

**Form of declaration to be submitted by the OBC candidate (in addition to the community certificate)**

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 do not belong to persons/ sections/sections (Creamy Layer) mentioned in column 3 of the Schedule to the above referred Office Memorandum dated 8-9-1993, O.M. No. 36033/3/2004-Estt. (Res.) dated 9th March, 2004, O.M. No. 36033/3/2004-Estt. (Res.) dated 14th October, 2008 and OM No. 36033/1/2013-Estt. (Res.), dated: 27<sup>th</sup> May, 2013.

Signature:.....

Full Name:.....

Address

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 \_\_\_\_\_



\*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.

**FORM OF UNDERTAKING TO BE GIVEN BY CANDIDATES APPLYING FOR CIVIL POSTS  
UNDER EX-SERVICEMEN CATEGORY**

I understand that, if selected on the basis of the recruitment/examination to which this 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-employment in Central Civil Services and Posts) Rules, 1979, as amended from time to time.

I also understand that I shall not be eligible to be appointed to a vacancy reserved for Ex-Servicemen 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-Servicemen.

I further submit the following information:

- a) Date of appointment in Armed Forces \_\_\_\_\_
- b) Date of discharge \_\_\_\_\_
- c) Length of service in Armed Forces \_\_\_\_\_
- d) My last Unit / Corps \_\_\_\_\_

Place:

Date:

(Signature of Candidate)

**FORM OF CERTIFICATE TO BE SUBMITTED BY ESIC EMPLOYEES/GOVERNMENT  
SERVANTS 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 holding the post of  
\_\_\_\_\_ in the pay scale of \_\_\_\_\_ with 3 years regular service  
in the grade as on **closing date**.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Office seal

Place:

Date :

(\*Please delete the words which are not applicable.)



**Form of 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:

**Annexure- G**

**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 (e.g. Visual Impairment-Ophthalmologist, Locomotor Disability-Orthopedic specialist/PMR)