

APPENDIX – IV

Proforma for Other Backward Class (OBC) Certificate

(CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT OF INDIA)

This is to certify that Shri/Smt./Kum. _____ Son/Daughter
of Shri/Smt. _____ of Village/Town _____ District/Division
_____ in the _____ State belongs to
the _____ Community which is recognized as a backward class under:

- (i) Resolution No. 12011/68/93-BCC(C) dated 10/09/93 published in the Gazette of India Extraordinary part I Section I No. 186 dated 13/09/93.
- (ii) Resolution No. 12011/9/94-BCC dated 19/10/94 published in the Gazette of India Extraordinary part I Section I No. 163 dated 20/10/94.
- (iii) Resolution No. 12011/7/95-BCC dated 24/05/95 published in the Gazette of India Extraordinary part I Section I No. 88 dated 25/05/95.
- (iv) Resolution No. 12011/96/94-BCC dated 09/03/96.
- (v) Resolution No. 12011/44/96-BCC dated 06/12/96 published in the Gazette of India Extraordinary part I Section I No. 210 dated 11/12/96.
- (vi) Resolution No. 12011/13/97-BCC dated 03/12/97.
- (vii) Resolution No. 12011/99/94-BCC dated 11/12/97.
- (viii) Resolution No. 12011/68/98-BCC dated 27/10/99.
- (ix) Resolution No. 12011/88/98-BCC dated 06/12/99 published in the Gazette of India Extraordinary Part I Section I No. 270 dated 06/12/99.
- (x) Resolution No. 12011/36/99-BCC dated 04/04/2000 published in the Gazette of India Extraordinary Part I Section I No. 71 dated 04/04/2004.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary Part I Section 1 No. 210 dated 21/09/2000.
- (xii) Resolution No. 12015/09/2000-BCC dated 06/09/2001.
- (xiii) Resolution No. 12011/01/2001-BCC dated 19/06/2003.
- (xiv) Resolution No. 12011/04/2002-BCC dated 13/01/2004.
- (xv) Resolution No. 12011/09/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 16/01/2006.

Shri/Smt./Kum. _____ and/or his family ordinarily reside(s) in
the _____ District/Division of _____
State.

This is also to certify that he/she does not belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Scheduled to the Government of India. Department of Personnel & Training O.M. No. 36012/22/93-Estt. (SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt. (Res.) dated 09/03/2004 or the latest notification of the Government of India.

Dated : _____ District Magistrate/Competent Authority
Seal

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 are indicated 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.
 - (iv) Sub-Divisional Officer of the area where the candidate and/or his family resides.
- (c) The annual income/status of the parents of the applicant should be based on financial year ending March 31, 2011.

APPENDIX – V

CERTIFICATE OF LOCOMOTOR DISABILITY
(For Admission to Medical/Dental Courses in All India Quota)

Vardhman Mahavir Medical College & Safdarjang Hospital, New Delhi-110029
All India Institute of Physical Medicine and Rehabilitation, Hazi Ali, Mumbai-400034
Institute of Post Graduate Medical Education & Research, Kolkata-700020
Madras Medical College, Park Town, Chennai-600003

(select and tick-mark any one of the above)

Certificate No. _____ Dated _____

This is to certify that Dr./Mr./Ms. _____

Aged _____ years Son/daughter of Mr. _____

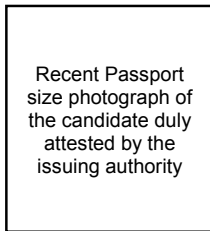
R/o _____

Rank No. _____ is Suffering From _____

(Name of the Disease) And has Permanent Physical Impairment(PPI) of Left/Right/Both Lower Limb.

He/She is Locomotor disabled and has the percentage of _____ (in words) _____ (in figure) of (40%-70%) disability of lower limbs.

He/she is eligible/NOT eligible for admission in medical/dental courses as per the MCI/DCI guidelines subject to his being otherwise medically fit.



Sign, & Name _____ Sign.& Name _____ Sign.& Name _____

(Specialist, Deptt. PMR) (Specialist, Deptt. of Ortho.) (Prof. from PMR/Ortho.)