



LIST OF CANDIDATES PROVISIONALLY SHORT-LISTED FOR ONLINE DOCUMENT VERIFICATION FOR
ENGAGEMENT AS APPRENTICES AT GUJARAT REFINERY
AGAINST ADVT. NO. JR/04/2019



Trade Apprentice - Attendant Operator - Chemical Plant -Post Code (101)

1189	1579	1770
1200	1620	1819
1212	1644	1873
1252	1666	1926
1267	1673	1960
1296	1675	1961
1300	1681	1977
1424	1692	2007
1434	1749	2065
1517	1750	

Trade Apprentice - Fitter -Post Code (102)

2142	2431	2734
2158	2448	2741
2181	2476	2749
2228	2523	2779
2328	2531	2799
2361	2542	2836
2368	2567	
2388	2668	

Technician Apprentice - Diploma Chemical -Post Code (104)

2878	3054	3237
2884	3094	3252
2885	3102	3257
2926	3132	3267
2933	3147	3289
2987	3171	3300
2989	3192	
3050	3221	

Technician Apprentice - Diploma Mechanical -Post Code (105)

3344	3859	4005
3499	3871	4008
3567	3903	4061
3648	3914	4198
3669	3917	4276
3725	3974	4300
3740	3979	
3819	3981	

Technician Apprentice - Diploma Electrical -Post Code (106)

4370	4741	4900
4375	4812	4922
4472	4824	4939
4667	4846	5011
4675	4872	
4698	4889	

Trade Apprentice - Secretarial Assistant -Post Code (108)

5193	5464	5694
5277	5516	5720
5399	5662	5766

Trade Apprentice -Accountant (Post Code 109)

6109

Trade Apprentice - Data Entry Operator (Fresher)-Post Code (110)

6171	6886	7241
6445	7001	7335
6643	7089	7339
6755	7095	

INSTRUCTION FOR CONDUCTING ONLINE DOCUMENT VERIFICATION:

In view of COVID-19 situation, document verification shall be conducted online. Hence, above provisionally shortlisted candidates are hereby advised to send self-attested scanned copy of the original documents as a single PDF file that have been prescribed as per the advertisement, through e-mail at ir-recruitment@indianoil.in **on or before 04.12.2020**. Please note that the candidature of the candidates shall be provisional and the self-attested copies shall be verified with originals at the time of joining.

List of documents required to be sent through e-mail for verification are:

- Attached application form duly filled and signed and also affixed one passport size photograph at the space provided (**Annexure I**)
- 10th Pass/Matriculation certificate issued by the concerned education board as proof of date of birth. No other document will be accepted for verification of date of birth.
- SC/ST/OBC (NCL)/Disability/EWS-Income & Asset Certificate by reserved category candidates in the prescribed format issued by Competent Authority.
- Candidates belonging to EWS category are required to submit an Income & Asset Certificate issued by Competent Authority prescribed under Point No.5 of the Department of Personnel & Training's O.M. No.36039/1/2019-Estt(Res) dated 31.01.2019.
- For claiming the benefit of **OBC category**, the candidate should submit a **latest (within 6 months) caste certificate in the performa prescribed by Govt. of India (applicable for central govt. Jobs)**, which would, among others specifically mention that the candidate does not belong to the persons/sections (creamy layer) as mentioned in column 3 of the schedule to the Department of Personnel & Training, Government of India OM No. 36012/22/93-Estt.(SCT) dated 08.09.1993 and OM. No. 36036/2/2013-Estt.(Res.) dated 30.05.2014. In case of candidates belonging to OBC (non-creamy layer) category, name of OBC caste mentioned in the certificate should fall in the Central List of OBCs of the respective State and non-creamy layer status should be valid as on cut-off date of reckoning eligibility criteria i.e. **31.10.2019**.
- SC/ST certificate in the prescribed format (applicable for central govt. jobs)
- Class XII mark sheet issued by the concerned education board/Semester-wise/ year-wise mark sheets of ITI(Fitter) issued by NCVT/SCVT/Graduation/Diploma Engineering
- Class XII/Final ITI(Fitter) certificate issued by NCVT/SCVT/Graduation/Diploma Certificate issued by respective Board/Authority
- Conversion certificate from CGPA/OGPA/Letter Grade to percentage of marks, if applicable, from concerned University/Institute.
- Certificate mentioning the date of publication of result from the Principal of the Polytechnic/School/College/Institute/University from where the candidate pursued his/her Class XII/ITI(Fitter)/Graduation/Diploma course, if applicable.
- Any other Certificate, as specified in the advertisement
- Govt. Issued photo-identity card like Aadhaar Card/ Pan Card/ Driving License/ Voter Identity Card as proof of identity of the candidate.
- PwBD certificate issued by the competent authority, if applicable.
- Proof of Employment, if applicable with Salary slips
- Copy of Call letter issued at the time of Written Test
- Copy of Application Form filled during Online Application
- Refer **Annexure II** for various formats.

