIFICATION DETAILS	-
A	DISTRICT MAGISTARTE (ADRESS WITH PINCODE)	
B	SUPERINTENDENT OF POLICE (ADRESS WITH PINCODE)	

I, HEREBY DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

CANDIDATE’S STATEMENT AND DECLARATION

The candidate must make the statement required below prior to this medical examination and must sign the declaration appended thereto. His attention is specifically directed to the warning contained in the Note below.

1	State your name in full (In Block Letters)	
2	State your age &Place of Birth	
3	a) Have you ever had Small pox, Intermittent or any other Fever, Enlargement or Suppuration of Glands, spitting of blood, Asthma, Heart Disease, Lung Disease, Fainting attacks, Rheumatism, Appendicitis? (OR) b) Any other disease or accident requiring confinement to bed and medical or surgical treatment?	
4	When you were last vaccinated?	
5	Have you or any of your near relations been afflicted with Consumption, Scrofula, Gout, Asthma, Fits, Epilepsy orInsanity?	
6	Have you suffered from any form of nervousness due to overwork or any other cause?	
7	Have you been examined and declared fit for Government service by a Medical Officer/ Medical Board, within the last three years?	

1. Furnish the following particulars concerning your family:

Father’s age if living and statehealth	Father’s age at death and cause ofdeath	No. of brothers living, their ages and state of health	No. of brothers, dead, their ages atdeath and causes for death

Mother’s age if living and statehealth	Mother’s age at death and cause ofdeath	No. of Sisters living, their ages and state of health	No. of Sisters, dead,their ages at death and causes for death

I declare all the above answers to be, to the best of my belief, true and correct.

I also solemnly believe that I have not received a disability certificate / pension onaccount of any disease on other condition.

Signed in my presence

Candidate’s Signature

(Signature of Medical Officer)

Note: The candidate will be held responsible for the accuracy of the above statement. By willfully suppressing any information he/she will incur the risk of losing the appointment, and, if appointed, or forfeiting all claims to superannuation allowance or gratuity.

Annexure-VI

Medical Certificate of Fitness of First Entry into Government Service

(Male Candidates)

I hereby certified that. I have examined Shri /Smt._____for the post (STENOGRAPHER) for the employment in the Customs Department and cannot discover that, he has any disease, constitutional weakness or bodily infirmity except_____.

I do not consider this a disqualification for employment in the office of the Principal Commissioner of Customs (G), P&E (Ministerial) New Customs House, Ballard Estate, Mumbai- 400 001.

His age is according to his own statement_____years and by appearance about _____Years. Height_____cms. & Weight_____Kgs.

He has been vaccinated. (Yes/No)

Mark of Identification: _____

Recent
Passport
Size
Photograph
of the
Candidate



Left Hand Thumb Impression of
Candidate

Signature and Seal of Civil
Surgeon/Medical Officer

Name :

Reg. No. :

Signature of the Candidate

Place:

Date :

Note:- **Photograph attested by surgeon/Medical Officer with seal (partly on photograph and partly on this certificate**

Medical Certificate of Fitness of First Entry into Government Service
(Female Candidates)

I hereby certified that. I have examined Ms/Smt._____ for
the post of (STENOGRAPHER) for the employment in the Customs Department
and cannot discover that, she has any disease, constitutional weakness or bodily
infirmityexcept_____

I do not consider this a disqualification for employment in the office of the
Principal Commissioner of Customs (G), P&E (Ministerial) New Customs House,
Ballard Estate, Mumbai- 400 001.

Her age is according to her own statement_____years and by appearance about
_____.Years. She has been vaccinated, Height_____cms. & Weight ____Kgs.
Mark of Identification :- _____.

Recent
Passport
Size
Photograph
of the
Candidate



Left Hand Thumb Impression of
Candidate

Signature and Seal of Civil
Surgeon/Medical Officer

Name :

Reg. No. :

Signature of the Candidate

Place:
Date :

INSTRUCTIONS TO BE FOLLOWED WHILE FILLING THE ATTESTATION FORM

- 1) Please read the instruction carefully and keep a blank copy extra before filling the Attestation forms.
- 2) Please bring **four sets** of Attestation forms duly filled in **ORIGINAL** with complete address and Pin Code detail
- 3) Character Certificate on Page 10(A) has to be signed by the one of the Competent Authorities mentioned on the the Identity Certificate on Page 6.
- 4) Character Certificate on Page 10(B) has to be signed by different Competent Authority and the same Authority should sign the Identity certificate on page 11.
- 5) Please note both the Competent Authorities must be different as mentioned in the serial number 4 and 5 above.
- 6) All the 4 attestation forms should be filled identically in candidate's own handwriting and has to be signed in original.
- 7) Failure to comply with the instructions would lead to **undue delay in appointment**.

