

APPLICATION FORM FOR CERTIFICATE OF ELIGIBILITY FOR RESERVATION OF JOBS FOR THE OTHER BACKWARD CLASSES IN CIVIL POSTS AND SERVICES UNDER CENTRAL GOVT. OF INDIA

Sir,

	I request	t you a	a CERT	TIFICATE	in re	espect	of	Reservation	for	BACKWARD
CLAS	SES in cir	vil POS	STS & S	ERVICES	unde	r Gove	rnm	nent of India	be gi	ranted to me.

CLAS	SES in civil POSTS & SE	ERVICES under Go	vernment	of India be gr	anted to me.		
I. Given below of the necessary particulars							
1.	1. Full name of the Applicant						
((In BLOCK LETTERS)	:					
2.	Gender	:					
3.	Date of Birth		•				
4.	Complete Resident A	:					
	a) PERMANENT						
	D.No:	Locality:		Village:			
	Mandal:	District:]	Pincode:			
	b) PRESENT (Pos	tal Address)					
	D.No:	Locality:		Village:			
	Mandal:	District:]	Pincode:			
5.	Religion		:				
6.	Caste		:				
7.	Sub-Caste		:				
8.	Issued Caste Certifica	te In Past	:	YES/NO			
9.	Education Certificate	Contains Caste	:	YES/NO			
10.	Occupation Group		:				
11.	SERIAL NUMBER o	f the Caste in the					
	CENTRAL LIST OF	OBCs	:				
12.	Name of the Father		:				
13.	Name of the Mother		:				
14.	14. Name of the Husband :						
15.	15. Status of the Parents(S) / Husband			Father/	Mother/		
			F	Husband	wife		
	a) Constitutional Posts		:				
	b) Designation	:					
	c) i) Services: CENT	RAL / STATE	:				
	ii) Designation		:				
	iii) Scale of Pay, ir	_	:				
	Clarification if	•	:				
	iv) Date of Appoin		:				
	v) Age of the time	:					
	to Class I post	(11 applicable)	:				
II. EMI	PLOYMENT IN INTERNA	TIONAL ORGANIE	DATION E	.G., U.N., UNI	CEF, WHO		
	i) Name of the Orga	nization	:				

P.T.O

TO

FROM

Designation

Period of Service

(Indicate Date)

ii)

iii)

III. A. DEATH / PERMENT INCAPACITION (OMIT IF NOT APPLICABLE)

	i. ii.	In O	ate of death / Permanent capacitation putting an Officer ut of Service etails of permanent incapacitation	: : :			
В.		EMPLOYMENT IN PUBLIC SECTOR UNDERTAKING ETC.,					
		i. ii. iii.	Name of the Organization Designation Date of appointment to the Post	: : :			
C.		ARMED FORCES INCLUDING PARA MILITARY FORCES (THIS WILL NOT INCLUDE PERSONS HOLDING CIVIL POSTS)					
		i. ii.	Designation Scale of Pay	: :			
D.		PROFESSIONAL CLASS (OTHER THAN THOSE COVERED IN THE ITEM NOS. B&C AND THOSE ENGAGED IN TRADE, BUSINESS AND INDUSTRY)					
		i.	Occupation / Profession	:			
E.		PROPERTY OWNERS:					
		I.	Agricultural land holding owned by mother / father and minor Children	•			
		i.	Location	· :			
		ii.	Size of holding	:			
		iii. a) IRRIGATED (TYPE OF IRRIGATION LAND) i) ii) iii)					
		b) UNIRRIGATED					
			iv) Percentage of Irrigated Land				
			holding to statutory ceiling limit under State Land Ceiling				
		Land : v) If land holding is both irrigated /					
			unirrigated total irrigated land				
			holding on the basis of conversion	l			
			formula in State Land Ceiling	:			
			vi) Percentage of total irrigated				
			land holding to statutory ceiling limit as per (vi)	:			
TO BE CERTIFIED DISTRCT REVENUE OFFICER NOT LOWER THAN MANDAL REVENUE OFFCIER / TAHSILDAR							
	II. PLANTATION						
		i. Crops / Fruits :					
		ii. Location :					
iii. Area of Plantation :							

F. III. VACANT LAND AND / OR BUILDING IN URBAN AREA OF URBAN AGGLEMERATION

i. Location of Propertyii. Details of Propertyiii. Use to which it is put:

G. INCOME / WEALTH

i. Annual Income from all Source (Family Income)
(Excluding Salaries and Income from Agrl Land)

Income from Agrl. Land) :

ii. Whether Tax Paid : YES / NO

iii. Whether covered in Wealth

Tax Act. (Yes / No)

(If so furnish details)

16. Family members consisting :

17. Purpose of Caste Certificate :

18. Ration Card Number :

19. Aadhar Number20. Any other Information

21. I certify that the above said particulars are true to the best of my knowledge and belief and that I do not belongs to CREAMY LAYER of OBCs and eligible to be considered for posts reserved for OBCs. In the event of any information being found false or incorrect of ineligibility being detected before of after the selection. I understand that my candidature appointment is liable to be cancelled and I shall be liable to such further action as may be provided under law /or rules.

Yours faithfully,

Place: Signature of the Candidate

Dated:

Procedure (following to be enclosed)

1) Application *

2) Ration Card/Aadhar Card/EPIC Card #

3) Applicant Father/Mother property particulars #

4) Applicant Father/Mother Employment
Particulars/Income Tax returns (for professionals) *

Mobile Number: E- Mail ID:

Contact Details
Land Line Number:

(*-mandatory #-any one of them)