

Government of
(Name & Address of the authority issuing the certificate)

INCOME & ASSETS 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.

OBC-NCL Certificate Format**FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES (NCL)* APPLYING FOR ADMISSION TO CENTRAL EDUCATIONAL INSTITUTIONS (CEIs), UNDER THE GOVERNMENT OF INDIA**

This is to certify that Shri/Smt./Kum** _____ Son/
 Daughter** of Shri/Smt.** _____ of Village/
 Town** _____ District/Division** _____ in
 the State/Union Territory _____ belongs to the
 _____ community that is recognized as a backward class
 under Government of India***, Ministry of Social Justice and Empowerment's Resolution No.
 _____ dated _____****

Shri/Smt./Kum. _____ and/or _____
 his/her family ordinarily reside(s) in the _____ District/Division
 of the _____ State/Union Territory. 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, further modified vide OM No. 36033/3/2004-Estt. (Res.) dated
 14/10/2008, again further modified vide OM No.36036/2/2013-Estt (Res) dtd. 30/05/2014, and
 again further modified vide OM No. 36033/1/2013-Estt (Res) dtd. 13/09/2017.

District Magistrate /
 Deputy Commissioner /
 Any other Competent Authority

Dated:

Seal

* Visit <http://www.ncbc.nic.in> for latest guidelines and updates on the Central List of State-wise OBCs.

** Please delete the word(s) which are not applicable.

*** As listed in the Annexure (for FORM-OBC-NCL)

**** The authority issuing the certificate needs to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

NOTE:

- (a) The term 'Ordinarily resides' 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/ Ist Class Stipendiary Magistrate/ Sub-Divisional magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner (not below the rank of Ist 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
 - (v) Certificate issued by any other authority will be rejected

ANNEXURE for FORM-OBC-NCL

Sl. No.	Resolution No.	Date of Notification
1	No.12011/68/93-BCC(C)	13.09.1993
2	No.12011/9/94-BCC	19.10.1994
3	No.12011/7/95-BCC	24.05.1995
4	No.12011/96/94-BCC	09.03.1996
5	No.12011/44/96-BCC	11.12.1996
6	No.12011/13/97-BCC	03.12.1997
7	No.12011/99/94-BCC	11.12.1997
8	No.12011/68/98-BCC	27.10.1999
9	No.12011/88/98-BCC	06.12.1999
10	No.12011/36/99-BCC	04.04.2000
11	No.12011/44/99-BCC	21.09.2000
12	No.12015/9/2000-BCC	06.09.2001
13	No.12011/1/2001-BCC	19.06.2003
14	No.12011/4/2002-BCC	13.01.2004
15	No.12011/9/2004-BCC	16.01.2006
16	No.12011/14/2004-BCC	12.03.2007
17	No.12011/16/2007-BCC	12.10.2007
18	No.12019/6/2005-BCC	30.07.2010
19	No. 12015/2/2007-BCC	18.08.2010
20	No.12015/15/2008-BCC	16.06.2011
21	No.12015/13/2010-BC-II	08.12.2011
22	No.12015/5/2011-BC-II	17.02.2014
23	No. 12011/04/2014-BC-II	14.01.2015
24	No. 12011/7/2014-BC-II	23.01.2015
25	No. 12011/1/2015-BC-II	27.05.2015
26	No. 12015/05/2011-BC-II	14.07.2015
27	No. 12011/06/2014-BC-II	09.09.2015
28	No. 12011/13/2016-BC-II	25.05.2016
29	No. 12011/14/2016-BC-II	13.06.2016
30	No. 12011/15/2016-BC-II	30.06.2016
31	No. 12011/4/2014-BC-II	11.08.2016
32	No. 12011/6/2014-BC-II	06.12.2016
33	No. 12011/13/2016-BC-II	22.12.2016
34	No. 20012/1/2017-BC-II	18.01.2017
35	No. 12011/7/2017-BC-II	28.07.2017
36	No. 36033/1/2013-Estt. (Res.)	13.09.2017
37	No. 36033/2/2018-Estt. (Res.)	08.06.2018

