

## जाति प्रमाणपत्र **CASTE CERTIFICATE**

This is to certify that Shri/Smt/Kum ..... son/daughter of Shri. .... of Village/Town ..... in District/Division ..... of the State/Union Territory ..... belongs to the ..... Caste/Tribe which is recognized as a Scheduled Caste/Scheduled Tribe / Other Backward Classes under the Scheduled Castes and Scheduled Tribes (lists) modification, 1956. The Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956, the Constitution (Andaman & Nicobar Islands) Scheduled Tribes Order, 1959, the Constitution (Dadar & Nagar Haveli) Scheduled Castes Order, 1962, the Constitution (Dadar & Nagar Haveli) Scheduled Tribes Order, 1962.

2. Shri/Smt/Kum ..... and/or/his/her family ordinarily reside(s) in Village\*/Town ..... of .....District/Division\* ..... of the ..... State\*/Union Territory of .....

\* Please delete the words which are not applicable

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

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**F O R M -3**

**DETAILS OF FAMILY**

Name of the Government Servant : .....

Designation : .....

Date of Birth : .....

Date of Appointment : .....

Details of the members of my family as on .....

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Sl. No.	Name of the members Members of Family*	Date of Birth	Relationship with the official	Initials of the head of Office	Remarks
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1.

2.

3.

4.

5.

6.

7.

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I hereby undertake to keep the above particulars upto date by notifying to the Head of Office any addition or alteration.

Signature of the Govt. Servant.

Place:

Date:

\* Family for this purpose means family as defined in clause (b) of sub-rule (14) of Rule 54 of the CCS (Penson) Rules, 1972.

Note: Wife and husband shall include respectively judicially separated wife and husband.

**NAME & ADDRESS OF THE INSTITUTE/HOSPITAL**

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

**दिव्यांगता प्रमाणपत्र DISABILITY CERTIFICATE**

This is certified that Shri/Smt/Kum \_\_\_\_\_ son/wife/daughter of Shri \_\_\_\_\_  
\_\_\_\_\_ age \_\_\_\_\_ sex \_\_\_\_\_ identification mark(s) \_\_\_\_\_  
is suffering from permanent disability of following category :-

**A. Locomotor or cerebral palsy :**

- (i) BL-Both legs affected but not arms.
- (ii) BA-Both arms affected (a) Impaired reach  
(b) Weakness of grip
- (iii) BLA-Both legs and both arms affected
- (iv) OL-One leg affected (right or left) (a) Impaired reach  
(b) Weakness of grip  
(c) Ataxic
- (v) OA-One arm affected (a) Impaired reach  
(b) Weakness of grip  
(c) Ataxic
- (vi) BH-Stiff back and hips (Cannot sit or stoop)
- (vii) MW-Muscular weakness and limited physical endurance.

Affix here recent  
attested  
Photograph  
Showing the  
disability duly  
attested by the  
chairperson of the  
Medical Board

**B. Blindness or Low Vision :** (i) B-Blind  
(ii) Partially Blind

**C. Hearing Impairment :** (i) D-Deaf  
(ii) PD- Partially Deaf

( DELETE THE CATEGORY WHICHEVER IS NOT APPLICABLE )

2. This condition is progressive/non-progressive/likely to improve/not likely to improve. Re-assessment of this case is not recommended/is recommended after a period of \_\_\_\_ years \_\_\_\_ months.\*

3. Percentage of disability in his/her case is ..... percent.

4. Sh./Smt./Kum ..... meets the following physical requirements for discharge of his /her duties :-

- (i) F-can perform work by manipulating with fingers. Yes/No
- (ii) PP-can perform work by pulling and pushing. Yes/No
- (iii) L-can perform work by lifting. Yes/No
- (iv) KC-can perform work by kneeling and crouching. Yes/No
- (v) B-can perform work by bending. Yes/No
- (vi) S-can perform work by sitting. Yes/No
- (vii) ST-can perform work by standing. Yes/No
- (viii) W-can perform work by walking. Yes/No
- (ix) SE-can perform work by seeing. Yes/No
- (x) H-can perform work by hearing/speaking. Yes/No
- (xi) RW-can perform work by reading and writing. Yes/No

(Dr. \_\_\_\_\_) (Dr. \_\_\_\_\_) (Dr. \_\_\_\_\_)  
Member, Medical Board Member, Medical Board Chairperson, Medical Board

Countersigned by the Medical Superintendent/

CMO/Head of Hospital (with seal)

\*Strike out which is not applicable.

## घोषणा DECLARATION

I Shri/Smt./Kumari .....declare as under:

- \* (i) that I am unmarried/a widower/a widow
- \* (ii) that I am married and have only one wife living
- \* (iii) that I am married and my husband has no other living wife, to the best of my knowledge.
- \* (iv) that I am married and have more than one wife living. Application for grant of exemption is enclosed
- \* (v) that I am married to a person who has already one wife or more living. Application for grant of exemption is enclosed.

@ I solemnly affirm that the above declaration is true and I understand that in the event of the declaration being found to be incorrect after my appointment, I shall be liable to be dismissed from service.

Signature:.....

Note: \* Please delete clauses not applicable

@ Application in the case of clause (i), (ii) and (iii) only

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### APPLICATION FOR GRANT OF EXEMPTION

To

The Additional Commissioner of Customs (P&V),  
Custom House,  
Cochin-9.

Madam,

I request that in view of the reasons stated below, I may be granted exemption from the operations of restriction on the recruitment to service of person having more than one wife living/women who is married to a person already having one wife or more living.

/ Reasons /

Yours faithfully,

Signature: .....