

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 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 (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	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
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-II

Disability Certificate
(In case 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 Authority Signatory of
Notified Medical Authority)

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

SC/ST

(FORM OF CASTE CERTIFICATE FOR SC/ST CANDIDATES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA)

This is to certify that Shri/Smt./Kum* _____ Son /Daughter* of _____ of
village/town* _____ District/Division* _____ Of State/Union Territory* _____ belongs to the
Caste/Tribe* which is recognized as a Scheduled Caste/Scheduled Tribe* under:

1. The Constitution (Scheduled Caste) order, 1950.
2. The Constitution (Scheduled Tribes) order, 1950
3. The Constitution (Scheduled Caste) (Union Territories) order, 1951
4. The Constitution (Scheduled Tribes) (Union Territories) order, 1951 (as amended by the Scheduled Caste and Scheduled Tribes Lists 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 Tribes Order (Amendment) Act, 1976.
5. The Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956.
6. The constitution (Jammu and Kashmir) Scheduled Tribe Order 1956
7. The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 As amended by the Schedule Caste and Schedule Tribe order (Amendment Act, 1976)
8. The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order, 1962
9. The Constitution (Dadra and Nagar Haveli) Scheduled Tribes Order, 1962
10. The Constitution (Pondicherry) Scheduled Castes Order, 1964
11. The Constitution Scheduled Tribes (Utttar Pradesh) order, 1967
12. The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968
13. The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968
14. The Constitution (Nagaland) Scheduled Tribes Order, 1970
15. The Constitution (Sikkim) Scheduled Caste Order, 1978
16. The Constitution (Sikkim) Scheduled Tribes Order, 1978
17. The Constitution (Jammu and Kashmir) Scheduled Tribe Order, 1989.
18. The Constitution (Schedule Caste) order (Amendment) Act, 1990.
19. The Constitution (Schedule Tribe) order (Amendment) Act, 1991.
20. The Constitution (Schedule Caste) order (2nd Amendment) Act, 1991.
21. The Constitution (Schedule Tribes) order (Amendment) ordinance, 1996.

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) State/Union Territory

Place _____
Date _____

*Please delete the words which are not applicable.

(i) 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.

(ii) Officers competent to issue Caste/Tribe certificates:

District Magistrate/Additional District Magistrate/ Collector/Deputy Commissioner/ Additional Deputy Commissioner/ Deputy Collector/1st Class Stipendiary Magistrate /City Magistrate / Sub- Divisional Magistrate / Taluka Magistrate / Executive Magistrate/Extra Assistant Commissioner(not below the rank of 1st Class Stipendiary Magistrate) Chief Presidency Magistrate / Additional Chief Presidency Magistrate/ Presidency Magistrate/ Revenue Officers not below the rank of Tahsildar / Sub- Divisional Officer of the area where the candidate and/ or his/ her family reside(s).

Note: ST Candidates belonging to Tamilnadu State should submit caste certificate ONLY from the REVENUE DIVISIONAL OFFICER.

Annexure**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

*- 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.