SC/ST Certificate Format**FORM OF CERTIFICATE TO BE PRODUCED BY SCHEDULED CASTES (SC) AND
SCHEDULED TRIBES (ST) CANDIDATES**

1. This is to certify that Shri/ Shrimati/ Kumari* _____ son/daughter* of
_____ of Village/Town* _____ District/Division*
_____ of State/Union Territory* _____ belongs to the
_____ Scheduled Caste / Scheduled Tribe* 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 Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002]

- * The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956;
- * The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959, as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976;
- * The Constitution (Dadara and Nagar Haveli) Scheduled Castes Order, 1962;
- * The Constitution (Dadara and Nagar Haveli) Scheduled Tribes Order, 1962;
- * The Constitution (Pondicherry) Scheduled Castes Order, 1964;
- * The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967;
- * The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968;
- * The Constitution (Goa, Daman and 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 (Jammu and Kashmir) Scheduled Tribes Order, 1989;
- * The Constitution (Scheduled Castes) Order (Amendment) Act, 1990;
- * The Constitution (Scheduled Tribes) Order (Amendment) Act, 1991;
- * The Constitution (Scheduled Tribes) Order (Second Amendment) Act, 1991.

2. # This certificate is issued on the basis of the Scheduled Castes / Scheduled Tribes* Certificate issued to Shri /Shrimati*
_____ father/mother* of Shri /Shrimati /Kumari* _____ of Village/Town*
_____ in District/Division* _____ of the State State/Union
Territory* _____ who belong to the Caste / Tribe* which is recognised as a Scheduled Caste / Scheduled Tribe* in the
State / Union Territory* _____ issued by the _____ dated _____.

3. Shri/ Shrimati/ Kumari * _____ and / or* his / her* family ordinarily reside(s)** in Village/Town*
_____ of _____ District/Division* of the State Union Territory* of _____.

Signature: _____
Designation _____
(With seal of the Office)

Place: _____ State/Union Territory* _____

Date: _____

- * Please delete the word(s) which are not applicable.
- # Applicable in the case of SC/ST Persons who have migrated from another State/UT.

IMPORTANT NOTES

The term “ordinarily reside(s)**” used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.

Officers competent to issue Caste/Tribe certificates:

1. District Magistrate / Additional District Magistrate / Collector / Deputy Commissioner / Additional Deputy Commissioner / Deputy Collector / Ist Class Stipendiary Magistrate / City Magistrate / Sub-Divisional Magistrate / Taluka Magistrate / Executive Magistrate / Extra Assistant Commissioner.
2. Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
3. Revenue Officers not below the rank of Tehsildar.
4. Sub-divisional Officer of the area where the candidate and/ or his family normally reside(s).
5. Administrator / Secretary to Administrator / Development Officer (Lakshadweep Island).
6. Certificate issued by any other authority will be rejected.

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.

1. 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:

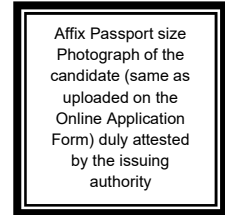
Certificate regarding physical limitation to write in an examination

Certificate No. _____ Dated _____

This is to certify that Mr./Ms. _____

Aged _____ Years, Son/Daughter of Mr./Mrs. _____

R/o _____



with NFAT 2024 Application No. _____ and NFAT 2024 Roll No.

_____, has the following Disability (name of the Specified Disability)

_____ in (percentage) of _____ (in words)

_____ (in Figures).

- Please tick on the “Specified Disability”

(Assessment may be done on the basis of Gazette of India. Extraordinary, Part-II, Section 3 Sub-section (ii), Ministry of Social Justice and Empowerment)

