

**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/YYYY) \_\_\_\_\_  
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 Authorized Signatory of  
Notified Medical Authority)

Signature/thumb  
impression of the  
person in whose  
favour certificate  
of disability is

**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/YYYY) \_\_\_\_\_  
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:

Sl. 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/YYYY.

@ 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)  
[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/YYYY)  
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:-

Sl. 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/YYYY.

@ 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

5. Signature and seal of the Medical Authority.

Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson

(Authorized Signatory of Notified Medical Authority)  
(Name & Seal)

Countersigned

{Countersignature and seal of the  
Chief Medical Officer/Medical Superintendent/  
Head of Government Hospital, in case the  
Certificate is issued by a medical authority who  
is not a Government servant (with seal)}

Signature/thumb impression of the person in whose favour certificate of disability is issued
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**Note:** - In case this certificate is issued by a medical authority who is not a Government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District.

**ENDORSEMENT OF THE EMPLOYER (wherever applicable)**

Ref. No.....Date.....

1. Shri/Smt/Dr./Kum \_\_\_\_\_ is a permanent / temporary employee of the organisation holding the post of \_\_\_\_\_, w.e.f. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ in the Pay Level/Scale of Rs. \_\_\_\_\_. He/She is presently drawing a Pay of Rs. \_\_\_\_\_.
2. Certified that the information given by the applicant in this application form has been verified and found to be correct with reference to her/his service records in this institution. We have no objection for his/her application being considered by Central University of Allahabad. In case of selection, the applicant will be relieved as per rules.
3. Certified that no vigilance case is pending/contemplated against the applicant and that she/he is clear from the vigilance angle.

**Signature of the Employer (with office seal)**

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Annexure-I

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 \_\_\_\_\_ 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

\*Note1: 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.

*G. Srinivasan*



**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 recognised 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

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\* - The authority issuing the certificate may have to mention the details of Resolution of  
Government of India, in which the caste of the candidate is mentioned as OBC.

\*\* - As amended from time to time.

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

**FORM 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 Orders, 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 \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_ 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/Taluka 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).