

No. A-12026/2/2024-ESTT-VI

भारत सरकार/ Government of India

जल शक्ति मंत्रालय/Ministry Of Jal Shakti

जल संसाधन, नदी विकास और गंगा संरक्षण विभाग/DoWR, RD & GR

केंद्रीय जल आयोग/ Central Water Commission

स्थापना छ: अनुभाग/ Establishment VI Section

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Third Floor(S), Sewa Bhawan,

R.K. Puram, New Delhi-66.

Dated 21<sup>st</sup> Mar, 2025

**NOTICE**


**Subject: Document Verification (DV) of candidates selected for the post of Junior Engineer (Civil & Mechanical) in the Central Water Commission (CWC)-regarding**

On the basis of final results of the Junior Engineer (Civil, Mechanical and Electrical) Examination, 2024, the Staff Selection Commission has arranged to provide the e-dossiers of 132 candidates selected for the post of Junior Engineer (Civil & Mechanical) in the Central Water Commission 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 from **01.04.2025 (Tuesday) to 09.04.2025 (Wednesday)**. Therefore, the candidates are directed to report for Document Verification as per the date and time mentioned against their names in the **Annexure-I at New Library Building, Central Water Commission, Near Sewa Bhawan, R.K. Puram, Sector-1, New Delhi – 110066**. 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:

1. Matriculation / Secondary Certificate.
2. Degree/Diploma Certificate in support of Educational Qualification.
3. Mark Sheets of all Semester/Consolidated Mark Sheet for Degree/Diploma.
4. Caste (OBC/SC/ST) Certificate, if belongs to reserved categories in the format prescribed in the Notice of this Examination.
5. Relevant Certificate if seeking any age relaxation
6. 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.
7. Persons with Disabilities Certificate in the required format, if applicable.
8. Relevant documents for the eligibility of scribe/ compensatory time in respect of PwBD/ PwD candidates who have availed the facility of scribes/ passage readers and/ or compensatory time
9. No Objection Certificate in case the candidate already employed in Government/ Government Undertakings.
10. Identity Proof (Pan Card, Adhaar Card, Voter ID etc.).
11. Colour passport size latest Photograph.

  
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Under Secretary  
केंद्रीय जल आयोग  
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4. In the event of not reporting of candidates on the scheduled date & time for Document Verification (DV), it will be presumed that he is not willing to appear in the DV and his candidature may liable to be cancelled by the CWC.


5. Candidates are also advised to plan their itinerary for two working days (including the scheduled date) to ensure a smooth document verification process. 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 ([https://cwc.gov.in/orders\\_and\\_circulars](https://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.

**Encl: As Above**

**To,**

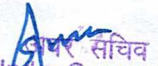
**All 132 candidates selected for the post of Junior Engineer (Civil & Mechanical) in the Central Water Commission (through email/CWC's Website)**

  
(Sachin Arora)  
Under Secretary  
Tel: 011-29583510  
अवर सचिव  
Under Secretary  
केन्द्रीय जल आयोग  
Central Water Commission  
नई दिल्ली / New Delhi



