

CERTIFICATE FORMATS

(Version: 2.0)

FORM-GEN-EWS

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

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____

Date: _____

1. 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 2020-2021. 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 Schedule Caste, Schedule Tribe and Other Backward Classes (Central List).

* **Note1:** Income covered all sources i.e. salary, agricultural, business, profession, etc.

** **Note2:** The term **“Family”** for this purpose includes 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.

*** **Note3:** The property(ies) held by a **“Family”** in different locations or different places/cities have been
clubbed while applying the land or property holding test to determine EWS status.

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

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

Shri/Smt./Kum. _____ and/or _____
 his/her family ordinarily reside(s) in the _____ District/Division of
 the _____ State/Union Territory. This is also to certify that **he/she**
does NOT belong to the persons/sections (Creamy Layer) mentioned in Column 3 of the Schedule
 to the Government of India, Department of Personnel & Training O.M. No. 36012/22/93- Estt.
 (SCT) dated 08/09/93 which is modified vide OM No. 36033/3/2004 Estt.(Res.) dated
 09/03/2004, further modified vide OM No. 36033/3/2004-Estt. (Res.) dated 14/10/2008, again
 further modified vide OM No.36036/2/2013-Estt (Res) dtd. 30/05/2014, and again further modified
 vide OM No. 36033/1/2013-Estt (Res) dtd. 13/09/2017.

District Magistrate /
 Deputy Commissioner /
 Any other Competent Authority

Dated:

Seal

- * Visit <http://www.ncbc.nic.in> for latest guidelines and updates on the Central List of State-wise OBCs.
 ** Please delete the word(s) which are not applicable.
 *** As listed in the Annexure (for FORM-OBC-NCL)
 **** The authority issuing the certificate needs to mention the details of Resolution of Government of India, in which the caste of the candidate is mentioned as OBC.

NOTE:

- (a) The term 'Ordinarily resides' used here will have the same meaning as in Section 20 of the Representation of the People Act, 1950.
 (b) The authorities competent to issue Caste Certificates are indicated below:
 (i) District Magistrate/ Additional Magistrate/ Collector/ Deputy Commissioner/ Additional Deputy Commissioner/ Deputy Collector/ Ist Class Stipendiary Magistrate/ Sub-Divisional magistrate/ Taluka Magistrate/ Executive Magistrate/ Extra Assistant Commissioner (not below the rank of Ist Class Stipendiary Magistrate).
 (ii) Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
 (iii) Revenue Officer not below the rank of Tehsildar* and
 (iv) Sub-Divisional Officer of the area where the candidate and/or his family resides

ANNEXURE for FORM-OBC-NCL

Sl No.	Resolution No.	Date of Notification
1	No.12011/68/93-BCC(C)	13.09.1993
2	No.12011/9/94-BCC	19.10.1994
3	No.12011/7/95-BCC	24.05.1995
4	No.12011/96/94-BCC	09.03.1996
5	No.12011/44/96-BCC	11.12.1996
6	No.12011/13/97-BCC	03.12.1997
7	No.12011/99/94-BCC	11.12.1997
8	No.12011/68/98-BCC	27.10.1999
9	No.12011/88/98-BCC	06.12.1999
10	No.12011/36/99-BCC	04.04.2000
11	No.12011/44/99-BCC	21.09.2000
12	No.12015/9/2000-BCC	06.09.2001
13	No.12011/1/2001-BCC	19.06.2003
14	No.12011/4/2002-BCC	13.01.2004
15	No.12011/9/2004-BCC	16.01.2006
16	No.12011/14/2004-BCC	12.03.2007
17	No.12011/16/2007-BCC	12.10.2007
18	No.12019/6/2005-BCC	30.07.2010
19	No 12015/2/2007-BCC	18.08.2010
20	No.12015/15/2008-BCC	16.06.2011
21	No.12015/13/2010-BC-II	08.12.2011
22	No.12015/5/2011-BC-II	17.02.2014

FORM SC/ST

SC/ST Certificate Format

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

1. This is to certify that Shri/ Shrimati/ Kumari* _____ son/daughter*
of _____ of Village/Town* _____ District/Division*
_____ of State/Union Territory* _____ belongs to the
_____ Scheduled Caste / Scheduled Tribe* under :-

* The Constitution (Scheduled Castes) Order, 1950

* The Constitution (Scheduled Tribes) Order, 1950

* **The Constitution (Scheduled Castes) (Union Territories) Order, 1951**

* The Constitution (Scheduled Tribes) (Union Territories) Order, 1951

[As amended by the Scheduled Castes and Scheduled Tribes Lists (Modification Order) 1956, the Bombay Reorganisation Act, 1960, the Punjab Reorganisation Act, 1966, the State of Himachal Pradesh Act, 1970, the North Eastern Areas (Reorganisation) Act, 1971, the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 1976 and the Scheduled Castes and Scheduled Tribes Orders (Amendment) Act, 2002]

* The Constitution (Jammu and Kashmir) Scheduled Castes Order, 1956;

