

**(FORMAT OF CERTIFICATE TO BE SUBMITTED BY CENTRAL GOVERNMENT
CIVILIAN EMPLOYEES/DEPARTMENTAL CANDIDATES 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 employees and is holding the post of _____ in the pay scale of Rs. _____ with 3 years of regular service in the grade as on closing date of Advertisement. There is no objection to his/her appearing for examinations.

Place:

Date:

Signature _____

Name _____

Official Seal _____

***Strike out whichever is not applicable**

UNDERTAKING TO BE GIVEN BY THE EX-SERVICEMAN(Ex-S) CANDIDATE

I undertake that, if selected on the basis of recruitment/ examination to which the application relates, my appointment will be subject to my producing documentary evidence to the satisfaction of the Appointing Authority that I have been duly released/retired/ discharged from the Armed Forces and that I am entitled to the benefits admissible to Ex-Servicemen in terms of the Ex-Servicemen (Re-employed in Central Civil Services and posts rules, 1979, as mentioned from time to time).

I also understand that I shall not be eligible to be appointed to a vacancy reserved for Ex-S in regard to the recruitment covered by this examination, if I have at any time prior to such appointment, secured any employment on the civil side (including Public Sector Undertakings, Autonomous Bodies/Statutory Bodies, Nationalized Banks, etc.) by availing of the concession of reservation of vacancies admissible to Ex-S.

I further furnish the following information:

- a) Date of appointment in Armed Forces : _____
- b) My last Unit/Corps : _____
- c) Length of Service in Armed Forces : _____
- d) Date of discharge : _____
- e) If serving, the date of discharge shall be within one year from the date of publication of CEPTAM-09/TECH A Advertisement.

Place:

(Signature of the Candidate)

Date:

Name:

Rank:

(The format of certificate to be produced by Scheduled Caste & Scheduled Tribe candidates applying for appointment to posts under the Government of India)

A Candidate who claims to belong to one of the Scheduled Caste or the Scheduled Tribes should submit in support of his 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.

This is to certify that Shri/Shrimati/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 (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 Caste Order 1978@

The Constitution (Sikkim) Scheduled Tribes Order 1978@

The Constitution (Jammu & Kashmir) Scheduled Tribes Order 1989@

The Constitution (Jammu & Kashmir) Scheduled Caste Order 1956@

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 Tribes Orders (Amendment) Act, 2002

The Constitution (Scheduled Caste) orders (Amendment) Act, 2002

The Constitution (Scheduled Caste 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 Sh./Smt. _____ of village _____ Distt. _____ 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 _____ dated _____.

%3 Sh./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:

(i) District Magistrate/Additional District Magistrate/ Collector/Deputy Commissioner/Additional Deputy Commissioner/Dy. Collector/ Ist Class Stipendiary Magistrate /Sub-Divisional Magistrate/Presidency Magistrate/Extra-Asst Commissioner/ Taluka Magistrate / Executive Magistrate.

(ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.

(iii) Revenue Officers not below the rank of Tehsildar.

(iv) 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.

(FORMAT OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA.) (G-1 Dept of per. & Trg. OM NO 36033/28/94-Estt. (Res), dated 2-7-1997

This is to certify that Shri/Smt./Km.* _____ Son/daughter/wife of Sh./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 dated the 10th September, 1993, published in the Gazette of India Extraordinary-Part I, Section I, No.186 dated 13th September, 1993.
- ii) Resolution No. 12011/9/94-BCC, dated 19.10.1994 published in Gazette of India extraordinary Part I Section I No. 163, dated 20th October 1994
- iii) Resolution No. 12011/7/95-BCC, dated the 24th May 1995 published in the Gazette of India extraordinary Part I Section I No. 88, dated 25th May, 1995.
- iv) Resolution No. 12011/96/94-BCC dated 9th March, 1996
- v) Resolution No. 12011/44/96-BCC, dated the 6th December, 1996 published in the Gazette of India extraordinary Part I Section I No. 210, dated the 11th December 1996.
- vi) Resolution No. 12011/13/97-BCC dated 3rd December, 1997
- vii) Resolution No. 12011/99/94-BCC dated 11th December, 1997
- viii) Resolution No. 12011/68/98-BCC dated 27th October, 1999
- ix) Resolution No. 12011/88/98-BCC, dated the 6th December, 1999 published in the Gazette of India extraordinary Part- I Section I No. 270 dated 6th December 1999
- x) Resolution No. 12011/36/99-BCC, dated 4th April ,2000 published in the Gazette of India extraordinary Part- I Section I No.71 dated 4th April 2000.
- xi) Resolution No. 12011/44/99-BCC, dated 21.9.2000 published in the Gazette of India extraordinary Part- I Section I No. 210 dated 21.09.2000.
- xii) Resolution No. 12015/9/2000-BCC dated 06/09/2001
- xiii) Resolution No. 12011/1/2001-BCC dated 19/06/2003
- xiv) Resolution No. 12011/4/2002-BCC dated 13/01/2004
- xv) Resolution No. 12011/9/2004-BCC dated 16/01/2006 published in the Gazette of India Extraordinary Part I Section No. 210 dated 16/01/2006.
- xvi) Resolution No. 12011/14/2004-BCC dated 12/03/2007 published in the Gazette of India Extraordinary Part I Section No. 67 dated 12/03/2007.
- xvii) Resolution No. 12015/4/2007-BCC dated 18/08/2010
- xviii) Resolution No. 12015/13/2010-BCC dated 08/12/2011