Apart from the specified documents, candidates may submit any relevant documents with respect to various criteria mentioned in our detailed Advertisement.

IMPORTANT:

1. The candidature of the candidates shall only be considered on appropriate submission of all the prescribed documents. Also, only the documents submitted by the candidate shall be taken into consideration for checking and basing the eligibility of the candidate.
2. Candidates submitting incomplete documents will be liable for rejection.
3. Please note that declaration of this **Provisional shortlist** does not confer any claim or right to engagement in this Corporation. It is also clarified (Refer Advertisement No.JR/04/2019) to the candidates *that their candidature is Provisional and is subject to subsequent verification of certificates/testimonials & medical fitness. In case it is detected at any stage of engagement or thereafter, that a candidate does not fulfil the eligibility norms and/or that he/she has furnished any incorrect/doctored/false information/certificate/documents or has suppressed any material fact(s), his/her candidature will stand cancelled. If any of these shortcomings is/are detected even after engagement if any, his/her engagement is liable to be terminated.*
4. Candidates whose documents are prima-facie found to be in order, shall be advised for Pre-Engagement Medical Examination (PEME) as per the PEME guidelines of the corporation. Separate communication in this regard will be sent to the eligible candidates at their registered email address. **Candidates shall be reimbursed an amount limited to Rs. 3000/- towards PEME tests subject to production of receipts** as per the rules of the corporation.
5. Candidates being found medically fit in PEME shall be issued an Offer of Engagement.
6. Clause J (Liability to declare) of Advertisement No.JR/04/2019 is again reiterated, and brought to the notice of shortlisted candidates: *“Candidates with reported ailments, deficiencies or abnormalities shall make a declaration to this effect while submitting their application/during PEME. A candidate found UNFIT during medical examination conducted by any refinery unit or any other PSU while seeking engagement as an apprentice or while seeking a regular employment in the past, is also be required to declare the same with reasons for being declared UNFIT.”*

Further Instructions shall be shared after the completion of Online Document Verification.

Other terms & conditions will remain same as per Advertisement No. JR/04/2019



**Document Verification Form
For Trade/Diploma Apprentices under Apprentices
Act 1961 / 1973 (as amended)**



(USE CAPITAL LETTERS ONLY)

Affix your
Latest PP
size
Photograph
Here

Name of Trade:	
Post Code :	Roll No.

1.	Full Name (Beginning with Surname)					
2.	Father's / Spouse's Name					
3.	Address for Correspondence					
4.	Mobile No.					
5.	E-Mail Address					
6.	a) Date of Birth	Date (DD)	Month (MM)	Year (YYYY)		
	b) Age as on 31/10/2019	_____ years _____ months				
7.	Sex (Please Tick)	Male		Female		
8.	Nationality					
9.	Religion					
10.	Category (Please Tick)	SC	ST	OBC	EWS	General
11.	State of Domicile					
	If Gujarat, period of stay at Gujarat	From			To	

12.	Educational Qualification				
Qualification (SSC onwards)	Subject			% age obtained	Month & Year of Passing / Name of University / Institute/ Board
13.	Whether Apprenticeship Training done / undergoing under Apprentices Act 1961/1973?		Yes		No
	(If yes, period thereof)		From		To
14.	Total Work Experience as on 31/10/2019		Years		Months
Name of Organization	Designation	Nature of Duties	Period		
			From		To

**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD
CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER GOVERNMENT
OF INDIA AND CENTRAL GOVT. PUBLIC SECTOR UNDERTAKINGS**

Regn. No. _____ Date _____

A. This is to certify that Shri./Smt./Kum. _____ son /
daughter of _____ of village town _____ in District /
Division _____ of the State / Union Territory _____ belongs to the
_____ community which is recognised as a backward class under :

Please Tick Mark :

- (i) Govt. of India, Ministry of Welfare Resolution No.12011/68/93-BCC dated 10.09.1993, published in Gazette of India, Extraordinary - Part 1, Section 1, No.186 dated 13.09.1993.
- (ii) Govt. of India, Ministry of Welfare Resolution No.12011/9/94-BCC dated 19.10.1994 published in Gazette of India, Extraordinary Part I, Section 1, No.163 dated 20.10.1994.
- (iii) Govt. of India, Ministry of Welfare Resolution No.12011/7/95-BCC dated 24.05.1995 published in Gazette of India Extraordinary Part I, Section I No.88 dated 25.05.1995.
- (iv) Govt. of India, Ministry of Welfare Resolution No.12011/96/94-BCC dated 6.12.1996 published in Gazette of India Extraordinary Part I, Section 1 No.210 dated 11.12.1996.

