

Formats for Certificates

OBC Undertaking

Declaration / undertaking - for OBC Candidates only

I, _____ son/daughter of Shri _____ resident of village/town/city _____ district _____ State hereby declare that I belong to the _____ community which is recognised 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 (Creamy Layer) mentioned in Column 3 of the Schedule to the above referred Office Memorandum, dated 8/9/1993, which is modified vide Department of Personnel and Training Office Memorandum No.36033/3/2004 Estt.(Res.) dated 9/3/2004.I also declare that the condition of status/annual income for creamy layer of my parents/guardian is within prescribed limits as on financial year ending on March 31, 2017.

Place:

Signature of the Candidate

Date:

Declaration/undertaking not signed by Candidate will be rejected

OBC Certificate Format**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS / ADMISSION TO CENTRAL EDUCATIONAL INSTITUTES (CEIs), UNDER THE GOVERNMENT OF INDIA****"This certificate MUST have been issued on or after 1st April 2017."**

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 9/03/96.
- (v) Resolution No. 12011/44/96-BCC dated 6/12/96 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 6/12/99 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 04/04/2000.
- (xi) Resolution No. 12011/44/99-BCC dated 21/09/2000 published in the Gazette of India Extraordinary Part I Section I No. 210 dated 21/09/2000.
- (xii) Resolution No. 12016/9/2000-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 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 Schedule 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.

Dated:

District Magistrate/ Deputy
Commissioner, etc.

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 / First Class Stipendiary Magistrate / Sub-Divisional magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st 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.



OBC Certificate issued from Maharashtra State must be validated by social welfare Department of Maharashtra Government

SC/ST Certificate Format**FORM OF CERTIFICATE TO BE PRODUCED BY A CANDIDATE BELONGING TO SCHEDULED CASTE OR SCHEDULED TRIBE**

This is to certify that Shri/Smt./Kum. _____ Son/Daughter of Shri _____
 _____ of village/Town _____ in District/ Division _____ of the
 State/Union Territory _____ belongs to the _____ caste/Tribe, which is recognized as a Schedule
 Caste/Scheduled Tribe under.

The Constitution (Scheduled Castes) order, 1950.

The Constitution (Scheduled Tribes) order, 1950.

The Constitution (Scheduled Castes)(Union Territory) order, 1951.

The Constitution (Scheduled Tribes) (Union Territory) order, 1951.

(As amended by the Scheduled Castes and Scheduled Tribes (Modification) Order 1956, the Bombay Reorganization Act, 1960, the Punjab Reorganization Act, 1966, The State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganization Act, 1971) and the Scheduled Castes and Scheduled Tribes orders (Amendment) Act, 1976.)

*The constitution (Jammu & Kashmir) Scheduled Caste Order, 1956;

*The Constitution (Andaman and Nicobar Islands) Scheduled Tribes, 1959, as amended by the Scheduled Castes and Scheduled Tribes orders (Amendment) Act. 1976;

*The Constitution (Dadra and Nagar Haveli) Scheduled Castes Order 1962; *The Constitution (Dadra & Nagar Haveli) Scheduled Tribes Order, 1962; *The Constitution (Pondichery) Scheduled Castes Order, 1964;

*The Constitution (Uttar Pradesh) Scheduled Tribes 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 Constitution (Sikkim) Scheduled Tribes Order, 1978;

*The Constitution (Scheduled Castes) Orders (Amendment) Act, 1990.

*The Constitution (Scheduled Tribes) Order, (Amendment) Ordinance, 1991.

*The Constitution (Scheduled Tribes) Order, (Second Amendment) Act, 1991. *The Constitution (Scheduled Tribes) Ordinance, 1996

This certificate is issued on the basis of the Scheduled Castes/Scheduled Tribes Certificate issue to

Shri _____ Father of Shri _____ of
 village/town _____ in District/Division _____ of the State/UT _____
 _____ who belongs to the _____ caste/Tribe which is recognized as a SC/ST in the State/Union Territory
 _____ issued by the _____ (name of the prescribed issuing authority) vide
 their No. _____ dated _____ or Shri _____ and
 or his/her family ordinarily reside(s) in Village/Town _____ of _____ District/Division of the State/Union
 Territory of _____.

Place _____
 Date _____

Signature _____
 Designation _____
 (With seal of Office)

NOTE: - The terms ordinarily reside(s) used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

⇒ **SC Certificate issued from Maharashtra State must be validated by Social Welfare Department and ST Caste certificate must be validated by Tribal Development Department of Maharashtra Government.**

LIST OF AUTHORITIES EMPOWERED TO ISSUE CASTE/TRIBE CERTIFICATE:

1. 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.
2. Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.
3. Revenue Officers not below the rank of Tahsildar.
4. Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

PwD Certificate Format

**Format for Physically Challenged (PH)/Persons with Disabilities (PwD) Certificate
(To be obtained by the candidate)
(To be filled by Medical Board notified under PwD Act)**

Affix here recent
Photograph showing
the disability duly
attested by Medical
Superintendent
/CMO/Head of
Hospital (with seal)

Certificate No:

Date:

This is to certify that Mr./Ms _____ son / daughter of
Mr./Mrs. _____ Age _____ male/female, Registration
No. _____ is a case of _____. He/She is physically disabled/visual
disabled/speech and hearing disabled/having mental retardation/leprosy cured and has _____ % (_____ per
cent) permanent (physical impairment/visual impairment/speech and hearing impairment etc.) in relation to his/her
_____.

Note:

This condition is progressive/not progressive/likely to improve/not likely to improve*.