* The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959, as amended by the Scheduled Castes and Scheduled Tribes Order (Amendment) Act, 1976;

* **The Constitution (Dadara and Nagar Haveli) Scheduled Castes Order, 1962;**

* The Constitution (Dadara and Nagar Haveli) Scheduled Tribes Order, 1962;

* The Constitution (Pondicherry) Scheduled Castes Order, 1964;

* The Constitution (Uttar Pradesh) Scheduled Tribes Order, 1967;

* The Constitution (Goa, Daman and Diu) Scheduled Castes Order, 1968;

* The Constitution (Goa, Daman and Diu) Scheduled Tribes Order, 1968;

* The Constitution (Nagaland) Scheduled Tribes Order, 1970;

* The Constitution (Sikkim) Scheduled Castes Order, 1978;

* The Constitution (Sikkim) Scheduled Tribes Order, 1978;

* The Constitution (Jammu and Kashmir) Scheduled Tribes Order, 1989;

* The Constitution (Scheduled Castes) Order (Amendment) Act, 1990;

* The Constitution (Scheduled Tribes) Order (Amendment) Act, 1991;

* The Constitution (Scheduled Tribes) Order (Second Amendment) Act, 1991.

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

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

Signature: _____

Designation _____

(With seal of the Office)

Place: _____ State/Union Territory* _____

Date: _____

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

Applicable in the case of SC/ST Persons who have migrated from another State/UT.

IMPORTANT NOTES

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

Officers competent to issue Caste/Tribe certificates:

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

FORM-PwD (II)**Form-II****Disability Certificate**

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

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

(See rule 4)

Recent PP size
attested
photograph
(showing face
only) of the person
with disability

Certificate No. _____

Date: _____

This is to certify that I have carefully examined Shri/Smt./Kum. _____

_____ son/wife/daughter of Shri _____ Date of

Birth (DD/MM/YY) _____ Age _____ years, male/female

_____ Registration No. _____ permanent resident of House No.

_____ Ward/Village/ Street _____

Post Office _____ District _____ State

_____, whose photograph is affixed above, and am satisfied that:

1. he/she is a case of:

- a. locomotor disability
- b. blindness

(Please tick as applicable)

2. the diagnosis in his/her case is _____

3. He/ She has _____% (in figure) _____ per cent
(in words) permanent physical impairment/blindness in relation to his/her _____
(part of body) as per guidelines (to be specified).

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

Nature of Document	Date of Issue	Details of authority issuing certificate

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

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

FORM-PwD (III)**Form-III****Disability Certificate**

(In cases of multiple disabilities)

(NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING THE CERTIFICATE)**(See rule 4)**Recent PP size
attested
photograph
(showing face
only) of the person
with disability

Certificate No. _____

Date: _____

This is to certify that I/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/are satisfied that:

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

S. No.	Disability	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability		
2	Visual Impairment (blindness/low vision)		
3	Hearing Impairment		
4	Speech and language disability		
5	Intellectual disability		
6	Mental illness		
7	Disability caused due to chronic neurological conditions		
8	Disability caused due to blood disorder		

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

In figures: _____ percent

In words: _____ percent

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

4. Reassessment of disability is:

(i) not necessary

Or

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

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

Nature of Document	Date of Issue	Details of authority issuing certificate

6. Signature and seal of the Medical Authority:

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

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

Form-IV

Disability Certificate

(In cases other than those mentioned in Forms II and III)

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

(See rule 4)

Recent PP size
attested
photograph
(showing face
only) of the person
with disability

Certificate No. _____ Date: _____

This is to certify that I/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/are satisfied that he/she is a case of disability.

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

S. No.	Disability	Diagnosis	Permanent physical impairment/mental disability (in %)
1	Locomotor disability		
2	Visual Impairment (blindness/low vision)		
3	Hearing Impairment		
4	Speech and language disability		
5	Intellectual disability		
6	Mental illness		
7	Disability caused due to chronic neurological conditions		
8	Disability caused due to blood disorder		

(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:
- a. not necessary
 - Or
 - b. is recommended/after _____ years _____ months, and therefore this certificate shall be valid till (DD/MM/YY) _____
4. The applicant has submitted the following document as proof of residence:

Nature of Document	Date of Issue	Details of authority issuing certificate

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

Countersigned

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

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

Note: In case this certificate is issued by a medical authority who is not a government servant, it shall be valid only if countersigned by the Chief Medical Officer of the District. Note: The principal rules were published in the Gazette of India vide notification number S.O. 908(E), dated the 31st December, 1996.

FORM-DYSLEXIC-1

FORMAT OF MEDICAL CERTIFICATE / REPORT TO BE PRODUCED BY DYSLEXIC CANDIDATE
{To be obtained from any Dyslexia Association*}

Date:

PSYCHO-EDUCATION EVALUATION REPORT

Name of the candidate:

Date of Birth:

Registration in the Dyslexia Assn. (date / number):

Name of the Father/Mother/Guardian:

Name/address and Regn. No.
of the Dyslexia Association :

Photograph
of the
Candidate

Physical & Neurologic Assessment: []

Psychological Assessment: []

WISC Verbal IQ:
Performance IQ:
Full Scale IQ:

Interpretation: []

Educational Assessment: []

Certified that:

1. The condition of handicap is: MILD / MODERATE / SEVERE (tick whichever is applicable)**
2. The disability is **PERMANENT** in nature and
DETAILED REPORTS OF DYSLEXIA ASSESSMENT ARE ATTACHED WITH THIS FORM (IN ORIGINAL).