B. Applicable in the case of OBC persons who have migrated from another State/U.T. (delete the paragraph if not applicable) :

This certificate is issued on the basis of the Other Backward Classes Certificate issued to
Shri./Smt./Kum. _____ father/mother of Shri./Smt./Kum. _____
_____ in District / Division _____ of the State / Union Territory
_____ who belong to the _____ caste which is recognised as a
Backward Class in the State / Union Territory _____ issued by the _____
_____ (name of prescribed authority) vide their No. _____ dated
_____.

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

D. 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 Govt. of India, Department of Personnel & Training
O.M.No.36012/22/93-Estt.(SCT) dated 08.09.1993.

Place : _____ Signature _____

State /Union Territory _____ Name of Issuing Authority _____

Dated : _____ Designation _____
(With seal of Office)

Note : (1) The term 'ordinarily' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

(2) List of authorities competent to issue caste certificate for Other Backward Classes:-

- i. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner/ Deputy Collector / Ist Class Stipendary Magistrate / City Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner (not below the rank of 1st Class Stipendary Magistrate).
- ii. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
- iii. Revenue Officers not below the rank of Tehsildar.
- iv. Sub-Divisional Officer of the area where the candidate and / or his family normally resides.

(3) The certificate issued by an authority other than stated above will not be accepted.

No.36039/1/2019-Estt (Res)
Government of India
Ministry of Personnel, Public Grievances & Pensions
Department of Personnel & Training

North Block, New Delhi
dated the 31st January, 2019

OFFICE MEMORANDUM

Subject: Reservation for Economically Weaker Sections (EWSs) in direct recruitment in civil posts and services in the Government of India.

In continuation of this Department's Office Memorandum of even number dated 19.01.2019, the following instructions are issued in consultation with Ministry of Social Justice and Empowerment and Department of Legal Affairs regarding reservation for EWSs not covered under the reservation scheme for SCs/STs/OBCs in respect of direct recruitment in civil posts and services in the Government of India.

2. QUANTUM OF RESERVATION

The persons belonging to EWSs who are not covered under the scheme of reservation for SCs, STs and OBCs shall get 10% reservation in direct recruitment in civil posts and services in the Government of India.

3. EXEMPTION FROM RESERVATION:

3.1 "Scientific and Technical" posts which satisfy all the following conditions can be exempted from the purview of the reservation orders by the Ministries/ Departments:

(i) The posts should be in grades above the lowest grade in Group A of the service concerned.

(ii) They should be classified as "scientific or technical" in terms of Cabinet Secretariat [OM No. 85/11/CF-61(1) dated 28.12.1961], according to which scientific and technical posts for which qualifications in the natural sciences or exact sciences or applied sciences or in technology are prescribed and the incumbents of which have to use that knowledge in the discharge of their duties.

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(iii) The posts should be 'for conducting research' or 'for organizing, guiding and directing research'.

3.2 Orders of the Minister concerned should be obtained before exempting any posts satisfying the above condition from the purview of the scheme of reservation.

4. CRITERIA OF INCOME & ASSETS:

4.1 Persons who are not covered under the scheme of reservation for SCs, STs and OBCs and whose family has gross annual income below **Rs. 8.00 lakh (Rupees eight lakh only)** are to be identified as EWSs for benefit of reservation. Income shall also include income from all sources i.e. salary, agriculture, business, profession, etc. for the financial year prior to the year of application.

Also persons whose family owns or possesses any of the following assets shall be excluded from being identified as EWS, irrespective of the family income:-

- 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.

4.2. The property held by a "Family" in different locations or different places/cities would be clubbed while applying the land or property holding test to determine EWS status.

