

Organization:

Ref No.:

Date:

CERTIFICATION BY THE EMPLOYER/ CADRE CONTROLLING AUTHORITY

The information / details provided in the above application by Shri/Smt. _____ (name of the applicant) for the post of _____ in response to AIIA Recruitment Advertisement/ Vacancy Circular No. _____ are true and correct as per the facts available on records. He/She possesses educational qualification and experience mentioned in the vacancy Circular. If selected, he /she will be relieved immediately.

2. Also certified that:

- a) There is no vigilance or disciplinary case pending/contemplated against Shri/Smt. _____.
- b) His/her integrity is certified.
- c) His/her CR dossier in original is enclosed/photocopies of the ACRs for the last 5 years duly attested by an officer of the rank of Under Secretary of the Govt. of India or above are enclosed.
- d) No major/minor penalty has been imposed on him/her during the last 10 years OR A list of major/minor penalties imposed on him/her during the last 10 years is enclosed. (as the case may be)

Signature:

Place:

Name:

Date:

Designation with Official Seal:

ANNEXURE-II

**FORM OF CERTIFICATE TO BE SUBMITTED BY CENTRAL GOVERNMENT CIVILIAN
EMPLOYEES SEEKING AGE-RELAXATION**

(To be filled by the Head of the Office or Department in which the candidate is working)

It is certified that Shri/Smt./Km. _____ is a Central Government Civilian employee holding the post of _____ in the pay scale of Rs. _____ with 3 years regular service in the grade as on closing date of receipt of Applications Forms for the post of _____.

Signature:

Place:

Name:

Date:

Official Seal:

CERTIFICATE FOR SERVING DEFENCE PERSONNEL

I hereby certify that, according to the information available with me (No.) _____
(Rank) _____
(Name) _____ is due to complete
the specified term of his engagement with the Armed Forces on the (Date) _____.

Place:

Signature of Commanding Officer

Date:

Office Seal

UNDERTAKING TO BE GIVEN BY THE EX-SERVICEMEN

I _____ bearing Roll No. _____ appearing for the Document Verification for the post of _____, do hereby undertake that:

- a) I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex- Servicemen Re-employment in Central Civil Services and Posts Rules, 1979, as amended from time to time.
- b) I have not joined the Government job on civil side (including Public Sector Undertakings, Autonomous Bodies/ Statutory Bodies, Nationalized Banks, etc.) in Group 'C' and 'D' posts on regular basis after availing of the benefits of reservation given to ex-serviceman for reemployment; or
- c) I have availed the benefit of reservation as ex-serviceman for securing Government job on civil side. I have joined as _____ on _____ in the office of _____. I hereby undertake that I have submitted the self-declaration/ undertaking to my current employer about date wise detail of the application for the abovementioned post for which I had applied for before joining the present civil employment; or
- d) I have availed the benefit of reservation as ex-serviceman for securing Government job on civil side. I have joined as _____ on _____ in the office of _____. Therefore, I am eligible for age relaxation only;

I hereby declare that the above statements are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, my candidature/ appointment is liable to be cancelled/ terminated.

Signature: _____

Name: _____

Roll No.: _____

Date: _____

Date of appointment in Armed Forces: _____

Date of Discharge: _____

Last Unit/ Corps: _____

Mobile Number: _____

Email ID: _____

FORMAT FOR SC/ ST CERTIFICATE

A candidate who claims to belong to one of the Scheduled Caste or the Scheduled Tribes should submit in support of his/ her claim an attested/certified copy of a certificate in the form given below, from the District Officer or the sub-Divisional Officer or any other officer as indicated below of the District in which his parents (or surviving parent) ordinarily reside who has been designated by the State Government concerned as competent to issue such a certificate. If both his parents are dead, the officer signing the certificate should be of the district in which the candidate himself ordinarily resides otherwise than for the purpose of his own education. Wherever photograph is an integral part of the certificate, the Commission would accept only attested photocopies of such certificates and not any other attested or true copy.

(The format of the certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under Government of India)

This is to certify that Shri/Smt./Kumari* _____
son/daughter _____ of _____
village/town* _____ in District/Division*
_____ of the State/Union Territory*
_____ belongs to the Caste/Tribes
_____ which is recognized as a Scheduled Castes/Scheduled
Tribes* under:

The Constitution (Scheduled Castes) order, 1950

The Constitution (Scheduled Tribes) order, 1950

The Constitution (Scheduled Castes) Union Territories order, 1951 *

The Constitution (Scheduled Tribes) Union Territories Order, 1951*

As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification) order, 1956, the Bombay Reorganization Act, 1960 & the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act 1970, the North-Eastern Area (Reorganization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976.