Shri /Smt/Km _____ and/or his/ her family ordinarily reside(s) in the _____ District/ Division of the _____ State. 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 and Training O.M. No. 36012/22/93-Estt. (SCT) dated 08.09.1993. and modified vide Government of India, Department of Personnel & Training OM No. 36033/3/2004- Estt(Res) dated 14.10.2008 or the latest notification of the Government of India.

Dated:

District Magistrate/
Deputy Commissioner/ Competent Authority

Seal

*Strike out whichever is not applicable

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/first Class Stipendiary Magistrate/Sub-Divisional Magistrate/Taluka Magistrate /Executive Magistrate /Extra Assistant Commissioner (not below the rank of First 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 family resides.

DISABILITY CERTIFICATE
(IN CASE OF AMPUTATION OR COMPLETE PERMANENT PARALYSIS OF LIMBS
AND IN CASES OF BLINDNESS)

(See rule 4)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)

Recent PP 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 _____

Date of Birth _____ Age _____ years, male/Female _____

Registration No. _____ permanent resident of Home 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
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case _____

(A) He/She has _____% (in figure) _____ percent (in words) permanent physical impairment/blindness in relation to his/her _____ (part of body) as per 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 Authored Signatory of notified Medical Authority)

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

DISABILITY CERTIFICATE
(In case other than those mentioned in Forms II)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE
CERTIFICATE)
(See rule 4)

Recent PP 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 he/She is a Case of _____ disability. His/her extent of
 percentage physical impairment/disability has been evaluated as per guidelines (to
 be specified) for the disabilities (to be specified) and is shown against the relevant
 disability in the table below:-

S.No	Disability	Affected part of the body	Diagnosis	Permanent physical impairment/mental disabilities (in %)
1.	Locomotor disability	@		
2.	Low vision	#		
3.	Blindness	Both Eyes		
4.	Hearing impairment	\$		
5.	Mental retardation	X		
6.	Mental-illness	X		

(Please strike out the disabilities which are not applicable)

2. The above condition is progress/non progress/likely to improve/not likely to improve.

3. Reassessment of disability is:

(i) not necessary

Or

(ii) is recommended/after _____ years _____ on this, and therefore this certificate shall be valid till _____
 (DD) (MM) (YY)

@ e.g. Left/Right/both arms/Legs

e.g. Single eye/both eyes

\$ 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

(Authorised Signatory of notified Medical Authority

(Name and Seal)
 Countersigned

{ (Countersignature and seal of the CMO/Medical Superintendent /Head of Government Hospital, in case the certificates issued by a medical authority who is not a permanent servant (with seal)}

Signature/Thumb impression of the person in whose favour disability certificate 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

on the District.”

Medical certificate to be produced by the Persons with Benchmark Disabilities candidates who seek exemption from appearing in the Typewriting Test

This is to certify that Mr/Ms/Mrs _____ son/daughter/wife of Shri _____, a resident of _____ (Village/District/State), is suffering from _____

_____. Clinical diagnosis as a result of which he/she has the following disabilities. (Brief description of his/her disability)-----

-----This is a permanent disability and the extent of his/her disability works out to _____% of disability. This disability is likely to interfere with Typewriting

(Specify) _____

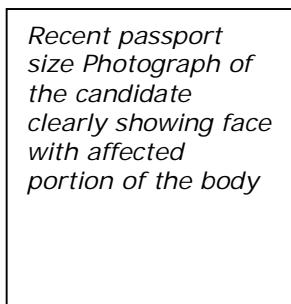
Signature

Chief Medical Officer/Civil Surgeon/Medical superintendent of a Government health care institution
Name & Designation.