4.3 The term "**Family**" for this purpose will 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.

5. INCOME AND ASSET CERTIFICATE ISSUING AUTHORITY AND VERIFICATION OF CERTIFICATE:

5.1 The benefit of reservation under EWS can be availed upon production of an Income and Asset Certificate issued by a Competent Authority. The Income and Asset Certificate issued by any one of the following authorities in the prescribed format as given in **Annexure-I** shall only be accepted as proof of candidate's claim as belonging to EWS: -

- (i) District Magistrate/Additional District Magistrate/ Collector/ Deputy Commissioner/Additional Deputy Commissioner/1st Class Stipendary

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Magistrate/ Sub-Divisional Magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner

- (ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/ Presidency Magistrate
- (iii) Revenue Officer not below the rank of Tehsildar and
- (iv) Sub-Divisional Officer or the area where the candidate and/or his family normally resides.

5.2 The Officer who issues the certificate would do the same after carefully verifying all relevant documents following due process as prescribed by the respective State/UT.

5.3 The crucial date for submitting income and asset certificate by the candidate may be treated as the closing date for receipt of application for the post, except in cases where crucial date is fixed otherwise.

5.4 The appointing authorities should, in the offer of appointment to the candidates claiming to be belonging to EWS, include the following clause :-

"The appointment is provisional and is subject to the Income and asset certificate being verified through the proper channels and if the verification reveals that the claim to belong to EWS is fake/false the services will be terminated forthwith without assigning any further reasons and without prejudice to such further action as may be taken under the provisions of the Indian Penal Code for production of fake/false certificate."

The appointing authority should verify the veracity of the Income and asset certificate submitted by the candidate through the certificate issuing authority.

5.5 Instructions referred to above should be strictly followed so that it may not be possible for an unscrupulous person to secure employment on the basis of a false claim and if any person gets an appointment on the basis of such false claim, her/his services shall be terminated invoking the conditions contained in the offer of appointment.

6. EFFECTING RESERVATION - MAINTENANCE OF ROSTERS:

6.1 Department of Personnel and Training had circulated Office Memorandum No.36012/2/96-Estt(Res) dated July 2, 1997 regarding implementation of post based reservation roster. The general principles for making and operating post

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based reservation roster would be as per the principles laid down in the said Office Memorandum.

6.2 Every Government establishment shall now recast group-wise post-based reservation roster register for direct recruitment in accordance with format given in **Annexure II, III, IV and V**, as the case may be, for effecting 10% reservation for EWSs interpolating them with the SCs, STs and OBCs. While fixing roster point, if the EWS roster point coincides with the roster points of SCs/STs/OBCs the next available UR roster point has been allotted to the EWSs and also the principle of "squeezing" has been kept in view. While drawing up the rosters, the cadre controlling authorities may similarly "squeeze" the last points of the roster so as to meet prescribed 10% reservation.

6.3 Where in any recruitment year any vacancy earmarked for EWS cannot be filled up due to non availability of a suitable candidate belonging to EWS, such vacancies for that particular recruitment year shall not be carried forward to the next recruitment year as backlog.

6.4 Persons belonging to EWS selected against the quota for persons with benchmark disabilities/ex-servicemen shall be placed against the roster points earmarked for EWS.

7. ADJUSTMENT AGAINST UNRESERVED VACANCIES:

A person belonging to EWS cannot be denied the right to compete for appointment against an unreserved vacancy. Persons belonging to EWS who are selected on the basis of merit and not on account of reservation are not to be counted towards the quota meant for reservation.

8. FORTNIGHTLY/ANNUAL REPORTS REGARDING REPRESENTATION OF EWS:

The Ministries/Departments shall send single consolidated fortnightly report including their attached/subordinate offices beginning from 15.2.2019 as per format at **Annexure-VI**.

From 01.01.2020, the Ministries/Departments shall upload data on representation of EWSs in respect of posts/services under the Central Government on the URL i.e. www.rrcps.nic.in as on 1st January of every year. All Ministries/Departments have already been provided respective usercode and password with guidelines for operating the URL.

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9. MAINTENANCE OF REGISTER OF COMPLAINTS BY THE GOVERNMENT ESTABLISHMENT:

9.1 Every Government establishment shall appoint a senior officer of the Department as the Grievance Redressal Officer.

9.2 Any person aggrieved with any matter relating to discrimination in employment against any EWS may file a complaint with the Grievance Redressal Officer of the respective Government establishment. The name, designation and contact details of the Grievance Redressal Officer may be displayed prominently on the website and in the office of the concerned establishment.

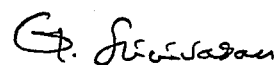
10. LIAISON OFFICER:

Ministries/Departments/Attached and Subordinate Offices shall appoint Liaison Officer to monitor the implementation of reservation for EWSs.

