

**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:

**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 (Reorganization) 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 Schedules 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 1<sup>st</sup> 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).

(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 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 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 9<sup>th</sup> March, 2004,  
O.M. No.36033/3/2004- Estt. (Res) dated 14<sup>th</sup> October, 2008 and O.M. No. 36033/1/2013-Estt. (Res)  
dated 27<sup>th</sup> May, 2013\*\*.

Signature.....  
Designation.....\$

Dated:

Seal

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\*- 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.

Government of .....

(Name & Address of the authority issuing the certificate)

**INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS**

Certificate No. \_\_\_\_\_

Date \_\_\_\_\_

**VALID FOR THE YEAR \_\_\_\_\_**

This is to certify that Shri/Smt./Kumari \_\_\_\_\_ son/daughter/wife of \_\_\_\_\_ permanent resident of \_\_\_\_\_, Village/Street \_\_\_\_\_ Post Office \_\_\_\_\_ District \_\_\_\_\_ in the State/ Union Territory \_\_\_\_\_ Pin Code \_\_\_\_\_ Whose photograph is attested below belongs to Economically Weaker Sections, since the gross annual income\* of his/ her 'family'\*\* is below Rs. 8 Lakh (Rupees Eight Lakh only) for the financial year \_\_\_\_\_ His/ her family does not own or possess any of the following assets \*\*\* :

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

2. Shri/Smt./Kumari \_\_\_\_\_ belongs to the \_\_\_\_\_ caste which is not recognized as a Scheduled Caste, Scheduled Tribe and Other Backward Classes (Central List).

Signature with seal of Office \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Recent Passport size  
attested photograph  
of the applicant

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\*Note 1: 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.

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  
(DDMM/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	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorised Signatory of  
notified Medical Authority)

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

Form - VI  
 Certificate of Disability  
 (In cases of multiple disabilities)  
 [See rule 18(1)]

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

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

Certificate No \_\_\_\_\_

Date: \_\_\_\_\_

This is to certify that we have carefully examined Shri/Smt/Kum  
 \_\_\_\_\_ son/wife/daughter of Shri  
 \_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_ Age \_\_\_\_\_  
 years, male/female \_\_\_\_\_

Registration No \_\_\_\_\_ permanent resident of House No \_\_\_\_\_  
 Ward/Village/Street \_\_\_\_\_ Post Office \_\_\_\_\_ District \_\_\_\_\_ State  
 \_\_\_\_\_, whose photograph is affixed above, and am satisfied that:

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

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

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

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

In figures -----percent

In words :-.....percent

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

3 Reassessment of disability is :

(i) not necessary,

or

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

@ eg Left/right/both arms/legs

# eg Single eye

£ 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

5 Signature and seal of the Medical Authority

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

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



Form - VII  
Certificate of Disability

(In cases other than those mentioned in Forms V and VI)  
(Name and Address of the Medical Authority issuing the Certificate)  
(See rule 18(1))

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

Certificate No \_\_\_\_\_

Date: \_\_\_\_\_

This is to certify that I have carefully examined

Shri/Smt/Kum \_\_\_\_\_ son/wife/daughter of Shri

\_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_

Age \_\_\_\_\_ years, male/female \_\_\_\_\_ Registration No \_\_\_\_\_ permanent

resident of House No \_\_\_\_\_ Ward/Village/Street \_\_\_\_\_ Post Office

\_\_\_\_\_ District \_\_\_\_\_ State \_\_\_\_\_, whose

photograph is affixed above, and am satisfied that he/she is a case of

\_\_\_\_\_ disability His/her extent of percentage physical  
impairment/disability has been evaluated as per guidelines (.....number and date of  
issue of the guidelines to be specified) and is shown against the relevant disability in  
the table below:

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

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

(Please strike out the disabilities which are not applicable)

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

3 Reassessment of disability is:

(i) not necessary, or

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

@ - eg Left/Right/both arms/legs

# - eg Single eye/both eyes

€ - eg Left/Right/both ears

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

Nature of document	Date of issue	Details of authority issuing certificate

(Authorised Signatory of notified Medical Authority)  
(Name and Seal)