S. No.	Category	Type of Disability	Specified Disability
1.	Physical Disability	Locomotor Disability	a. Leprosy cured person, b. cerebral palsy, c. dwarfism, d. muscular dystrophy, e. acid attack victims.
		Visual Impairment	a. Blindness, b. Low vision
		Hearing Impairment	a. Deaf, b. Hard of hearing
		Speech & Language Disability	Permanent disability arising out of conditions such as laryngectomy or aphasia affecting one or more components of speech and language due to organic or neurological causes.
2.	Intellectual Disability		a. Specific learning disabilities/perceptual disabilities: Dyslexia, Dysgraphia, Dyscalculia, Dyspraxia & Developmental Aphasia) b. autism spectrum disorder
3.	Mental Behaviour		a. mental illness
4.	Disability caused due to	i. Chronic Neurological Conditions	a. Multiple sclerosis b. Parkinson’s disease
		ii. Blood disorder	a. Haemophilia, b. Thalassemia, c. Sickle cell disease
5.	Multiple Disabilities		More than one of the above specified disabilities including deaf blindness

This is to further certify that he/she has physical limitation which hampers his/her writing capabilities to write the Examination owing to his/her disability.

Signature

Name: _____

Chief Medical Officer/ Civil Surgeon/ Medical Superintendent
Government Health Care Institution with Seal

FORM-PwD (II)
Disability Certificate

(In cases of amputation or complete permanent paralysis of limbs and in cases of blindness)

(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 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:

1. he/she is a case of:
 - a. locomotor disability
 - b. blindness

(Please tick as applicable)

2. the diagnosis in his/her case is _____

3. 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).

4. 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 disability certificate is issued.

FORM-PwD(III)
Disability Certificate
(In cases of multiple disabilities)

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

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 are satisfied
that:

1. He/she is a Case of Multiple Disability. His/her extent of permanent physical impairment/
disability has been evaluated as per guidelines (to be specified) for the disabilities ticked
below, and 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	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.)

@ - e.g. Left/Right/both arms/legs

- e.g. Single eye/both eyes

£ - e.g. Left/Right/both ears

2. In the light of the above, his/her overall permanent physical impairment as per
guidelines (to be specified), is as follows:

In figures: _____ percent In words: _____ percent _____

3. The above condition is progressive/ non-progressive/ likely to improve/ not likely to
improve.

4. 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) _____

5. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

6. Signature and seal of the Medical Authority:

Name and Seal of Member	Name of Seal of Member	Name and Seal of the Chairperson

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

FORM-PwD(IV)
Disability Certificate

(In cases other than those mentioned in Forms II and III)
(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 of Shri _____ Date of Birth (DD/MM/YY) _____ Age _____
years, male/female _____ Registration No. _____ permanent resident of House
No. _____ Ward/Village/Street _____ Post Office
_____ Tahsli/Block _____

District _____ State__ whose photograph is affixed above, and am satisfied that he/: a case of disability.

1. His/her extent of percentage of physical impairment/disability has been evaluated as per 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	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.)

@ - e.g. Left/Right/both arms/legs

- e.g. Single eye/both eyes

£ - e.g. Left/Right/both ears

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

3. Reassessment of disability is:

a. not necessary

Or

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

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 certificate is issued by a medical authority who is not a government 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 of the District. **Note:** The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December 1996.

FORM-DYSLEXIC-2

***CERTIFICATE TO BE PRODUCED BY DYSLEXIC CANDIDATE FROM THE PRINCIPAL OF
THE SCHOOL/COLLEGE LAST ATTENDED**

Testimonial

Date:

Name of the candidate:

Photograph

Date of Birth:

Name and Address of the School/University/College:

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

Signature with seal:

Photograph
of the
Candidate

*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.

**FORM-CW
PROFORMA**

**EDUCATION SCHOLARSHIP-ENTITLEMENT CARD [PRIORITY I AND II CW CATEGORY]
(To children of Armed Forces personnel killed/disabled/missing in wars/CI
Operations)**

The holder of this card Shri/Kum _____ born on _____ is the son/daughter of Shri/Smt. _____, Rank _____ of Unit _____ Service _____ ServiceNo. _____ killed in action/permanently disabled/missing on _____ during _____ (Name of war/operation).
Name of the Guardian: _____
Address: _____

The holder is eligible for all educational concessions sanctioned by Central Government for children of Armed Forces personnel killed, missing or permanently disabled in wars/CI Operations.