Name of Government Hospital/Health Care Centre with Seal

Place:

Date:



Signature of candidate:

Name of the candidate:

Application number:

Note: Certificate should be given by a specialist of the relevant stream/disability (eg. Visual impairment-Ophthalmologist, Locomotor disability-Orthopaedic specialist/PMR).

DECLARATION/UNDERTAKING BY PERSON WITH DISABILITIES (PWD)
CANDIDATES WHO WISH TO USE SCRIBE/PASSAGE DICTATOR
(Letter of Undertaking for Using Own Scribe/Passage Dictator)

I _____ a candidate with _____ (name of the disability) appearing for the _____ (name of the examination) bearing Application No. _____ at _____ (centre name) in the _____ (City), _____, (name of State). My highest qualification is _____ and scribe's highest qualification is _____. We (Candidate & Scribe) together hereby declare that _____ (name of the scribe) will provide the service of scribe/reader/lab assistant for the candidate for taking the aforesaid examination and also undertake that we (Candidate & Scribe) have read/been read out the instructions of '**Guidelines regarding Persons with Disabilities (PWD) using the services of a Scribe/Passage Dictator**' issued by CEPTAM, DRDO and hereby undertake to abide by them. It is also stated that the Scribe arranged by the candidates should not be a candidate for the same examination and also can not be a Scribe for another candidate. We also understand that in case it is detected at any stage of recruitment and even after recruitment that we do not fulfil the eligibility norms and/or that the information furnished by us is incorrect/false or that we have suppressed any material fact(s), or that scribe's qualification is not as declared and I Shall forfeit my right to the post and claims relating thereto.

Given under our signature: -

 Signature and Left Hand Thumb
 Impression of the **Scribe/Passage Dictator**

 Signature and Left Hand Thumb
 Impression of the **Candidate**

Correspondence Address

 ID Proof Type: *
 ID Number:
 STD Code: Phone No.....
 Mobile No., if any

Application No.:
 Seat No.....
 Post Code & Post Name
 Date of Skill test.....
 Shift.....
 Skill Test Centre:.....
 City:
 Correspondence address:

 STD Code: Phone No.....
 Mobile No., if any

Recent passport size Photograph of the Scribe/Passage dictator. To be signed by Scribe and candidate

Signature of the CEPTAM Rep.

***Scribe/Passage dictator is required to carry his ID proof in original at the time of Examination.**

CERTIFICATE REGARDING PHYSICAL LIMITATION IN AN EXAMINEE TO WRITE

This is to certify that, I have examined Mr/Ms/Mrs

_____ (name of the candidate with disability), a person with

_____ (nature and percentage of disability

as mentioned in the certificate of disability), S/o

D/o _____

_____, a resident of

_____ (Village/District/State) and to state that

he/she has physical limitation which hampers his/her writing capabilities owing to his/her disability.

Signature

Chief Medical Officer/Civil Surgeon/Medical superintendent of a

Government health care institution

Name & Designation.

Name of Government Hospital/Health Care Centre with Seal

Place:

Date:

Note:

Certificate should be given by a specialist of the relevant stream/disability (eg. Visual impairment-Ophthalmologist, Locomotor disability-Orthopaedic specialist/PMR).

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

Certificate for person with specified disability covered under the definition of Section 2 (s) of the RPwD Act, 2016 but not covered under the definition of Section 2(r) of the said Act, i.e. persons having less than 40% disability and having difficulty in writing

This is to certify that, we have examined Mr/Ms/Mrs (name of the candidate), S/o /D/o, a resident of(Vill/PO/PS/District/State), aged yrs, a person with (nature of disability/condition), and to state that he/she has limitation which hampers his/her writing capability owing to his/her above condition. He/she requires support of scribe for writing the examination.

2. The above candidate uses aids and assistive device such as prosthetics & orthotics, hearing aid (name to be specified) which is /are essential for the candidate to appear at the examination with the assistance of scribe.

3. This certificate is issued only for the purpose of appearing in written examinations conducted by recruitment agencies as well as academic institutions and is valid upto _____ (it is valid for maximum period of six months or less as may be certified by the medical authority)

Signature of medical authority

(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)	(Signature & Name)
Orthopedic / PMR specialist	Clinical Psychologist/ Rehabilitation Psychologist/Psychiatrist / Special Educator	Neurologist (if available)	Occupational therapist (if available)	Other Expert, as nominated by the Chairperson (if any)
(Signature & Name)				
Chief Medical Officer/Civil Surgeon/Chief District Medical Officer.....Chairperson				

Name of Government Hospital/Health Care Centre with Seal

Place:

Date:

