

PRESCRIBED PROFORMAE

Proforma-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,

@ 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.

(i) 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 of the rank of 1st Class Stipendiary Magistrate).

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

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

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

(v) Administrator/Secretary to Administrator/Development Officer(Lakshadweep)

Proforma-II

The form of certificate to be produced by Other Backward Classes candidates applying for appointment to posts under the Government of India.

This is to certify that Shri/Shrimati/Kumari*son/daughter* of Shri..... of village/town*in District/Division*..... of the State/Union Territory*.....belongs to theCommunity which is recognised as a backward class under:

@ Government of India, Ministry of Welfare Resolution No. 12011/68/93-BCC (C) dated 10th September, 1993 published in the Gazette of India Extraordinary Part-I, Section-1, No. 186 dated 13th September, 1993.

@ Government of India, Ministry of Welfare Resolution No. 12011/9/94-BCC dated 19-10-94, published in the Gazette of India Extraordinary Part-I, Section-1, No. 163 dated 20-10-1994.

@ Government of India, Ministry of Welfare Resolution No. 12011/7/95-BCC dated 24-5-95, published in the Gazette of India Extraordinary Part-I, Section-1, No. 88 dated 25-5-1955.

@ Government of India, Ministry of Welfare Resolution No. 12011/96/94-BCC dated 9th March, 1996 published in the Gazette of India Extraordinary Part-I, Section-1, No. 60 dated 11th March, 1996.

@ Government of India, Ministry of Welfare Resolution No. 12011/44/96-BCC dated 6th December, 1996 published in the Gazette of India Extraordinary Part-I, Section-1, No. 210 dated 11th December, 1996.

@ Government of India, Ministry of Welfare Resolution No. 12011/99/94-BCC dated 11th December, 1997 published in the Gazette of India Extraordinary Part-I, Section-1, No. 236 dated 12th December, 1997.

@ Government of India, Ministry of Welfare Resolution No. 12011/13/97-BCC dated 3rd December, 1997 published in the Gazette of India Extraordinary Part-I, Section-1, No. 239 dated 17th December, 1997.

@ Government of India, Ministry of Social Justice and Empowerment Resolution No. 12011/68/98-BCC dated the 27th October, 1999 published in the Gazette of India Extraordinary Part-I, Section-1, No. 241 dated the 27th October, 1999.

@ Government of India, Ministry of Social Justice and Empowerment Resolution No. 12011/88/98-BCC dated 6th December, 1999 published in the Gazette of India Extraordinary Part-I, Section-1, No. 270 dated 6th December, 1999.

@ Government of India, Ministry of Social Justice and Empowerment Resolution No. 12011/36/99-BCC dated 4th April, 2000 published in the Gazette of India Extraordinary Part-I, Section-1, No. 71 dated 4th April, 2000.

@ Government of India, Ministry of Social Justice and Empowerment Resolution No. 12011/44/99-BCC dated the 21st September, 2000 published in the Gazette of India Extraordinary Part-I, Section-1, No. 210 dated the 21st September, 2000.

@ Government of India, Ministry of Social Justice and Empowerment Resolution No. 12015/9/2000-BCC dated 6th September, 2001 published in the Gazette of India Extraordinary Part-I, Section-1, No. 246 dated 6th September, 2001.

@ Government of India, Ministry of Social Justice and Empowerment Resolution No. 12011/1/2001-BCC dated 19th June, 2003 published in the Gazette of India Extraordinary Part-I, Section, 1 No. 151 dated 20th June, 2003.

@ Government of India, Ministry of Social Justice and Empowerment Resolution No. 12011/4/2002-BCC dated 13th January, 2004 published in the Gazette of India Extraordinary, Part-I Section-1, No. 9 dated 13th January, 2004.

@ Government of India, Ministry of Social Justice and Empowerment Resolution No. 12011/14/2004-BCC dated 12th March, 2007 published in the Gazette of India Extraordinary, Part-I, Section-1, No. 67 dated 12th March, 2007.

