

**FORM OF CERTIFICATES TO BE PRODUCED BY OTHER BACKWARD
CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE
GOVERNMENT OF INDIA**

This is to certify that Shri/ Smt/ Miss
Son/ Daughter of Shri
of Village.....District/ Division
..... in the
State belong to the Backward Class under the
Government of India, Ministry of Welfare Resolution No. 12011/ 68 / 93-BCC (C), dated
10th September, 1993, published in the Gazette of India Extraordinary Part I Section- I
dated 13th September 1993. Shri
and his 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 &
Training O.M. No. 36012/22/93- Estt. (SCT), dated 8-9-1993.

District Magistrate
Deputy Commissioner etc

Dated :

Seal

Note:

- a) The term 'ordinarily' used here will have the same meaning as Section 20 of the Representation of the Peoples Act, 1950
- b) Where the certificates are issued by Gazetted Officer of the Union Government or State Government they should be in the same form, but COUNTERSIGNED by the District Magistrate or Deputy Commissioner.

(Certificate issued by Gazetted Officers and attested by District Magistrate/ Dy. Commissioner are not sufficient)

Certificate issued on or after 01.04.2020

FORM OF DECLARATION TO BE SUBMITTED BY THE OBC/SC CANDIDATE IN ADDITION TO THE COMMUNITY CERTIFICATE (OBC/SC)

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/Schedule 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. 36102/22/93-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.

(SIGNATURE OF THE CANDIDATE)

FULL NAME

ADDRESS:

