

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 Other Backward Classes certificate will be the same as those empowered to issue Scheduled Caste/Scheduled Tribe certificates.

@ Strike out whichever is not applicable.

II. FORMAT OF UNDERTAKING TO BE FURNISHED BY OBC CANDIDATES.

UNDERTAKING

“I,.....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 in services 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 have read and understood the instructions mentioned in the said DOPT’s Office Memorandum dated 08.09.1993, and OM No. 36033/1/2013-Estt.(Res.) dated 13.09.2017 and I have reasons to declare that I do not fall under OBC (Creamy Layer) category.

Note: Creamy layer clause in respect of OBC candidates must be as per OM No. 36033/1/2013-Estt (Res) dated 13/09/2017 (This Note is not part of the undertaking or OBC Certificate).

III. FORMAT OF UNDERTAKING TO BE FURNISHED BY EWS CANDIDATES.

UNDERTAKING

“I,.....son/daughter of Shri..... Resident of village/town/city.....district.....

state.....hereby declare that I belong to the **ECONOMICALLY WEAKER SECTION** for the purpose of reservation in services under the Government of India as per orders contained in Department of Personnel and Training Office Memorandum No. 36039/1/2019-Estt (Res) dated 19/01/2019 and 31/01/2019. It is also declared that I have read and understood the instructions mentioned in the said O.Ms and I have reason to declare that I come under the criteria of **ECONOMICALLY WEAKER SECTION**.

FORM- IV

Application for Obtaining Certificate of Disability by Persons with Disabilities

[See rule 17(1)]

(1) Name : _____

(Surname) (First Name) (Middle Name)

(2) Father's Name : _____ Mother's Name: _____

(3) Date of Birth : _____ / _____ / _____

(Date) (Month) (Year)

(4) Age at the time of application : _____ years

(5) Sex: Male/Female/Transgender _____

(6) Address:

(a) Permanent address (b) Current Address (i.e. for communication)

(c) Period since when residing at current address _____

(7) Educational Status (please tick as applicable)

- (i) Post Graduate
- (ii) Graduate
- (iii) Diploma
- (iv) Higher Secondary
- (v) High School
- (vi) Middle
- (vii) Primary
- (viii) Non-literate

(8) Occupation _____

(9) Identification marks (i) _____ (ii) _____

(10) Nature of disability :

(11) Period since when disabled: From Birth//since year _____

(12) (i) Did you ever apply for issue of a certificate of disability in the past ___ yes/no

(ii) If yes, details:

(a) Authority to whom and district in which applied _____

(b) Result of application _____

(13) Have you ever been issued a certificate of disability in the past? If yes, please enclose a true copy.

Declaration: I hereby declare that all particulars stated above are true to the best of my knowledge and belief, and no material information has been concealed or misstated. I further state that if any inaccuracy is detected in the application, I shall be liable to forfeiture of any benefits derived and other action as per law.

(signature or left thumb impression of person with disability, or of his/her legal guardian in case of persons with intellectual disability, autism, cerebral palsy and multiple disabilities, etc)

Date :

Place:

Enclosures:

1. Proof of residence (Please tick as applicable).
 - (a) ration card,
 - (b) voter identity card,

- (c) driving license,
- (d) bank passbook,
- (e) PAN card,
- (f) passport,
- (g) telephone, electricity, water and any other utility bill indicating the address of the applicant,
- (h) a certificate of residence issued by a Panchayat, municipality, cantonment board, any gazetted officer, or the concerned Patwari or Head Master of a Government school,

(i) in case of an inmate of a residential institution for persons with disabilities, destitute, mentally ill, and other disability, a certificate of residence from head of such institution.

2. Two recent passport size photographs

(For office use only)

Date:

Place:

Signature of issuing authority

Stamp

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/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
- 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 Authorised Signatory of notified Medical Authority)

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

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/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 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:

S. 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) (YY)

@ 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)
(Name and Address of the Medical Authority issuing the Certificate)
(See rule 18(1))

Certificate No. _____ Date: _____
This is to certify that I have carefully examined
Shri/Smt/Kum _____ son _____
_____ Date of Birth (D _____
_____ 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:-

Recent passport size attested photograph (Showing face only) of the person with disability

S. 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/YY) _____

@ - 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

(Authorised Signatory of notified Medical Authority)

(Name and 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

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

FORM - VIII

[Intimation of rejection of Application for Certificate of Disability]

[See rule 18 (4)]

No. _____

Dated :

To,

(Name and address of applicant for Certificate of Disability)

Sub: Rejection of Application for Certificate of Disability

Sir/ Madam,

Please refer to your application dated _____ for issue of a Certificate of Disability for the following disability:

2. Pursuant to the above application, you have been examined by the undersigned/ Medical Authority on _____, and I regret to inform that, for the reasons mentioned below, it is not possible to issue a Certificate of Disability in your favour:

- (i)
- (ii)
- (iii)

3. In case you are aggrieved by the rejection of your application, you may represent to _____, requesting for review of this decision.

Yours faithfully,
(Authorised Signatory of the notified Medical Authority)
(Name and Seal)

HAILING FROM CERTIFICATE

“This is to certify that Shri/Shrimati/Kumari*..... son/daughter* of
Shri..... Village/Town*.....in
District/Division*.....hails from** Arunachal Pradesh / Manipur /Meghalaya
/Mizoram /Nagaland/ Sikkim.

Date.....

Signature.....

Place.....

Designation.....

(Seal of Office)

*Please delete the words which are not applicable.

**Strike off the names of States not applicable.

UNDERTAKING “A” (for Government Employees)

I have intimated my Head of Office / Department in writing on _____ that I have applied for the Civil Services Examination, 2020.

(Signature)

Name: _____

Roll No. _____

NOTE: All candidates in Government service, whether in a permanent or in temporary capacity or as work charged employee, other than casual or daily rated employees or those serving under Public Enterprises will be required to submit an undertaking that they have informed in writing their Head of Office/Department that they have applied for the Examination. Candidates should note that in case a communication is received from their employer by the Commission withholding permission to the candidates applying for

appearing at the examination, their applications will be liable to be rejected/candidature will be liable to be cancelled.

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 2019-20

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 2018-2019. His/her family does not own or possess any of the following assets*** :

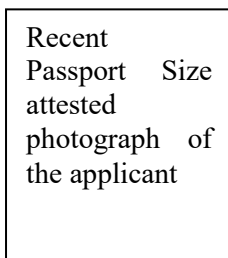
- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in. areas other than the notified municipalities.

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.....



*Note 1: 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.