

STANDARD FORMAT FOR OBC CATEGORY CERTIFICATE

Appendix-E

Note: A candidate who claims to belong to one of the Other Backward Classes should submit in support of his/her claim, a certificate in original, with a copy thereof in the form given below, issued by a competent authority notified by the Government of India.

The form of the certificate to be produced by "Other Backward Classes" candidates.

This is to certify that Shri / Smt. / Kum.* _____ son/daughter* of _____ of Village/Town* _____ District/ Division* _____ in the State/Union Territory* of _____ belongs to the _____ Community

which is recognized as a Backward Class under Government of India, Ministry of Social Justice and Empowerment's Resolution No. _____ dated _____**

Shri/Smt./Kum*. _____ and / or his/ her family ordinarily reside(s) in village/town* _____ of _____ District/Division* of the State/Union Territory* of _____.

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 as amended from time to time.

Place Signature of
Date Designation
(with seal of office)

State/Union Territory*

*Please delete the words which are not applicable.

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

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 for Other Backward Classes are given 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 and (iv) Sub-Divisional Officer of the area where the candidate and/or his/her family resides.

(c) The last date for submission of application mentioned in the notice of advertisement or corrigendum (if any) will be treated as the date of reckoning for OBC status of the candidate and also for determining that the candidate does not fall in the creamy layer. The candidate should furnish the relevant OBC Certificate in the format prescribed above issued by the competent authority.

Appendix - F

Declaration/undertaking as a Notarized affidavit - for OBC Candidates

(To be typed on appropriate non-judicial stamp paper of required value)

I, _____ son/daughter of Shri _____ resident of village/town/city _____ in the District _____ of State/Union Territory of _____ hereby declare that I belong to the _____ community which is recognized as a Backward Class for the purpose of reservation in services under Government of India, Ministry of Social Justice and Empowerment's Resolution No. _____ dated _____. It is also declared that I do not belong to 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 as amended from time to time.

(Signature of the Candidate)

Place :

Date :

*The details of Resolution of Government of India will have to be furnished, in which the caste of the candidate is mentioned as OBC

Note:

- (a) Declaration/undertaking not signed by Candidate will be rejected.
- (b) False declaration will render the applicant liable for rejection of application/candidature at any time.

STANDARD FORMAT FOR PH CATEGORY CERTIFICATE

Appendix - G

Name & Address of the Institute/Hospital Issuing the Certificate

Certificate No.

Date

CERTIFICATE FOR THE PERSONS WITH DISABILITIES

This is to certify that Shri/Smt./Kum. _____ wife/daughter/son of Shri _____ Age _____ old male/female, Registration No. _____ is a case of physically disabled/visual disabled/speech & hearing disable and has _____ % (.....) permanent (physical impairment/visual impairment/speech & hearing impairment) in relation to his/her

Note:

- 1. This condition is progressive/non-progressive/likely to improve/not likely to improve.*
- 2. Re-assessment is not recommended/is recommended after a period of months/ years.

Sd/- Sd/- Sd/-
(DOCTOR) (DOCTOR) (DOCTOR)
Seal Seal Seal

Signature/Thumb impression of the patient

Countersigned by the Medical Superintendent/CMO/Head of Hospital (with seal)

Recent Attested Photograph Showing the disability affixed here

Appendix - H

STANDARD FORMAT FOR PARAMILITARY/POLICE/GOVERNMENT/ PSU PERSONNEL CATEGORY

Certificate is to be given by Head of the Office or an Officer not below the rank of Under Secretary to the Government on Official Letter-Head of the Organization/ Government Office issuing the Certificate.

Reference No.

Date

Eligibility Certificate for Paramilitary/Police/Government/PSU Personnel Category

I. # This is to certify that Mr/Ms who was working in this office as had passed away on (date) at (Place) Mr./Ms has been awarded (name of gallantry award) in recognition of the supreme sacrifice made while Mr./Ms. (name of applicant) (relationship) was dependent on Mr./ Ms..... as per our records.

OR

II. # This is to certify that Mr/Mrs who was working in this office as had passed away on (date) while in action at (Place) Mr./Ms (name of applicant) (relationship) was dependent on Mr./Ms as per our records.

OR

III. # This is to certify that Mr/Mrs (name of applicant) was working in our organization and has been disabled on (date) while performing duties at (place)

OR

IV. # This is to certify that Mr/Mrs. who was working in this office as had passed away on (date) while on duty at (Place)..... Mr/Ms (name of applicant) (relationship) was dependent on Mr/Ms as per our records.

OR

V. # This is to certify that Mr/Ms was working in our organization and has been disabled in peace on (date) due to attributable causes.

Delete if not applicable
Attested Signatures of applicant

Date Signature
Place Name
Designation
Office Seal:

Appendix-I

Notarized Affidavit for offer of land from applicant/member of the family unit/parents/ grandparents (both paternal & maternal) of the applicant and third party - All the joint owners of the land (except the applicant) have to submit this affidavit individually including the member of the family unit/ parents & grandparents (both paternal & maternal) of the applicant.

(TO BE TYPED ON APPROPRIATE NON-JUDICIAL STAMP PAPER OF REQUIRED VALUE)

I Son/Daughter/Wife of Age..... years resident of do hereby solemnly affirm and say as under:

1 * That I, Shri/Smt own a piece of land jointly bearing Gatta/Khasra/ Survey No. at (village/town), Gram Panchayat/Taluka/Tehsil Dist in the State of as per the following details:

Name of the Joint owner(s)	Date of registration of Sale Deed/ Gift Deed/ Date of Mutation	Khasra No./ Gatta No./ Survey No.	Total Dimension of the plot of land (..... metres x metres)	Dimension of piece of Land offered as per Demarcated Plan (..... metres x metres)

2 That Shri/Smt has applied for RGGLV of IOC*/BPC*/HPC* at (location) under '.....' category against the advertisement appeared in news paper dated

* ~~Strike off which ever is not applicable~~

3 That in case he/she is selected for RGGLV I confirm that I do not have any objection for the construction of the LPG godown (as required by OMC) at the above mentioned location, as per the demarcation on the site plan enclosed, duly signed by all the co-owners.

I hereby verify that what has been stated above is true and correct to the best of my knowledge, and nothing has been concealed there from.

I also confirm that I have not offered this piece of land to any other person for the above purpose.

Solemnly affirmed and declared before me

This day of (month) year

Signature and Seal of Magistrate/Judge/Notary Public Deponent

Signature Name of