**Annexure-I****Schedule for Document Verification**

S. No.	Roll No.	Name	Date of Birth	SSC Region	Date & Time for Document Verification
1	3009200913	PRAVEEN KUMAR VERMA	27-05-1994	CR	<b>01.04.2025 (Tuesday) 10:00 AM to 12:30 PM</b>
2	3003201151	ANUBHAV KUMAR YADAV	05-07-2001	CR	
3	4410201155	SHUBHANKAR NATH	14-10-1995	ER	
4	3209200156	SHIV MAHESHAM SHIVAM	04-10-2002	CR	
5	6006200711	PRAVESH KUMAR MISHRA	10-03-1996	MPR	
6	3009202019	NIKHIL	10-07-2002	CR	
7	3009200628	AKSHAY DUBEY	02-05-1997	CR	
8	3009201050	SHUBHAM VISHWAKARMA	24-07-1997	CR	
9	3206204408	VISHAL KUMAR GUPTA	26-07-2003	CR	
10	8012200117	VEMPADAPU RAJKUMAR	28-06-2003	SR	
11	7205201231	NIKESH NANDLAL BADWAIK	04-04-1999	WR	<b>01.04.2025 (Tuesday) 02:00 PM to 05:30 PM</b>
12	3206200511	NITISH KUMAR	11-08-1998	CR	
13	1004100778	AJAY KUMAR MAURYA	28-12-1998	NWR	
14	1401100149	SUNDARAM KUMAR YADAV	12-07-1999	NWR	
15	1401100458	GURUVACHAN SINGH	16-05-2004	NWR	
16	1403100064	VISHWAS BHARDWAJ	22-11-2001	NWR	
17	1403100582	AMIT MAURYA	16-08-2000	NWR	
18	1403101074	ROHIT KUMAR	11-10-2001	NWR	
19	3003101452	ADITYA KUMAR YADAV	16-06-2001	CR	
20	3003104877	POOJA SINGH	14-08-1999	CR	<b>02.04.2025 (Wednesday) 10:00 AM to 12:30 PM</b>
21	2006100414	AKSHIT PRAJAPATI	30-11-2003	NR	
22	3003103968	SHUBHASH KUMAR RAWAT	12-08-1998	CR	
23	2006100814	NITIN KUMAR	16-12-2003	NR	
24	4205100917	SUJIT KUMAR	26-11-2000	ER	
25	5105100546	RISHABH	26-05-1999	NER	
26	3003100062	PRAKASH GIRI	28-08-2001	CR	
27	2201102700	PUSHPENDRA KUMAR	04-03-2005	NR	
28	3003101395	SANDEEP KUMAR PATEL	15-07-1994	CR	
29	2201103348	MADHUSHUDAN KUMAR SHUKLA	25-01-1998	NR	<b>02.04.2025 (Wednesday) 02:00 PM to 05:30 PM</b>
30	3009106272	ABHISHEK YADAV	09-12-1999	CR	
31	2201104325	PAWAN KUMAR	01-05-1999	NR	
32	2201105245	DHEERAJ KUMAR	27-09-1999	NR	
33	2201105756	HIMANSHU VERMA	28-08-1999	NR	
34	3207100276	ABHISHEK KUMAR	08-08-1996	CR	
35	2201107148	NILESH KUMAR JHA	12-01-2000	NR	
36	3206104659	AATISH KUMAR	12-10-2003	CR	

  
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37	2404100641	SUBHASH YADAV	20-07-2003	NR	<b>03.04.2025 (Thursday)</b> <b>10:00 AM to 12:30 PM</b>
38	8208100006	SANGARAJU VENKATA SAI KUMAR	12-06-2000	SR	
39	3206101587	SHASHWAT KUMAR	18-01-1996	CR	
40	3009106030	ABHISHEK YADAV	12-10-2002	CR	
41	2201110803	GYANENDRA KUMAR	20-08-2000	NR	
42	2201111984	ASHA MEENA	17-07-1999	NR	
43	4205100840	VICKY KUMAR MANDAL	27-12-2000	ER	
44	6001100910	RITU CHAUKSEY	17-06-2002	MPR	
45	3009106729	AMIT KUMAR TIWARI	07-09-1998	CR	<b>03.04.2025 (Thursday)</b> <b>02:00 PM to 05:30 PM</b>
46	4415100136	SUBHAM THAPA	15-04-1996	ER	
47	3003100389	AJAY KUMAR	25-05-2003	CR	
48	3009102885	MAINEJAR KUMAR CHAUHAN	15-06-2000	CR	
49	3010102087	ANKIT YADAV	05-09-1999	CR	
50	8206100108	KAVIBHARATHI B	30-04-1996	SR	
51	3003103913	MD AJEEM	05-12-1999	CR	
52	3007102247	VISHAL MISHRA	25-07-2001	CR	
53	3009106278	ABHINESH PRAKASH SINGH	01-01-1996	CR	<b>04.04.2025 (Friday)</b> <b>10:00 AM to 12:30 PM</b>
54	2401101286	DIVYANSH NAGAYECH	16-12-1999	NR	
55	3205101193	SAURAV KUMAR	23-08-2003	CR	
56	2405100185	MEENAKSHI MEENA	06-10-1998	NR	
57	2405100217	YAMAN KUMAR AGARWAL	01-07-2003	NR	
58	3206101580	RAHUL RAJ	20-01-2002	CR	
59	3009100823	VIKAS KUMAR GUPTA	20-12-1998	CR	
60	3013100160	PRANJAL SINGH YADAV	07-07-2002	CR	
61	3206103609	RUPESH KUMAR	25-09-2001	CR	<b>04.04.2025 (Friday)</b> <b>02:00 PM to 05:30 PM</b>
62	8601111823	KALAVAKURI MAHESH BABU	14-06-1999	SR	
63	8601101973	VANKUDOTHU GANESH	08-01-2000	SR	
64	3013103038	AMANJEET KUMAR	21-01-2003	CR	
65	3009103989	AMIT KUMAR MAURYA	12-10-1998	CR	
66	3010104308	DEVRAJ SINGH	12-12-1996	CR	
67	3010111937	NITIN SRIVASTAVA	10-07-2001	CR	
68	3003105788	SURENDRA KUMAR	16-08-2000	CR	
69	3009100885	SUNEEL CHAUDHARY	08-03-2001	CR	<b>07.04.2025 (Monday)</b> <b>10:00 AM to 12:30 PM</b>
70	4417100302	SONU KUMAR	18-08-2001	ER	
71	3010106966	GULAM MOHIUDDIN	04-07-2001	CR	
72	3001100225	SURJEET SINGH	14-07-1998	CR	
73	3001102926	MANISH KUMAR	26-07-2002	CR	
74	3001103828	BHUVNESH KUMAR SINGH	08-10-2002	CR	
75	3003100220	NISHCHAY KORI	07-10-1999	CR	
76	3003100361	ANKIT KUMAR YADAV	01-07-2003	CR	
77	3003100852	PARMESHWAR	10-09-2004	CR	
78	3003101845	AVISHEK KUMAR	18-08-1998	CR	
79	3003102987	RUPENDRA KUMAR SINGH	12-05-1999	CR	