General Instructions

Arrange the document in following order (Bring **04 sets -self attested with date**)

- A. 10th Mark sheet and passing certificate
- B. 12th Mark sheet /Diploma Mark sheet and passing certificate
- C. Graduation mark sheets
- D. Degree Certificate (Graduation)
- E. Caste Certificate in required format (if applicable)
- F. Domicile Certificate
- G. Identity Card (Aadhar card/Pan card/Passport)
- H. Certificate of Physical Disability (if applicable)
- I. Service Leaving Certificate/Discharge book of Ex-Servicemen (if applicable to the candidate)
- J. Attestation Form (04 **Sets in original**)

FORM OF CERTIFICATE TO BE SUBMITTED BY CENTRAL
GOVERNMENT CIVILIAN EMPLOYEES SEEKING AGE-RELAXATION

(To be filled by the Head of the Office or Department in which the candidate is working).

It is certified that *Shri/Smt./Km. _____ is a Central
Government Civilian employee holding the post of
_____ in the pay scale of Rs. _____
with 3 years regular service in the grade as on closing date of receipt of
Applications Forms for _____ (name of examination).

Signature _____

Name _____

Official Seal _____

Place:

Date:

(*Please delete the words which are not applicable.)

Certificate for serving Defence Personnel

I hereby certify that, according to the information available with me (No.)
_____ (Rank) _____ (Name)
_____ is due to complete the specified term of his engagement with the
Armed Forces on the (Date) _____.

(Signature of Commanding Officer)

Office Seal

Place:

Date:

UNDERTAKING TO BE GIVEN BY THE EX-SERVICEMEN

I,bearing Roll No.....,appearing for the
Document Verification of theExamination,
20....., do hereby undertake that:

- (a) I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen Re-employment in Central Civil Services and Posts Rules, 1979, as amended from time to time.
- (b) I have not joined the Government job on civil side (including Public Sector Undertakings, Autonomous Bodies/ Statutory Bodies, Nationalized Banks, etc.) in Group 'C' and 'D' posts on regular basis after availing of the benefits of reservation given to ex-serviceman for re-employment; or
- (c) I have availed the benefit of reservation as ex-serviceman for securing Government job on civil side. I have joined ason..... in the office of I hereby undertake that I have submitted the self-declaration/ undertaking to my current employer about date wise detail of the application for the above mentioned examination for which I had applied for before joining the present civil employment; or
- (d) I have availed the benefit of reservation as ex-serviceman for securing Government job on civil side. I have joined ason..... in the office of Therefore, I am eligible for age-relaxation only;

I hereby declare that the above statements are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, my candidature/ appointment is liable to be cancelled/ terminated.

Signature:

Name:

Roll Number:

Date:

Date of appointment in Armed Forces:

Date of Discharge:

Last Unit/ Corps:

Mobile Number:

Email ID:

FORMAT FOR SC/ ST CERTIFICATE

A candidate who claims to belong to one of the Scheduled Caste or the Scheduled Tribes should submit in support of his/ her claim an attested/certified copy of a certificate in the form given below, from the District Officer or the sub-Divisional Officer or any other officer as indicated below of the District in which his parents (or surviving parent) ordinarily reside who has been designated by the State Government concerned as competent to issue such a certificate. If both his parents are dead, the officer signing the certificate should be of the district in which the candidate himself ordinarily resides otherwise than for the purpose of his own education. Wherever photograph is an integral part of the certificate, the Commission would accept only attested photocopies of such certificates and not any other attested or true copy.

(The format of the certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under 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/Tribes _____ which is recognized as a Scheduled
Castes/Scheduled Tribes* 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 Lists(Modification) order, 1956, the Bombay Reorganization Act, 1960 & the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act 1970, the North-Eastern Area(Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Order(Amendment) Act, 1976.

The Constitution (Jammu & 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 (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 (Scheduled Tribes) (Uttar Pradesh) Order, 1967 @
The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968@
The Constitution (Goa, Daman & 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 1991@
The Constitution (ST) orders (Second Amendment) Act, 1991@
The Constitution (ST) orders (Amendment) Ordinance 1996@
The Scheduled Caste and Scheduled Tribe Orders (Amendment) Act 2002@
The Constitution (Scheduled Caste) Orders(Amendment) Act 2002@

The Constitution(Scheduled Caste and Scheduled Tribe) Orders (Amendment) Act 2002@

The Constitution (Scheduled Caste) Order (Amendment) Act 2007@

%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 belong to the _____ Caste/Tribe which is recognized 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 _____

Signature _____

** Designation _____

(with seal of office)

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 Caste/Tribe Certificates:**

(i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Dy. Collector/Ist Class Stipendiary Magistrate/Sub-Divisional Magistrate/Extra-Assistant Commissioner/Taluka Magistrate/Executive Magistrate.

(ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.

(iii) Revenue Officers not below the rank of Tehsildar.

(iv) Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

NOTE: ST candidates belonging to Tamil Nadu State should submit caste certificate ONLY FROM THE REVENUE DIVISIONAL OFFICER.

**(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 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.

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 _____ PostOffice _____ District _____ in
the State/ Union Territory _____ PinCode _____ 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.

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 _____

(C) 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. Thalassaemia | |
| 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

(Authorized 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