11. The above scheme of reservation will be effective in respect of all direct recruitment vacancies to be notified on or after 01.02.2019.

12. All the Ministries/Departments are requested to bring the above instructions to the notice of all appointing authorities under their control. In case of any difficulty with regard to implementation of the provisions of this OM, the concerned authorities may consult DOP&T through their administrative Ministry/Department.

Encl.: As above.



(G. Srinivasan)

Director

Ph.No.011-23093074

To

- (i) The Secretaries of all Ministries/Departments of the Govt. of India
- (ii) Department of Financial Services, Ministry of Finance, Jeevan Deep Building, Parliament Street, New Delhi
- (iii) Department of Public Enterprises, CGO Complex, Lodhi Road, New Delhi
- (iv) Railway Board, Rail Bhavan, Delhi.

- (v) Supreme Court of India/ Election Commission of India/ Lok Sabha Secretariat/ Rajya Sabha Secretariat/Cabinet Secretariat/Central Vigilance Commission/President's Secretariat/ Prime Minister's Office/NITI Aayog
- (vi) Union Public Service Commission, Dholpur House, Shahjahan Road, New Delhi
- (vii) Staff Selection Commission, CGO Complex, Lodi Road, New Delhi
- (viii) The Secretary, Department of Social Justice and Empowerment, Shastri Bhavan, New Delhi
- (ix) National Commission for Scheduled Castes, Lok Nayak Bhavan, New Delhi
- (x) National Commission for Scheduled Tribes, Lok Nayak Bhavan, New Delhi.
- (xi) National Commission for Backward Classes, Trikot, Bhikaji Cama Place, R.K. Puram, New Delhi.
- (xii) Office of the Comptroller & Auditor General of India, 10, Bahadur Shah Zafar Marg, New Delhi.
- (xiii) Information and Facilitation Centre, DOPT, North Block, New Delhi.
- (xiv) Director, ISTM, Old JNU Campus, Olof Palme Marg, New Delhi-110067.
- (xv) All Officers and Sections in the Ministry of Personnel, Public Grievances and Pensions and all attached/subordinate offices of this Ministry.

Copy to: Director, NIC, DOPT - with the request to immediately place this OM on the website of this Department (what's new tab) for information of all concerned.

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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.

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Annexure – 5
(Sub-clause 2.14.2)

**Form of Certificate to be produced by a candidate belonging to Scheduled Caste or
Scheduled Tribe in support of his claim**

FORM OF CASTE CERTIFICATE

Regn. No. _____ Date _____

A. This is to certify that Shri./Smt./Kum. _____ son / daughter
of _____ of village/ town _____ in
District/Division _____ of the State/Union Territory _____ belongs to the
_____ caste/ tribe which is recognised as Scheduled Caste / Scheduled Tribe
under :

Please Tick Mark :

1. The Constitution (Scheduled Castes) Order, 1950
2. The Constitution (Scheduled Tribes) Order, 1950
3. The Constitution (Scheduled Castes) (Union Territories) Order, 1951
4. The Constitution (Scheduled Tribes) (Union Territories) Order, 1951
(as amended by the Scheduled Castes and Scheduled Tribes Lists (Modification)
Order, 1956, the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act,
1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas
(Reorganisation) Act, 1971 and Scheduled Tribes Orders (Amendment) Act, 1976).
5. The Constitution (Jammu & Kashmir) Scheduled Castes Order, 1956.
6. The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989.
7. The Constitution (Andaman & Nicobar Islands) Scheduled Tribes Order, 1959.
8. The Constitution (Dadra & Nagar Haveli) Scheduled Castes Order, 1962.
9. The Constitution (Dadra & Nagar Haveli) Scheduled Tribes Order, 1962.
10. The Constitution (Pondicherry) Scheduled Castes Order, 1964.
11. The Constitution Scheduled Tribes (Uttar Pradesh) Order, 1967.
12. The Constitution (Goa, Daman & Diu) Scheduled Castes Order, 1968.
13. The Constitution (Goa, Daman & Diu) Scheduled Tribes Order, 1968.
14. The Constitution (Nagaland) Scheduled Tribes Order, 1970.
15. The Constitution (Sikkim) Scheduled Castes Order, 1978.
16. The Constitution (Sikkim) Scheduled Tribes Order, 1978.
17. The Constitution (Jammu & Kashmir) Scheduled Tribes Order, 1989.
18. The Constitution (Scheduled Castes) Orders (Amendment) Act, 1990.
19. The Constitution (Scheduled Tribes) Orders (Amendment) Act, 1991.
20. The Constitution (Scheduled Tribes) Order Second Amendment Act, 1991.