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80	3207100790	SANNY KUMAR	08-09-2002	CR	<b>07.04.2025 (Monday)</b> <b>10:00 AM to 12:30 PM</b>
81	3003103621	SAURABH KESARWANI	28-10-1999	CR	
82	6001103921	SURAJ SAJWAN	26-01-2001	MPR	
83	3003104542	SHIVAM SINGH	03-07-2002	CR	<b>07.04.2025 (Monday)</b> <b>02:00 PM to 05:30 PM</b>
84	3003104545	ACHCHHE LAL	19-06-1997	CR	
85	3003105300	ANIKET YADAV	15-03-2002	CR	
86	3003105505	SIDDHARTH SHEKHAR	10-06-2002	CR	
87	3005101059	VIVEK GANGWAR	01-01-1999	CR	
88	3005101168	AMAN BABU	18-09-2003	CR	
89	3009100050	VIPIN KUMAR SHARMA	02-09-1994	CR	
90	3202100848	AKASH SAXENA	20-10-1994	CR	<b>08.04.2025 (Tuesday)</b> <b>10:00 AM to 12:30 PM</b>
91	6016100233	DURGESH	10-08-1998	MPR	
92	3009103232	DIPANSHU SINGH	10-07-2004	CR	
93	3009106364	DAYANAND	23-01-2001	CR	
94	3008101248	SHIVAM SINGH	16-05-1997	CR	
95	3009100366	VIPUL	14-11-2002	CR	
96	3009100682	ANIL KUMAR PAL	03-08-1996	CR	
97	3009100689	KRISHNAKANT PRAJAPATI	12-08-2002	CR	
98	3010105405	AKHILESH KUMAR	15-07-1997	CR	
99	3009102116	MANEESHA PANDEY	01-04-2000	CR	
100	3009104710	RAJAN SHARMA	30-01-2004	CR	<b>08.04.2025 (Tuesday)</b> <b>02:00 PM to 05:30 PM</b>
101	8601104254	DHARAVATH SAI GOWTHAM	06-11-2003	SR	
102	6006102607	SATISH KUMAR VERMA	20-05-1997	MPR	
103	3010103088	ROHIT KUMAR VERMA	10-09-2000	CR	
104	3010100339	ANIKET PRATAP SINGH	20-02-2000	CR	
105	8601110740	BANOTH SRIKANTH	01-01-2001	SR	
106	3010101502	SHRADDHA CHAURASIYA	20-07-2001	CR	
107	3010101505	SURAJ KANNAUJIYA	13-06-2002	CR	
108	3010102479	AKSHAY KUMAR PATEL	15-04-1996	CR	
109	3010104478	AKHIL VERMA	21-01-1997	CR	
110	3010106892	ANKUSH KUMAR	25-10-1999	CR	<b>09.04.2025 (Wednesday)</b> <b>10:00 AM to 12:30 PM</b>
111	3010106895	AKHAND PRATAP SINGH	10-08-1996	CR	
112	3010107678	RAHUL GAUTAM	05-05-1999	CR	
113	4205102382	ARUN KUMAR MAHTO	16-07-1999	ER	
114	3010109937	SHYAM JI GUPTA	10-11-2001	CR	
115	3010110839	ABHISHEK KUMAR AWASTHI	19-11-2000	CR	
116	6001103483	ASHISH SHUKLA	12-03-2000	MPR	
117	4410101634	MANISANKAR BISWAS	03-06-1996	ER	
118	3205102545	ANKIT KUMAR	28-08-2005	CR	
119	3201100654	ROHIT KUMAR	18-08-2000	CR	
120	3205104002	RANJIT KUMAR	05-02-1995	CR	
121	4415100101	SURAJ PASI	30-11-1995	ER	
122	3205104651	SOURAV KUMAR	06-01-2000	CR	