*Some Dyslexia Associations:

1. Dyslexia Trust of Kolkata, Divya Jalan, Aruna Bhaskar 3, Dover Park, Kolkata – 700019
2. Dyslexia Association Of Andhra Pradesh (DAAP), 3-4-494/1, 1st Floor, Macherla Gastrology Hospital, Reddy College Road, Barkatpura, Hyderabad, Telangana, 500027
3. Madras Dyslexia Association, 94 Park View, 1st Floor, G.N. Chetty Road, T. Nagar, Chennai – 600017
4. Maharashtra Dyslexia Association, 003, Amit Park Bldg, L J Road, Deonar, Mumbai 400088
5. The Dyslexia Association of India, MZ-47, The Centre Stage Mall, Plot No 01, Block L, Sector 18, NOIDA 201303

**Learning Disability is a permanent developmental disorder. Currently there are no standard approved methods to quantify the disorder. However the method of diagnosis is based on significant impairment in academic achievement. To avail the benefit of relaxed norm under PwD category, the candidate must come under SEVERE category.

Signature and Name (in CAPITAL LETTERS) of the certifying official:

Seal:

FORM-DYSLEXIC-2

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

Testimonial

Date:

Name of the candidate:

Date of Birth:

Name and Address of the School/College:

Photograph

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

Signature with seal:

* A candidate passing Class XII or equivalent through open school system or in private mode may submit the certificate to this effect from the competent authority in the board certifying the concessions availed under dyslexia.

FORM – CATEGORY CONVERSION

Declaration by the Candidate for Conversion from OBC-NCL / GEN-EWS to GEN Category

Name of the candidate: _____

Address: _____

JEE (Main) Application No.:

Mobile No: _____ Email: _____

I understand that as per the guideline from the Ministry of Personnel, Public Grievances and Pensions, Govt. of India, I am required to submit OBC-NCL/GEN-EWS (check one) certificate issued on or after April 1, 2021, to avail the benefit of the said category. Since I have not been able to collect the requisite certificate, I would like to be converted to a GEN category candidate. I understand that once converted, I will be not be able to avail the benefits of the said category, and this conversion will be final for the purpose of any remaining activities of JoSAA-2021.

I understand that by submitting this form, if originally a seat is allocated to me in OBC-NCL/GEN-EWS category, the seat will be cancelled and I will be considered for a fresh allocation of seat based on GEN category in the next round of allocation (if any).

Signature of Father/Mother

Name:

Date:

Signature of the Applicant

Name:

Date:

ANNEXURE 7

MEDICAL CERTIFICATE (to be issued by a Registered Medical Practitioner)					
<u>GENERAL EXPECTATIONS</u>					
Candidates should have good general physique. In particular, <ul style="list-style-type: none"> • Chest measurement should not be less than 70 cm, with satisfactory limits of expansion and contraction. • Vision should be normal. In case of defective vision, it should be corrected to 6/9 in both eyes or 6/6 in the better eye. Colour blind and uniocular(having vision in only one eye)persons are restricted from admission to certain courses. • Hearing should be normal. Defective hearing should be corrected. • Heart and lungs should not have any abnormality and there should be no history of mental illness and epileptic fits. 					
1	(a)	Name of the candidate:		(b)	Gender:
2	Identification Mark (a mole, scar or birthmark), if any				
3	Major illness/operation, if any (specify nature of illness/operation)				
4	Height in cm:		Weight in kg:	Blood Group:	
5	Past History	(a) Mental illness (b) Epileptic Fit			
6	Chest (a) Inspiration in cm		(b) Expiration in cm		
7	Hearing				
8	Vision with or without glasses:	Right Eye	Left Eye	Colour Blindness	Uniocular vision(having vision in only one eye)
9	Respiratory System				
10	Nervous System				
11	Heart	(a) Sounds	(b) Murmur		
12	Abdomen (a) Liver (b) Spleen	Hernia	Hydrocele		
13	Any other defects:				
Certificate of Medical Fitness					
<div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input type="checkbox"/> <input type="checkbox"/> </div> <div> <p>The candidate fulfils the prescribed standard physical fitness, medical fitness and is FIT for admission to Engineering/Architecture/ Pharmaceuticals/ Science Course</p> <p>The candidate does not fulfil the prescribed standard of physical fitness/medical fitness and is unfit/temporarily unfit for admission due to following defects:</p> </div> </div>					
<div style="display: flex; justify-content: space-between; border-top: 1px solid black; margin-top: 10px;"> Name of the Doctor Signature Registration number Seal </div>					