1. Re-assessment is not recommended/ is recommended after a period of _____ months /years*.
(*Strike out whichever is not applicable)

Signature of Dr.

Signature of Dr.

Signature of Dr.

Name of Dr.

Name of Dr.

Name of Dr.

Specialization

Specialization

Specialization

Seal with Degree

Seal with Degree

Seal with Degree

(Member, Medical Board)

(Member, Medical Board)

(Member, Medical Board)

Signature/Thumb impression of Patient

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

Information/Guidelines:

- 1) Disability certificate shall be issued by Medical Board of at least three doctors duly constituted by the State or Central government under PWD Act.(One of the members of the Board should be the specialist in the particular field for assessing Locomotor, Visual disability ,Hearing and Speech disability ,Mental disorder and Leprosy cured)
- 2) For candidature under physically challenged category, candidates only with a minimum of 40% disability is required.
- 3) The Medical Board at Reporting Center of CCMT will assess the Physically Challenged (PH) certificate. In case there is serious doubt about percentage of disability/ genuineness of the certificate, the candidate will be referred for reassessment to the Medical Board duly constituted by the State or Central Government under PWD Act.



Centralized Counselling for M.Tech./M.Arch./M.Plan. Admissions 2017 (CCMT-2017)

Coordinated by SVNIT, Surat

PwD Certificate for Medical Board at Reporting Center

(For the use of Medical Board at RC)

Date _____

Name of the RC _____

This is to certify that Shri/Smt/Kum _____

Son / daughter of Shri _____

age _____ sex _____ identification mark (s) _____

PN _____ GATE Score _____ Category _____ is suffering from permanent disability of following category:-

A. Locomotors or cerebral palsy:

(i) BL-Both legs affected but not arms.

(ii) BA-Both arms affected

(a) Impaired reach

(b) Weakness of grip

(iii) BLA-Both legs and both arms affected

(iv) OL-One leg affected (right or left)

(a) Impaired reach

(b) Weakness of grip

(c) Ataxic

(v) OA-One arm affected

(a) Impaired reach

(b) Weakness of grip

(c) Ataxic

(vi) BH-Stiff back and hips (Cannot sit or stoop)

(vii) MW-Muscular weakness and limited physical endurance

B. Blindness or Low Vision:

(i) B-Blind

(ii) PB-Partially Blind

C. Hearing Impairment:

(i) D-Deaf

(ii) PD-Partially Deaf

Percentage of disability is _____ %.

This is to certify that the candidate is capable of carrying out all theory and practical requirement of engineering/technology/ architecture studies.

and

This is to certify that the persons from whom disability certificate the candidate has produced are authentic.

Signature of the candidate _____

(Dr. _____)
Medical Board Member,

(Dr. _____)
Medical Board Member,

(Dr. _____)
Medical Board Member

(Dr. _____)
**Medical Board Chairperson,
Medical Board**

**FORMAT OF MEDICAL CERTIFICATE / REPORT TO BE PRODUCED BY
DYSLEXIC CANDIDATE**

(To be obtained from any Dyslexia Association*)

Date:

PSYCHO-EDUCATION EVALUATION REPORT

Name of the candidate:

Date of Birth:

Registration in the Dyslexia Assn. (date / number):

Name of the Father/Mother/Guardian:

Name/address and Regn. No.
of the Dyslexia Association :

Physical & Neurologic Assessment : []

Psychological Assessment : []

WISC Verbal IQ:
Performance IQ:
Full Scale IQ:

Interpretation: []

Educational Assessment: []

Certified that:

1. The condition of handicap is: MILD / MODERATE / SEVERE (tick whichever is applicable)**
2. The disability is **PERMANENT** in nature.

*Some Dyslexia Associations:

1. Dyslexia Trust of Kolkatta, Divya Jalan, Aruna Bhaskar 3, Dover Park, Kolkata – 700019
2. Dyslexia Association Of Andhra Pradesh (DAAP), 3-4-494/1,1st Floor, Macherla Gastrology Hospital, Reddy College Road, Barkatpura, Hyderabad, Telangana, 500027
3. Madras Dyslexia Association, 94 Park View, 1st Floor, G.N. Chetty Road, T. Nagar, Chennai – 600017
4. Maharashtra Dyslexia Association, 003, Amit Park Bldg, LJ Road, Deonar, Mumbai 400088
5. The Dyslexia Association of India, MZ-47, The Center Stage Mall, Plot No 01, Block L, Sector 18, NOIDA 201303

**Learning Disability is a permanent developmental disorder. Currently there are no standard approved methods to quantify the disorder. However the method of diagnosis is based on significant impairment in academic achievement. To avail the benefit of relaxed norm under PwD category, the candidate must come under SEVERE category.

Name of the certifying official:

Seal:



***CERTIFICATE TO BE PRODUCED BY DYSLEXIC CANDIDATE FROM THE
HEAD OF THE COLLEGE/INSTITUTION LAST ATTENDED**

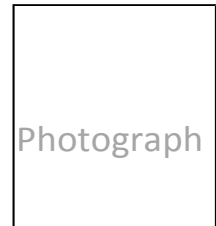
Testimonial

Date:

Name of the candidate:

Date of Birth:

Name and Address of the College/Institution:



Certified that Shri/Shrimati/Kumari _____ son/
daughter of _____ of
_____ village/town passed his/her _____
from this College/Institution and as per records, availed concession under dyslexic
category.

Signature with seal:

*A candidate passing Class XII or equivalent through open school system or in private mode may submit the certificate to this effect from the competent authority in the board certifying the concessions availed under dyslexia.