123	3013101821	SURAJ KUMAR	05-12-1999	CR	<b>09.04.2025</b> <b>(Wednesday)</b> <b>02:00 PM to 05:30 PM</b>
124	5501100331	ANURAG VERMA	15-12-2000	NER	
125	3205101521	SAURAV KUMAR	12-06-2002	CR	
126	3205101649	SACHIN KUMAR	10-01-2004	CR	
127	4205101183	ABHISHEK SHARMA	20-03-2002	ER	
128	5102100015	ANKIT KUMAR	30-09-2003	NER	
129	3206107541	SMITA MANDAL	15-05-1998	CR	
130	6001102975	SHIKHA DANGHI	03-03-2003	MPR	
131	5105100696	MANISH GHOSH	12-12-1994	NER	
132	8601106333	MARIKUKALA VAMSHEE KRISHNA	09-09-2000	SR	



अवर सचिव  
 Under Secretary  
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 Central Water Commission  
 नई दिल्ली / New Delhi

**General Instruction for candidates appearing for the Document Verification for the post of Junior Engineer (Civil & Mechanical) 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 fulfil the EQ requirement. Candidature of candidates not fulfilling the EQ requirement as on the crucial date will be rejected.
6. As per the UGC (Open and Distance Learning) Regulations, 2017 published in the official Gazette on 23-06-2017, under Part-III (8) (v), the programmes in engineering, medicine, dental, nursing, pharmacy, architecture and physiotherapy etc. are not permitted to be offered under Open and Distance Learning mode. However, pursuant to the Hon'ble Supreme Court Order dated 11-03-2019 in MA No. 3092/2018 in W.P. (C) No. 382/2018 titled Mukul Kumar Sharma & others Vs AICTE and others, B. Tech. degree/ diploma in Engineering awarded by IGNOU to the students, who were enrolled up to academic year 2009-10, shall be treated as valid, wherever applicable.
7. The crucial date for the claim of SC/ ST/ OBC/ EWS/ PwBD status or any other benefit, viz., reservation, age-relaxation, etc., is **01-08-2024**.
8. 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.
9. 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 certificates 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 (1 of 1996) will also be valid. Certificate(s) in any other format and/or incomplete Certificate(s) are liable not to be accepted.

10. 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.
11. 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.
12. Candidates are cautioned that they must ensure that they belong to the category as filled up in the application form and can prove the same by furnishing the requisite certificate issued by the competent authority when such certificates are sought by the commission at the time of document verification or any stage, failing which the candidature of the candidate will be cancelled.
13. 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.
14. 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 of 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: Certified 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 certificates/ 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.]

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**Certificate regarding physical limitation in an examinee to write**

This is to certify that I have examined Mr./ Ms./ Mrs. \_\_\_\_\_ (name of the candidate with disability), a person with \_\_\_\_\_ (nature and percentage of disability as mentioned in the certificate of disability), S/o/D/o \_\_\_\_\_ a resident of \_\_\_\_\_ Village/ District/ State) and to state that he/she has physical limitations which hamper his/ her writing capabilities owing to his/her disability.

Signature Chief Medical Officer/Civil Surgeon/Medical  
Superintendent of a Government health care institution Name &  
Designation  
Name of Government Hospital/Health Care Centre with Seal

Place:

Date:

**Note:** The certificate should be given by a specialist in the relevant stream/ disability (e.g., Visual impairment ophthalmologist, Locomotor disability Orthopaedic specialist/ PMR).



**Certificate for a person with a 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.**

This is to certify that, we have examined Mr./ Ms./ Mrs. \_\_\_\_\_ (name of the candidate), S/o / D/o \_\_\_\_\_, a resident of \_\_\_\_\_ (Village /PO / PS/ District/ State), aged \_\_\_\_\_ years, a person with \_\_\_\_\_ (nature of disability/ condition), and to state that he/ she has a limitation which hampers his/ her writing capability owing to his/ her above condition. He/ she requires the support of a scribe for writing the examination.