Signature of the authorized Officer

Office Address:

(In case of officers, Entitlement Card for Education Scholarship should be obtained from AG/MP-59B, Army HQ, New Delhi-11, and for Personnel Below Officer Rank (PBOR) the same be obtained from the respective Record Offices.)

**Authorities Competent to Issue Educational Concession Certificate to CW Category
[Priority III, IV, V, VI, VII, VIII and IX]**

Any of the following authorities on the proper letterhead with complete address, telephone number/s and e-mail-ID (along with supporting document/s towards the Educational Concession Certificate):-

- (a) Secretary, KendriyaSainik Board, Delhi.
- (b) Secretary, RajyaZilaSainik Board.
- (c) Officer-in-Charge, Record Office.
- (d) Competent authority of Ministry of Defence.
- (e) Ministry of Home Affairs (For Police Personnel in receipt of Gallantry Awards)

FORM-SCRIBE

FORMAT OF REQUEST LETTER FOR SCRIBE AND EXTRA TIME FOR PWD CANDIDATES

From Date: _____

Name of the candidate:

Address:

Application No. Entrance Examination: _____

Mobile No: _____

Email: _____

The Chairperson,
Centralized Admission Committee,
National Forensic Sciences University
Gandhinagar, Gujarat-382007

Dear Sir,

Subject: Requirement of SCRIBE and EXTRA TIME

I am a PwD candidate (Visually impaired/dyslexic/ disability in the upper limbs or loss of fingers). I would like to use the service of a scribe for writing NFSU entrance examination. I also request you to provide extra time of one hour to complete the paper as per the government norms. Kindly do the needful

Thanking you.

Signature of the candidate Signature of the
Parent/Guardian: _____

(Name of the
Parent/Guardian): _____

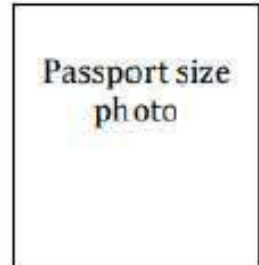
Declaration by the Candidate in Lieu of OBC-NCL Certificate

Name of the candidate: _____

Address: _____

Application Registration No: _____

Mobile No: _____ Email: _____



I understand that as per the new guideline from the Ministry of Personnel, Public Grievances and Pensions, Gol, I am required to submit OBC-NCL certificate issued on or after April 1, 2022.

Since I have not been able to collect the said certificate on time, I may kindly be allowed to appear in the entrance examination 2023 provisionally. I hereby declare that I registered for NFSU entrance examination as OBC-NCL candidate and that I will submit a fresh certificate (issued on/after April 1, 2022) at the web portal on or before September 30, 2023, 05:00 PM.

I understand that inability to upload the same by the given date and time will lead to the withdrawal of OBC-NCL benefit. I also understand that, if qualified, my category will be adjusted accordingly in the Common Rank List.

Signature of Father/Mother

Name:

Date:

Signature of Applicant

Name:

Date:

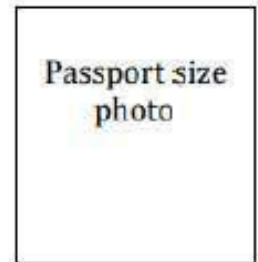
Declaration by the Candidate in Lieu of GEN-EWS Certificate

Name of the candidate: _____

Address: _____

Application Registration No. (2022): _____

Mobile No: _____ Email: _____



I understand that as per the new guideline from the Ministry of Personnel, Public Grievances and Pensions, Gol, I am required to submit GEN-EWS certificate issued on or after April 1, 2022.

Since I have not been able to collect the said certificate on time, I may kindly be allowed to appear for NFSU entrance examination 2023 provisionally. I hereby declare that I registered for NFSU, entrance examination 2023 as GEN-EWS candidate and that I will upload a fresh certificate (issued on/after April 1, 2022) at the web portal on or before September 30, 2023, 05:00 PM. I understand that inability to upload the same by the given date and time will lead to the withdrawal of GEN-EWS benefit. I also understand that, if qualified, my category will be adjusted accordingly in the Common Rank List.

Signature of Father/Mother

Name:

Date:

Signature of Applicant

Date: