

I/202539/2025

Government of India
Ministry of Jal Shakti
Department of Water Resources, RD & GR
Central Water Commission
Establishment-VII Section

5th Floor (N), Sewa Bhawan,
R.K. Puram, New Delhi-110066

Dated: 11 April, 2025

NOTICE

Subject: Document verification (DV) of candidates selected for the post of Lower Division Clerk of Ministerial Cadre of Subordinate Offices of Central Water Commission-regarding.

On the basis of final results of Combined Higher Secondary Level (10+2) Examination, 2024, the Staff Selection Commission has provided the e-dossiers of 11 candidates selected for the post of Lower Division Clerk of Ministerial Cadre of Subordinate Offices of Central Water Commission. It is proposed to conduct Document Verification and subsequent pre-appointment formalities of the recommended candidates.

2. The document verification of the selected candidates will be conducted by the Central Water Commission **on 17.04.2025(Thursday)**. Therefore, the candidates are directed to report **at New Library Building, Central Water Commission, Near Sewa Bhawan, R.K. Puram, Sector-1, New Delhi-110066** for Document Verification as per the date and time mentioned against their names in the **Annexure-I**. The candidates are directed to go through the detailed instruction given at **Annexure-II** before appearing for Document Verification.

3. The candidates are required to appear for Document Verification along with the photocopies (**one set each**) and original documents. They will have to submit copies of various documents as given below at the time of Document Verification:

- i. Matriculation / Senior Secondary (10+2) Certificates issued by the State/Central Education Board, showing their date of birth (in Christian era),
- ii. All other certificates (mark sheet and certificates etc.) in support of their educational qualifications and subjects studied at various levels,
- iii. OBC/SC/ST Caste Certificate, if s/he belongs to any of reserved categories to be produced in the format prescribed in the Notice of this Examination.
- iv. Relevant Certificate if seeking any age relaxation.
- v. Income and Asset Certificate valid for the financial year 2024-25 issued on the basis of income for the financial year 2023-24 in case of EWS candidate.
- vi. No Objection Certificate in case the candidate already employed in Government/ Government Undertaking.
- vii. Identity Proof {Pan Card, Adhaar Card, Voter ID etc}.
- viii. Latest passport size colour Photographs.

I/202539/2025

4. In the event of not reporting of the candidate on the scheduled date and time for Document Verification (DV), it will be presumed that he is not willing to appear in the DV and his candidature may be liable to be cancelled by the CWC.
5. No TA/DA or accommodation shall be provided for attending the DV, Candidates have to make their own arrangements for stay/travel.
6. A copy of this DV Notice is also available at the CWC's website (<http://cwc.gov.in/orders-and-circulars>). Therefore, in the event of non-receipt of the notice through email, they can verify their details through the commission's website for attending the document verification on the scheduled date.
7. This call letter for verification of documents/certificates will not be sent to the candidates by post. Hence, please make sure to attend for the Document verification at the prescribed time and address only after receiving the call letter sent through e-mail.
8. Appointment letters will be issued only to the candidates successful in document verification.
9. If at any stage it is found that the candidate does not fulfill any of the eligibility conditions prescribed in the advertisement/examination notice, then his/her candidature will be cancelled and no appeal will be entertained against such cancellation. Please note that this office notice has been issued for verification of documents/certificates. This does not confer any right on you to be considered eligible in all respects for consideration for appointment. To avoid any disappointment at any subsequent stage, you are advised to re-check whether you fulfill all the prescribed eligibility criteria on the crucial date fixed for the concerned post/examination.
10. Canvassing in any form will result in cancellation of your candidature.

Encl: As above.

Digitally Signed by Nisha
Gupta

Date: 11-04-2025 17:10:28

Reason: Approved

(Nisha Gupta)
Under Secretary
Tell: 011-29583287/29583459

To,

All 11 candidates selected for the post of Lower Division Clerk of Ministerial Cadre of Subordinate Offices of Central Water Commission- through email/CWC's Website.

Annexure-1

Sl. No.	Name (Sh./Smt./Ms.)	Roll No.	Category	Rank	Mobile No.
1.	Shri Rajnish Kumar Sharma	3013083513	OBC	SL/1030	8298134073
2.	Shri Rishi Kumar	3206128536	OBC	SL/1101	9693042108
3.	Miss Priya Singh	2201122299	EWS	SL/1440	8168619543
4.	Shri Saurabh Kumar	3206091277	EWS	SL/1489	9608509728
5.	Shri Ashish Kumar	3206033913	OBC	SL/1508	8340795067
6.	Shri Satyam Kumar	3205016902	EWS	SL1602	7631602315
7.	Shri Raushan Raj	3206036649	OBC	SL/1627	7856004693
8.	Shri Manikant Patel Choudhary	4207019509	OBC	SL/1698	6205684952
9.	Shri Eshu Kumar	3013083361	EWS	SL/2062	9113717982
10.	Shri Divya Prakash	2201001095	SC	SL/2465	9576784566
11.	Shri S Prakasa Rao Mogali	8009005227	UR	SL/3311	7893418061

General Instruction for candidates appearing for the Document Verification for the post of Lower Division Clerk in the Central Water Commission

1. Candidates are directed to verify their name, category, rank, date of birth etc. with the final result of the Examination available on the SSC's website.
2. Photo, Signature, Left Thumb Impression (LTI), and Handwriting taken on the Admission Certificate and the documents obtained at different stages of the examination should be as per the particulars of the candidate concerned at the time of document verification.
3. Name of candidate/ father's name/ mother's name filled in the online Application Form should be as per the matriculation certificate.
4. Date of birth filled in the online Application Form must be as per matriculation certificate. In case of any mismatch, candidature will be rejected.
5. The crucial date for Essential Qualification (EQ) is 01.08.2024. The final result of the requisite educational qualification must have been declared by the Institute/University by the specified date. Mere processing of the result by the University/institute by the cut-off date does not fulfill the EQ requirement. Candidature of candidates not fulfilling the EQ requirement as on the crucial date will be rejected.
6. The crucial date for the claim of SC/ST/OBC/EWS/PwPD status or any other benefit, viz., reservation, age-relaxation, etc 31.07 .2024.
7. Candidates who wish to be considered against reserved vacancies or seek age-relaxation must submit requisite certificates from the competent authority, in the format prescribed in the Notice of this Examination at the time of document verification. Otherwise, their claim for SC/ST/OBC/EWS/PwBD will not be entertained and their candidature will be cancelled.
8. In respect of OBC candidates, the extant guidelines regarding creamy layer status must be followed strictly. Certificate showing only the community as per State list shall not be accepted. In case of Female OBC candidates, OBC certificate should be issued as Daughter of(i.e. Carrying her father's name). The formats of the certificate should be as prescribed in the Notice of this Examination. The certificate of disability issued under the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995)I of 1996) will also be valid. Certificate (s) in any other format and/or incomplete Certificate (s) are liable not to be accepted.
9. The candidates with benchmark disabilities (PwBD) shall have to furnish the requisite certificate issued by the competent authority at the time of document verification. The Sub -category/sub-categories must be as selected the appropriate PwBD category i.e., OH/ HH/ PwBD-Others, while filling up the application form.
10. In case of EWS candidate, it must be ensure that they possesses the Income & Asset certificate valid for the financial year 2024-25 issued on the basis of income for the financial year 2023-24 in accordance with the DoP & T OM No. 36039/1/2019-Estt(Res.)dated 31.01.2019.
11. Candidates are cautioned that they must ensure that they belong to the category as fill up in the application form and can prove the same by furnishing the requisite certificate issued by the competent authority when

such certificate are sought by the commission at the time of document verification or any stage, failing which the candidature of the candidate will be cancelled.

12. The PwBD/PwD candidates who have availed the facility of scribes/ passage readers and/ or compensatory time must produce relevant documents for the eligibility of scribe/ compensatory time at the time of Document Verification conducted by the Commission. Failure to produce such supporting documents will lead to the cancellation of their candidature.
13. A candidate who claims a change in name after matriculation on marriage or remarriage or divorce, etc. Shall submit the following documents:
 - a. In case of marriage of women: Photocopy of the husband's passport showing the name of the spouse or an attested copy of the marriage certificate issued by the Registrar of Marriage or an Affidavit from husband and wife along with a joint photograph duly sworn before the Oath Commissioner.
 - b. In case of re-marriage of women: Divorce Deed/ Death Certificate as the case may be in respect first spouse:, and photocopy of present husband's passport showing the name of spouse or an attested copy of marriage certificate issued by the Registrar of Marriage or an Affidavit from the husband and wife along with joint photograph duly sworn before the Oath Commissioner.
 - c. In case of divorce of women: Certificate copy of Divorce Decree and Deed Poll/ Affidavit duly sworn before the Oath Commissioner.
 - d. In other circumstances for change of name for both male and female: Deed Poll/ Affidavit duly sworn before the Oath Commissioner and paper cuttings of two leading daily newspapers in original (One daily newspaper should be of the area of applicant's permanent and present address or nearby area) and Gazette Notification.

[Note: It is reiterated that after scrutiny of the certificate/ documents of EQs/ caste/ category, etc. if any claim made in the application is not substantiated by certificates/documents at the time of document verification, the candidature of the candidate will be cancelled].

IRREVERSIBLE. Subsequent request for change of Post/Department by candidates shall not be entertained under any circumstances. If the candidate has not opted for a Post/Department, he/she shall not be considered for selection to such post irrespective of his/her merit position. Therefore candidates must exercise due diligence and be very careful while giving their post-preferences.

- 15.3 **Candidates, who do not submit their post preference(s) on the website of the Commission within the stipulated time, will not be considered for any post in the Final Result. Such candidates shall not be provided with another opportunity to exercise preference for posts and will be solely responsible for the same.** Any grievance received in this regard in any form like Post, Fax, Email, by hand, etc. shall not be entertained by the Commission and will be summarily rejected.
- 15.4 Requirement of Physical Standard, Physical Efficiency Tests and Medical Standards for the post of Lower Division Clerk in BRO is available at **Annexure-XVII**. Candidates should ensure that they fulfill all the required standards before opting for the post of Lower Division Clerk in BRO. Posts once allocated as per merit-cum-preference of the candidates will not be changed subsequently due to failure of the candidates to qualify in these Standards.
16. **Document Verification (DV):**
 - 16.1 **Document Verification (DV) will be conducted by the User Departments/Organizations after declaration of the final result.**
 - 16.2 Staff Selection Commission recruits personnel as per the vacancies reported by the User Ministries/Departments/Organizations. The Commission has no role in determination of total vacancies (Vertical & Horizontal) arising in a User Ministry/Department/Organization, backlog vacancies, segregation of vacancies under various reserved categories and vacancies reported to be filled up by direct recruitment. After declaration of final result of the examination, dossiers of selected candidates are forwarded to the User Ministries/Departments/Organizations. The User Ministries/Departments/Organizations shall accept the dossiers forwarded after declaration of final result. No User Ministry/Department/Organization shall return the dossier(s) of selected candidates on the ground of non-availability of Horizontal vacancies or on the ground that a Horizontal vacancy exists but the dossier of that category has not been provided by the Commission.
 - 16.3 Staff Selection Commission confirms the vacancies from User Ministries/Departments/Organizations before declaration of the final result. Final result is declared and nominations/recommendations are made only against such confirmed vacancies. The User Ministries/Departments/Organizations will, therefore, accept the nominations made and dossiers sent to them. In case a Ministry/Department/Organization is wound up, reorganized, or transferred under the administrative control of another Ministry/Department/Organization, its successor/administrative Ministry/Department will accept the dossiers. In case, the entire hierarchy of organizations upto the Ministry level is wound up, the Ministry/Department to which its work has been transferred would accept the dossiers. In the event that work of the Ministry/Department/Organization has not been transferred to any other Ministry/Department, the Ministry/Department whose work is closely related to the erstwhile work of the former will accept the dossiers. Decision of the Commission in this regard would be final.
 - 16.4 The final result will be declared only once by the Commission and no further nomination of candidates would be made in the event of candidates not joining the offered posts. Thus, after the declaration of final result, vacancy(ies), if any,

remaining unfilled due to non-availability of suitable candidates, non-joining of candidates or any other reason(s) will not be filled up in that recruitment year and the Indenting Ministry/Department/Organization may carry forward those vacancies to the next recruitment cycle and report to the Commission as per the extant rules.

- 16.5 As per the policy of the Commission, SSC does not maintain Waiting list/Reserve panel for multi-factor examinations conducted by the Commission. In such cases, the Departments may take further action regarding carrying forward of vacancies in accordance with the extant rules.
- 16.6 The candidates are required to appear for Document Verification along with the photocopies and original documents indicated in **para 14.7** as and when asked by the concerned authority(ies).
- 16.7 Candidates will have to submit copies of various documents as given below at the time of Document Verification by the User Departments/ Organizations:
 - 16.7.1 Matriculation/ Secondary Certificate.
 - 16.7.2 Educational Qualification Certificate.
 - 16.7.3 Order/ letter in respect of equivalent Educational Qualifications claimed, indicating the Authority (with number and date) under which it has been so treated, in respect of equivalent clause in Essential Qualifications, if a candidate is claiming a particular qualification as equivalent qualification.
 - 16.7.4 Caste/ Category Certificate, if belongs to reserved categories.
 - 16.7.5 Persons with Benchmark Disabilities Certificate in the required format, if applicable.
 - 16.7.6 For Ex-Servicemen (ESM):
 - 16.7.6.1 Undertaking as per **Annexure-VIII**.
 - 16.7.6.2 Serving Defence Personnel Certificate as per **Annexure-VII**, if applicable.
 - 16.7.6.3 Discharge Certificate, if discharged from the Armed Forces,
 - 16.7.7 Relevant Certificate if seeking any age relaxation.
 - 16.7.8 No Objection Certificate, in case already employed in Government/ Government undertakings.
 - 16.7.9 A candidate who claims change in name after matriculation on marriage or remarriage or divorce, etc. the following documents shall be submitted:
 - 16.7.9.1 In case of marriage of women: Photocopy of Husband's passport showing names of spouses or an attested copy of marriage certificate issued by the Registrar of Marriage or an Affidavit from husband and wife along with a joint photograph duly sworn before the Oath Commissioner;
 - 16.7.9.2 In case of re-marriage of women: Divorce Deed/Death certificate as the case may be in respect of first spouse; and photocopy of present husband's passport showing names of spouse or an attested copy of marriage certificate issued by the Registrar of Marriage or an Affidavit from the husband and wife along with joint photograph duly sworn before the Oath Commissioner.
 - 16.7.9.3 In case of divorce of women: Certified copy of Divorce Decree and Deed Poll/Affidavit duly sworn before the Oath Commissioner.
 - 16.7.9.4 In other circumstances for change of name for both male and female:

ANNEXURE-VI

**Form of Certificate to be submitted by Central Government Civilian Employees
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 a Central Government Civilian employee holding the post of _____ in the pay scale of Rs. _____ with 3 years regular service in the grade as on closing date.

This office has no objection for his/ her appearing in the _____ Examination 20____.

Signature _____

Name _____

Office Seal

Place:

Date:

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

ANNEXURE- VII

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) _____.

(Signature of Commanding Officer)

Office Seal

Place:

Date:

UNDERTAKING TO BE GIVEN BY THE EX-SERVICEMEN

I, bearing Roll No..... ,
appearing for the Document Verification of the
Examination, 20... , do hereby undertake that:

- (a) 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.
- (b) I have not joined the Government job on civil side (including Public Sector Undertakings, Autonomous Bodies/Statutory Bodies, Nationalized Banks, etc.) in Group 'C' and 'D' posts on regular basis after availing of the benefits of reservation given to ex-serviceman for re-employment; or
- (c) I have availed the benefit of reservation as ex-serviceman for securing Government job on civil side. I have joined ason.....in the office of I hereby undertake that I have submitted the self-declaration/undertaking to my current employer about date wise detail of the application for the above mentioned examination for which I had applied for before joining the present civil employment; or
- (d) I have already availed the benefit of reservation as ex-serviceman for securing Government job on civil side. I have joined ason..... in the office of Therefore, I am not eligible for the benefit of reservation provided to ex-servicemen;

I hereby declare that the above statements are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, my candidature/ appointment is liable to be cancelled/ terminated.

Signature:
Name:
Roll Number:
Date:
Date of appointment in Armed Forces:
Date of Discharge:
Last Unit/ Corps:
Mobile Number:
Email ID:

FORMAT FOR SC/ ST CERTIFICATE

The form of certificate to be produced by Scheduled Castes and Scheduled Tribes candidates applying for appointment to posts under Government of India

This is to certify that Shri/ Shrimati /Kumari* _____ son/daughter of _____ of _____ village/town/*
_____ District/Division* _____ of the
State/Union Territory* _____ belongs
to the _____ caste/ Tribes* which is recognized as a Scheduled Castes/Scheduled
Tribes* 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 Reorganization Act, 1960 & the Punjab Reorganization Act, 1966, the State of Himachal Pradesh Act 1970, the North-Eastern Area (Reorganization) Act, 1971; the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976, the State of Mizoram Act, 1986, the State of Arunachal Pradesh Act, 1986 and the Goa, Daman and Diu (Reorganisation) Act, 1987.]

@ The Constitution (Jammu & 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 (Dadra and Nagar Haveli) Scheduled Castes order 1962.

@The Constitution (Dadra 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 & 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 (Jammu & Kashmir) Scheduled Tribes Order 1989

@ The Constitution (SC) orders (Amendment) Act, 1990

@The Constitution (ST) orders (Amendment) Ordinance 1991

@ The Constitution (ST) orders (Second Amendment) Act, 1991

@ The Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002

@The Constitution (Scheduled Castes) Order (Amendment) Act, 2002

@The Constitution (Scheduled Castes and Scheduled Tribes) Orders (Amendment) Act, 2002

@The Constitution (Scheduled Castes) Orders (Second Amendment) Act, 2002

%2. Applicable in the case of Scheduled Castes/ Scheduled Tribes persons who have migrated from one State/Union Territory Administration to another.

This certificate is issued on the basis of the Scheduled Castes/ Scheduled Tribes certificate issued to Shri/Shrimati* _____ Father/mother of Shri/Srimati/Kumari* _____ of village/town* _____ in District/Division* _____ of the State/Union Territory* _____ who belong to the Caste/Tribe* which is recognized as a Scheduled Caste/Scheduled Tribe in the State/Union Territory* of _____ 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 office)
State/ Union Territory*

Place: _____

Date: _____

*Please delete the words which are not applicable

@ Please quote specific presidential order

% Delete the paragraph which is not applicable.

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

** List of authorities empowered to issue Scheduled Caste/Scheduled Tribe Certificates:

(i) District Magistrate/ Additional District Magistrate/ Collector/ Deputy Commissioner/ Additional Deputy Commissioner/ Dy. Collector/ Ist Class Stipendiary Magistrate/ +Sub-Divisional Magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner.
+ (not below of the rank of 1st Class Stipendiary Magistrate).

(ii) Chief Presidency Magistrate/Additional Chief Presidency Magistrate/Presidency Magistrate.

(iii) Revenue Officers not below the rank of Tehsildar.

(iv) Sub-Divisional Officers of the area where the candidate and/or his family normally resides.

(v) Administrator/ Secretary to Administrator/ Development Officer (Lakshadweep).

ANNEXURE-X

**(FORMAT OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD
CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE
GOVERNMENT OF INDIA)**

This is to certify that Shri / Smt. /Kumari _____ son/daughter
of _____ of _____ village/town
_____ in District/Division _____ in
the State/Union Territory _____ belongs to the _____
Community which is recognized as a backward class under the Government of India,
Ministry of Social Justice and Empowerment's Resolution
No. _____ dated ____*.

Shri/Smt./Kumari -----and/or his/her family ordinarily reside(s) in
the-----District/Division o f t h e-----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 Scheduled to the Government of India,
Department of Personnel & Training O.M. No. 36012/22/93-Estt (SCT) 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 O.M. No. 36033/1/2013-Estt. (Res) dated 27th May,
2013**.

Signature-----
Designation-----

Dated:

Seal

*- The authority issuing the certificate may have to mention the details of
Resolution of Government of India, in which the caste of the candidate's is
mentioned as OBC.

** - As amended from time to time.

\$- List of Authorities empowered to issue Other Backward Classes certificate will be
the same as those empowered to issue Scheduled caste/ Scheduled Tribe Certificates.

Note: The term "Ordinarily" used here will have the same meaning as in Section 20 of
the Representation of the People Act, 1950.

ANNEXURE-XI**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 _____

(C) 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	of Issue	ls 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

ANNEXURE-XII

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 overall 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.

ANNEXURE-XIII**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

ANNEXURE-XIV

**Form of Medical Certificate to be produced by the Persons with Benchmark Disabilities
candidates who seek exemption from appearing in the Typewriting Test**

This is to certify that Sh./Smt./Kum _____ son/daughter/wife of Shri _____ is suffering from _____.

Clinical diagnosis as a result of which he/ she has the following disabilities. (Brief description of his/ her disabilities) -----

This is a permanent disability and the extent of his/ her disability works out to ____% of disability.
This disability is likely to interfere with Typewriting (specify)

Signature of Civil Surgeon:

Name:

(Official Stamp)

Place:

Date:

Photograph of
candidate clearly
showing face with
affected portion of the
body

Signature of candidate:

Name:

Roll Number:

ANNEXURE-XV

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

INCOME & ASSET 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 _____ PostOffice _____ District _____
_____ in the State/ Union Territory _____ PinCode _____
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 *** :

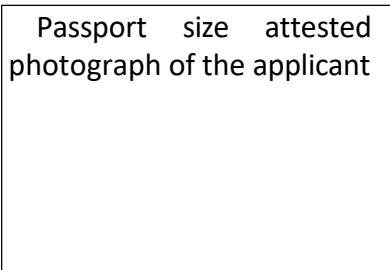
- I. 5 acres of agricultural land and above;
- II. Residential flat of 1000 sq. ft. and above;
- III. Residential plot of 100 sq. yards and above in notified municipalities;
- IV. Residential plot of 200 sq. yards and above in areas other than the notified municipalities.

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.

e 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.

te 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.