2. The above candidate uses aids and assistive devices such as prosthetics & orthotics, and hearing aids (name to be specified) which is /are essential for the candidate to appear at the examination with the assistance of a 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 up to \_\_\_\_\_ (it is valid for a 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)
Orthopaedic / 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:

**Letter of Undertaking for Using Own Scribe**

I \_\_\_\_\_, a candidate with \_\_\_\_\_ (name of the disability) appearing for the \_\_\_\_\_ name of the examination) bearing Roll Number \_\_\_\_\_ at \_\_\_\_\_ (name of the centre) in the District \_\_\_\_\_ (name of the State/ UT concerned) my qualification is \_\_\_\_\_.

2. I do hereby state that \_\_\_\_\_ (name of the scribe) will provide the service of scribe/reader/lab assistant for the undersigned for taking the aforesaid examination

3. I do hereby undertake that his/ her qualification is \_\_\_\_\_. In case, subsequently it is found that his/ her qualification is not as declared by the undersigned and is not one step below my qualification, I shall forfeit my right to the post and claims relating thereto

(Signature of the candidate with Disability)

Place:

Date:



**Letter of Undertaking by the person with a 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**

I, \_\_\_\_\_ a candidate with \_\_\_\_\_ (nature of disability/condition) appearing for the \_\_\_\_\_ (name of the examination) bearing Roll No. \_\_\_\_\_ at \_\_\_\_\_ (name of the centre) in the district, \_\_\_\_\_ (name of the State). My educational qualification is.

2. I do hereby state that \_\_\_\_\_ (name of the scribe) will provide the service of scribe for the undersigned for taking the aforementioned examination.

3. I do hereby undertake that his qualification is \_\_\_\_\_. In case, subsequently, it is found that his qualification is not as declared by the undersigned and is beyond my qualification. I shall forfeit my right to the post or certificate/diploma/degree and claims relating thereto.

(Signature of the candidate)  
(Countersignature by the parent/guardian, if the candidate is minor)

Place:  
Date:

**FORMAT FOR SC/ ST CERTIFICATE**

A candidate who claims to belong to one of the Scheduled Caste or the Scheduled Tribes should submit in support of his/ her claim an attested/certified copy of a certificate in the form given below, from the District Officer or the sub-Divisional Officer or any other officer as indicated below of the District in which his parents (or surviving parent) ordinarily reside who has been designated by the State Government concerned as competent to issue such a certificate. If both his parents are dead, the officer signing the certificate should be of the district in which the candidate himself ordinarily resides otherwise than for the purpose of his own education. Wherever a photograph is an integral part of the certificate, the Commission would accept only attested photocopies of such certificates and not any other attested or true copy.

*(The format of the 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\* \_\_\_\_\_ in  
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 and the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976.

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 (Scheduled Tribes) (Uttar Pradesh) 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

Constitution (ST) orders (Amendment) Ordinance 1996@



The Scheduled Caste and Scheduled Tribe Orders (Amendment) Act 2002@ The Constitution (Scheduled Caste) Orders(Amendment) Act 2002@

The Constitution (Scheduled Caste and Scheduled Tribe) Orders (Amendment) Act 2002@ The Constitution (Scheduled Caste) Order (Amendment) Act 2007@

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

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/Union Territory\* \_\_\_\_\_ who belong to the \_\_\_\_\_ Caste/Tribe which is recognized 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 a seal of the office)

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 Caste/Tribe Certificates:**

- (i) District Magistrate/Additional District Magistrate/Collector/Deputy Commissioner/Additional Deputy Commissioner/ Dy. Collector/ first class Stipendiary Magistrate/ Sub-Divisional Magistrate/Extra-Assistant Commissioner/Taluka Magistrate/Executive 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.

**NOTE:** ST candidates belonging to Tamil Nadu State should submit caste certificates ONLY FROM THE REVENUE DIVISIONAL OFFICER.

### Annexure-VIII

(FORM 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 \_\_\_\_\_ 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 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 8.9.1993\*\*.

District Magistrate: \_\_\_\_\_

Deputy Commissioner etc.: \_\_\_\_\_

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 is mentioned as OBC.

\*\* As amended from time to time.

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

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 plots 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 a seal of Office \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Recent Passport size  
attested photograph of the  
applicant

\*Note 1: Income covered all sources i.e., salary, agriculture, business, profession etc.

\*\* Note 2: The term 'Family' for this purpose includes the person, who seeks the 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 has been clubbed while applying the land or property holding test to determine EWS status.

## 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 a 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 the 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 Authorized 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 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.

**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) \_\_\_\_\_

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

e.g., Single eye/both eyes

€ - 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

(Authorized 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.