

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 |
|---|

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)

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

* - 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/1st 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).