Shri/Shrimati/Kumari*.....and/or* his/her* family ordinarily resides in village/town*..... of..... District/Division* of the State/ Union Territory* of.....

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 O.M. No. 36033/3/2004-Estt. (Res.) dated 9th March, 2004 and O.M. No. 36033/3/2004-Estt. (Res.) dated 14th October, 2008.

Signature.....

**Designation.....

(With seal of Office)
State/Union Territory

Place.....

Date.....

*Please delete the words which are not applicable.

@ Strike out whichever 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 OBC Certificate

(i) 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 of the rank of 1st Class Stipendiary Magistrate).

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

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

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

(v) Administrator/Secretary to Administrator/Development Officer(Lakshadweep)

Note 1: Candidates claiming to belong to OBCs should note that the name of their Caste (including its spellings) as indicated in their certificates, should be exactly the same as published in the lists notified by the Central Government from time to time. A certificate containing any variation in the Caste name will not be accepted.

Note 2: The OBC claim of a candidate will be determined in relation to the State (or part of the State) to which his/her father originally belongs. A candidate who has migrated from one State (or part of the State) to another should, therefore, produce an OBC certificate which should have been issued to him/her based on his/her father’s OBC certificate from the State to which he (father) originally belongs.

Note 3: No change in the community status already indicated by a candidate in his/her simplified application form for this examination will ordinarily be allowed by the Commission.

Proforma-III

Form of declaration to be submitted by the OBC candidate (in addition to the community certificate)

I Son/daughter of Shri.....resident of village/town/city.....district.....state..... Whereby declare that I belong to the.....community which is recognized as a backward class by the Government of India for the purpose of reservation in services as per orders contained in Department of Personnel and Training Office Memorandum No 36102/22/93-Estt. (SCT) dated 8-9-1993. It is also declared that as on closing date, I do not belong to persons/sections/sections (Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum dated 8-9-1993, O.M. No. 36033/3/2004-Estt. (Res.) dated 9th March, 2004 and O.M. No. 36033/3/2004-Estt. (Res.) dated 14th October, 2008.

Signature:

Full Name:

Address:

Proforma-IV

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 (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`

= 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..... Ageyears, 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 of Body disability (in %)	Affected Part impairment/ mental	Diagnosis	Permanent physical
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1 Locomotor disability @

2 Low vision #

3 Blindness Both Eyes

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

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 Name and seal of the of Member 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..... (DD/MM/YY) Age years, male/female..... Registration No. permanent resident of House No..... Ward/Village/Street..... Post Office District..... Statewhose 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 of Body disability (in %)	Affected Part impairment/ mental	Diagnosis	Permanent physical
--------	--------------------------------------	----------------------------------	-----------	--------------------

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 31st December, 1996.

Proforma-V

On NON-JUDICIAL STAMP PAPER OF Rs. 10/-

TO BE SUBMITTED AT THE TIME OF INTERVIEW BY ALL CANDIDATES APPEARING FOR THE INTERVIEW

AFFIDAVIT

1. I, Dr. _____ S/O _____
hereby give an affidavit that all the degrees constituting essential qualification as per the advertisement, submitted by me in support of this application are recognized by medical/dental/nursing council of India or such body as is competent to recognize such a degree in India.
2. That I possess the requisite experience for the post that I have applied for from an institution recognized by the competent body of India.
3. That if at any stage this affidavit is found to be false then the interview and all subsequent actions to it may be considered void ab-initio besides any such administrative or legal action as the competent authority deemed fit to take including recovery of financial loss sustained due to the false affidavit.

Deponent

Verification

I, the above-named deponent, do hereby solemnly affirm and declare that all the contents of the above affidavit are correct and true to the best of my knowledge and belief and nothing has been concealed therefrom.

Verified at AIIMS Jodhpur on this _____ (Date) _____

Deponent