

Annexure I OBC Certificate

Proforma for Other Backward Class (OBC) Certificate

[Certificates issued from Maharashtra State must be validated by the Social Welfare Department of the Maharashtra Government]

(CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR 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.

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 or the latest notification of the Government of India.

Dated:

District Magistrate/ Competent Authority

Seal

NOTE:

- (a) The term 'Ordinarily' 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.
 - (iv) Sub-Divisional Officer of the area where the candidate and / or his family resides.
- (c) The annual income / status of the parents of the applicant should be based on financial year ending March 31, 2011.

Annexure II OBC Declaration

Declaration / Undertaking - for OBC Candidates only

I, Mr./Ms. _____ son / daughter of Shri _____ resident of village / town /city _____ district _____ State hereby declare that I belong to the _____ community which is recognized as a backward class by the Government of India for the purpose of reservation for admission in Central Government Institutions as per orders contained in Department of Personnel and Training Office Memorandum No. 36012/22/93- Estt. (SCT), dated 8/9/1993. It is also declared that I do not belong to persons / sections (Creamy Layer) mentioned in Column 3 of the Schedule to the above referred Office Memorandum, dated 8/9/1993, which is modified vide Department of Personnel and Training Office Memorandum No. 36033/3/2004 Estt. (Res.) dated 9/3/2004 or the latest notification of the Government of India.

I also declare that the condition of status / annual income for 'Creamy Layer' of my parents is within prescribed limits as on financial year ending on March 31, 2011.

Place:

Signature of the Candidate

Date:

Declaration / undertaking not signed by Candidate will be rejected

Annexure IIISC/ST Certificate

Proforma for Scheduled Caste (SC) / Scheduled Tribe (ST) Certificate

[Certificates issued from Maharashtra State must be validated by the Social Welfare / Tribal Welfare Department of the Maharashtra Government]

This is to certify that Mr. / Ms. Son/Daughter of belongs to Scheduled Caste / Scheduled Tribe category and is a resident of village / city..... State..... His / Her caste is notified as Scheduled Caste / Scheduled Tribe by Government of India Act 1956 (Amended).

Candidate's Signature

Place:

Date:

Signature:

Name:

Designation*

Seal

Place

Date:

* Tehsildar / ADM or Designated Authority

Annexure IV PD Certificate

Proforma for Certificate to be obtained by the candidate
Coming under the category of Persons with Disabilities
(To be filled by Medical Board notified under PWD Act)



Certificate No :

Date:

This is to certify that Mr./ Ms _____ son / daughter of
Mr./Mrs. _____ Age _____ male/female,
Registration No. _____ is a case of _____
_____. He/She is physically disabled/visual disabled/speech and hearing
disabled/having mental retardation/leprosy cured and has % (_____ per cent) permanent (physical
impairment/visual impairment/speech and hearing impairment etc.) in relation to
his/her _____

Note:

This condition is progressive/not progressive/likely to improve/not likely to improve*.

- 1. Re-assessment is not recommended/ is recommended after a period of _____ months/years*.

*Strike out whichever is not applicable.

Signatures of Doctors, Name, Specialization, Seal with degree

(Member-1, Medical Board)

(Member-2, Medical Board)

(Member-3, Medical Board)

Signature/Thumb impression of Patient

Medical Superintendent/CMO/Head of Hospital (with seal)

Countersigned by the

Information/Guidelines

- 1) Disability certificate shall be issued by Medical Board of at least three doctors duly constituted by the State or Central government under PWD Act.(One of the members of the Board should be the specialist in the particular field for assessing Locomotor, Visual disability ,Hearing and Speech disability ,Mental disorder and Leprosy cured)
- 2) If disability is likely to decrease (temporary type) then, the certificate should be valid up to September 15, 2012.
- 3) For candidature under persons with disabilities category, candidates with a minimum of 40% disability are eligible.
- 4) The Medical Board at Reporting Center or Allotted Institute will assess the Persons with Disabilities (PD) certificate. Medical Board at Reporting Center /AllottedInstitute will submit its recommendations regarding the admissibility of the certificate. In case of any doubts regarding the validity of the certificate, clarifications may be sought from the issuing authority.