The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956

The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959 as amended by the Scheduled Castes and Scheduled Tribes order (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 (Scheduled Tribes) (Uttar Pradesh) Order, 1967 @

The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968@

The Constitution (Goa, Daman & Diu) Scheduled Tribes Order 1968 @

The Constitution (Nagaland) Scheduled Tribes Order, 1970 @

The Constitution (Sikkim) Scheduled Castes Order 1978@ The

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 1991@
The Constitution (ST) orders (Second Amendment) Act, 1991@
The Constitution (ST) orders (Amendment) Ordinance 1996@
The Scheduled Caste and Scheduled Tribe Orders (Amendment) Act 2002@
The Constitution (Scheduled Caste) Orders (Amendment) Act 2002@
The Constitution (Scheduled Caste and Scheduled Tribe) Orders (Amendment) Act 2002@
The Constitution (Scheduled Caste) Order (Amendment) Act 2007@

% 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/Smt. _____ Father/mother of Shri/Smt./Kumari* _____ of village/town* _____ in _____ District/Division* _____ of the State/Union _____ Territory* _____ who belong to the _____ Caste/Tribe which is recognized as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* _____ issued by the _____ dated _____.

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

Place: _____ Signature: _____
Date: _____ **Designation: _____
(with seal of office)

*Please delete the words which are not applicable @ Please quote specific presidential order

% Delete the paragraph which is not applicable.

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 Caste/Tribe Certificates:

- a) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/Dy. Collector/1st Class Stipendiary Magistrate/Sub-Divisional Magistrate/ Extra-Assistant Commissioner/Taluka Magistrate/Executive Magistrate.
- b) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
- c) Revenue Officers not below the rank of Tehsildar.
- d) Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

NOTE: ST candidates belonging to Tamil Nadu State should submit caste certificate ONLY FROM THE REVENUE DIVISIONAL OFFICER.

ANNEXURE-VI

**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 recognized 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.

Government of _____

(Name & Address of the authority issuing the certificate)

INCOME & ASSESS 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).

Recent passport size attested photograph of the applicant	
---	--

* 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.

DISABILITY APPLICATION FORM

FILLED BY PATIENT/ATTENDANT:

Name: _____ Sex: _____

Date of Birth: _____ Age: _____

Father's/Husband's Name: _____

Mobile No.: _____

Hospital ID: _____

Address: _____

I hereby certify that the information provided above is true and correct.

Date:

Signature:

FILLED BY CONSULTANT:

Consultant Name: _____

Department: _____

Nature of Disability: _____

Other Departments that may be required for evaluation: _____ (1)

(2) _____

(3) _____

Verified by Consultant (with signature and seal): _____

DISABILITY APPLICATION FORM

[The application and issuance of the disability certificate is in accordance to the Gazette notification of government of India {EXTRAORDINARY, PART II Section 3- Sub section (i); No. 489; New Delhi, Thursday, June 15, 2017/Jyaistha 25, 1939 (REGD. No. D.L. – 33004/99)} AND {EXTRAORDINARY, PART II Section 3-Sub section (ii): No. 61; New Delhi, Friday, January 05,2018/Pausha 15,1939 (REGD. No. D.L. – 33004/99)}]

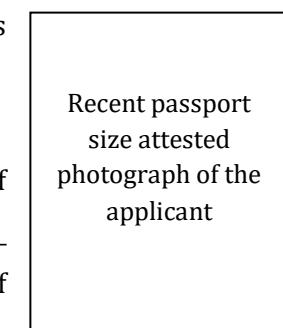
Certificate No. _____ **Date:** _____

Hospital: _____

1. This is certified that I have carefully examined Mr./Mrs./Miss

S/o/D/o/W/o

Birth _____ Age _____ Years _____
Months _____ Permanent resident of _____



Identifications Mark(s)

(i) _____

(ii) _____

Whose photograph is affixed and had applied for disability certificate on dated:

Vide Application No: _____

<i>S. No.</i>	<i>Disability</i>	<i>Affected Part of Body</i>	<i>Diagnosis</i>	<i>Permanent physical impairment/mental disability (in%)</i>
1	Locomotors 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			

<i>S. No.</i>	<i>Disability</i>	<i>Affected Part of Body</i>	<i>Diagnosis</i>	<i>Permanent physical impairment/mental disability (in%)</i>
13	Specific Learning Disability			
14	Autism spectrum Disorder			
15	Mental illness			
16	Chronic Neurological Condition			
17	Multiple sclerosis			
18	Parkinson's disease			
19	Hemophilia			
20	Thalassemia			
21	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:
 - a. Is recommended after _____ years and therefore this certificate shall be valid till _____
 - b. Not recommended
4. Percentage of disability as per guideline is _____ %.
5. The applicant has submitted the following document as proof of residence:

<i>Name of the document</i>	<i>Number</i>	<i>Details of authority issuing certificate</i>

Dr. _____

Signature_____

Chairman of Medical Board

Dr. _____

Signature_____

Member of Medical Board

(Subject Expert)

Dr. _____

Signature_____

Member of Medical Board

(Subject Expert)

Dr. _____

Signature_____

Member of Medical Board

(Subject Expert)

Dr. _____

Signature_____

Member of Medical Board

(Subject Expert)

Sign/Thumb Impression of
the person in whose favour
Certificate of disability is
issued

Counter signed by
Medical
Superintendent/CMO/
HOD of Hospital (With Seal)