Countersigned  
{Countersignature and seal of the  
Chief Medical Officer/Medical Superintendent/  
Head of Government Hospital, in case the  
Certificate is issued by a medical authority who is  
not a Government servant (with seal)}

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

Note: In case this certificate is issued by a medical authority who is not a Government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District

(FORM OF CERTIFICATE TO BE SUBMITTED BY CENTRAL GOVERNMENT/STATE GOVERNMENT / AUTONOMOUS BODY 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/Kum. \_\_\_\_\_ is an employee of Central Government/State Government /Autonomous Body holding the post of \_\_\_\_\_ in the Grade Pay /Level\_\_\_\_\_ with Basic Pay\_\_\_\_\_ and has completed 03 years regular service on 13<sup>th</sup> August, 2023 (cut-off date).

This Certificate is being issued to him/her for claiming age relaxation for appointment to the post of \_\_\_\_\_ at AIIMS Bhubaneswar vide vacancy notice dtd. 01.07.2023.

He/she joined the service as \_\_\_\_\_ on \_\_\_\_\_ (Date of appointment).

Signature \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Office Seal \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

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

FORM OF CERTIFICATE TO BE SUBMITTED BY THE CANDIDATES WORKING IN AIIMS,  
BHUBANESWAR THROUGH OUTSOURCE AGENCY SEEKING AGE - RELAXATION

(To be filled by the Outsource Agency)

It is certified that Shri/Smt/Kum. \_\_\_\_\_ is an employee of our agency who was deployed at AIIMS, Bhubaneswar for the job of \_\_\_\_\_ with a monthly remuneration of \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. As per our Office records, she/he has completed a period of \_\_\_\_\_ month \_\_\_\_\_ years of engagement at AIIMS, Bhubaneswar as on 13<sup>th</sup> August, 2023.

This Certificate is being issued to him/her for claiming age relaxation for appointment to the post of \_\_\_\_\_ at AIIMS Bhubaneswar vide vacancy notice dtd. 01.07.2023.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Designation \_\_\_\_\_

Office Seal \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

*(\*Please delete the words which are not applicable/ If a candidate has worked with more than one Outsource agencies, separate certificate should be submitted at the time of Document Verification)*

**UNDERTAKING TO BE GIVEN BY THE EX-SERVICEMEN**

I.....,bearing Roll No.....,appearing for the Document Verification for the post of \_\_\_\_\_, on \_\_\_\_\_ 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 as .....on..... 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 availed the benefit of reservation as ex-serviceman for securing Government job on civil side. I have joined as .....on..... in the office of ..... Therefore, I am eligible for age-relaxation only;

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: .....

ALL INDIA INSTITUTE OF MEDICAL SCIENCES BHUBANESWAR  
SIJUA, PATRAPADA, POST-DUMUDUMA, BHUBANESWAR, ODISHA-751019

AFFIDAVIT

Non-Judicial Stamp paper of denomination of Rs. 20/-

- I, Mr./Mrs./Ms.....  
age.....  
Son/Daughter/Wife of.....  
resident of

.....  
do hereby give an affidavit that all the degree/diploma constituting essential qualification as per the advertisement, submitted by me in support of this application are from recognized University/Institution. I hereby undertake that I possess/meet all eligibility criteria for the post I have applied as on the last date of the receipt of application as per the prescribed qualification, age, experience, and other eligibility criteria as per the advertisement.

- The degree/diploma as mentioned on my online application as submitted to AIIMS, Bhubaneswar are recognised by the appropriate agency of the Government. In case, my declared degree/diploma is found to be not recognised by the concerned government agency, then my appointment may be cancelled even after joining the post.
- That if at any stage it is found that any of the information furnished by me to be false or I am not fulfilling any of the eligibility criteria of the advertisement, then my selection to the post will be cancelled and all subsequent actions to it may be considered void ab-initio besides any such administrative or legal action as the Competent Authority deemed fit to take against me including recovery of financial loss sustained.

**Deponent**

Verification

I, the above-named deponent, do hereby solemnly affirm and declare that all the contents of the above affidavit are correct and true to the best of my knowledge and belief and nothing has been concealed therefrom.

Verified at AIIMS, Bhubaneswar on this Date.....

**Deponent**