B. Applicable in the case of Scheduled Caste / Scheduled Tribe persons who have migrated
from the State/U.T. of their origin (delete the paragraph if not applicable) :

This certificate is issued on the basis of the Scheduled Caste / Scheduled Tribe
Certificate issued to Shri./ Smt./Kum. _____ father / mother
of Shri./Smt./ Kum. _____ of village/ town _____
in District/ Division _____ of the State / Union Territory
_____ who belong to the _____ caste / tribe which is
recognised as Scheduled Caste / Scheduled Tribe in the State / Union Territory
_____ issued by the _____ (name of prescribed
authority) vide order No. _____ dated _____.

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

Place : _____

Signature _____

State / Union Territory _____

Name of Issuing Authority _____

Date : _____

Designation _____

(With seal of Office)

Note :

1. The term "ordinarily" used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
2. List of authorities empowered to issue Scheduled Caste / Scheduled Tribe Certificates :
 - (i) District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner/ Additional Deputy Commissioner/ Deputy Collector / Ist Class Stipendary Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive 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 normally resides.
3. The caste certificate issued by an authority other than the stated above will not be accepted.

Form-V
Certificate of Disability
(In cases of amputation or complete permanent paralysis of limbs or dwarfism and
in case of blindness)
[See rule 18(1)]
(Name and Address of the Medical Authority issuing the Certificate)

Recent passport 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:

(A) he/she is a case of:

- locomotor disability
 - dwarfism
 - blindness
- (Please tick as applicable)

(B) the diagnosis in his/her case is _____

(A) he/she has _____ % (in figure) _____ percent (in words)
permanent locomotor disability/dwarfism/blindness in relation to his/her _____
(part of body) as per guidelines (.....number and date of issue of the 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 Authorised Signatory of
notified Medical Authority)

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

Form - VI

Certificate of Disability

(In cases of multiple disabilities)

[See rule 18(1)]

(Name and Address of the Medical Authority issuing the Certificate)

Recent passport
size attested
photograph(Showing face only)
of the person with
disability.

Certificate No. _____

Date: _____

This is to certify that we 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:

(A) he/she is a case of Multiple Disability. His/her extent of permanent physical impairment/disability has been evaluated as per guidelines (.....number and date of issue of the guidelines to be specified) for the disabilities ticked below, and is shown against the relevant disability in the table below:

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor 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			

13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			
15.	Mental illness			
16.	Chronic Neurological Conditions			
17.	Multiple sclerosis			
18.	Parkinson's disease			
19.	Haemophilia			
20.	Thalassemia			
21.	Sickle Cell disease			

(B) In the light of the above, his/her over all permanent physical impairment as per guidelines (.....number and date of issue of the guidelines to be specified), is as follows : -

In figures : - ----- percent

In words :- ----- percent

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

3. Reassessment of disability is :

(i) not necessary,
or

(ii) is recommended/after years months, and therefore this certificate shall be valid till -----

(DD) (MM) (YY)

@ e.g. Left/right/both arms/legs

e.g. Single eye

£ 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

5. Signature and seal of the Medical Authority.

Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson
Signature/thumb impression of the person in whose favour certificate of disability is issued.		

Form – VII
Certificate of Disability
(In cases other than those mentioned in Forms V and VI)
(Name and Address of the Medical Authority issuing the Certificate)

(See rule 18(1))

Recent passport
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
(.....number and date of issue of the guidelines to be specified) and is shown against
the relevant disability in the table below:-

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Cerebral Palsy			
5.	Acid attack Victim			
6.	Low vision	#		
7.	Deaf	€		
8.	Hard of Hearing	€		
9.	Speech and Language disability			
10.	Intellectual Disability			
11.	Specific Learning Disability			
12.	Autism Spectrum Disorder			
13.	Mental illness			

14.	Chronic Neurological Conditions			
15.	Multiple sclerosis			
16.	Parkinson's disease			
17.	Haemophilia			
18.	Thalassemia			
19.	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:

(i) not necessary, or

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

@ - eg. Left/Right/both arms/legs

- eg. Single eye/both eyes

€ - eg. 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
Chief Medical Officer/Medical Superintendent/
Head of Government Hospital, in case the
Certificate is issued by a medical authority who is
not a Government servant (with seal)}

Signature/thumb
impression of the person
in whose favour certificate
of disability 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 of the District