

ANNEXURE

SCHOOL STUDY CERTIFICATE

Name of the student:

Father's Name:

| Class | Name and Place of School | District | Duration of study giving month & year |
|----------|--------------------------|----------|---------------------------------------|
| IV | | | |
| V | | | |
| VI | | | |
| VII | | | |
| VIII | | | |
| IX | | | |
| X or SSC | | | |

Note: Should be obtained from the Educational Institution(s)

Name of the School(s):

Village / Town:

Mandal:

District:

Station:

Signature of the Head of the Educational Institute(s) with seal

Date:

ANNEXURE

CERTIFICATE OF RESIDENCE.

(To be produced by such candidates who have not studied in any educational Institution during the whole or part* of the relevant 4/7 years period but claim to be local candidates by virtue of residence for which there is reservation for local candidates.)

It is hereby certified,

(a) that Sri _____ Son of _____ appeared for the first time for the Matriculation (S.S.C.) Examination in _____ (Month) _____ (year).

(b) that he has not studied in any educational Institution during the whole or part* of the 4/7 consecutive academic years ending with the academic year in which he/she first appeared for the aforesaid examination.

(c) that in the 4/7 years immediately preceding the commencement of the aforesaid examination he/she resided in the following place/places namely;

| Sl.No. | Village | Mandal | District | Period |
|--------|---------|--------|----------|--------|
| 01 | | | | |
| 02 | | | | |
| 03 | | | | |
| 04 | | | | |
| 05 | | | | |

Office Seal:

Station:

Officer of Revenue Department not below the rank of M.R.O. holding independent Charge of a Mandal.

Dated:

*** Strike off whole/part as the case may be.**

ANNEXURE

FORM FOR COMMUNITY, NATIVITY AND DATE OF BIRTH CERTIFICATE

Serial No.

SC.

District Code:

ST.

Mandal Code:

BC.

Village Code:

COMMUNITY, NATIVITY AND DATE OF BIRTH CERTIFICATE

(1) This is to certify that Sri/Smt./Kum _____
son of Sri. _____ of Village/ Town
_____ Mandal _____ District _____ of
the State of Andhra Pradesh belongs to _____ Community which is
recognised as S.C./S.T./B.C. Sub group _____ .

The Constitution (Scheduled Caste) Order, 1950

The Constitution (Scheduled Tribes) Order, 1950

G.O. Ms. No. 1793, Education, dated 25-09-1970 as amended from time to time
(BCs)/S.C.s, S.T.s list (modification) Order, 1956 S.Cs. and S.T.s (Amendment) Act,
1976.

(2) It is certified that Sri. _____ is a native of
_____ Village/Town _____ Mandal
_____ District of Andhra Pradesh.

(3) It is certified that the place of birth of Sri. _____ is
a native of _____ Village/Town _____
Mandal _____ District of Andhra Pradesh.

(4) It is certified that Sri. _____ is day _____ month
_____ year _____ (in words) _____
as per the declaration given by his father/mother/guardian and as entered in the school
records where he studied.

Signature:

Date:

Name in Capital Letters:

Designation:

(Seal)

Explanatory Note: While mentioning the community, the competent authority must
mention the sub-case (in case of Schedules Tribes) as listed out in the S.C.s and S.Ts
(Amendment) Act, 1976.

ANNEXURE

**APPLICATION CUM CERTIFICATE TO DECIDE THE CREAMY LAYER STATUS OF A
PERSON BELONGING TO BC CATEGORY**

1. Name of the Applicant:

2. Date of Birth:

3. Case and Group:

(Certified issued by the competent authority
Should be enclosed)

4. Religion:

5. Address:

a) Present Address:

b) Permanent Address:

6. Occupation of the Applicant:

7. Name of the Father:

8. Date of Birth of Father:

9. PAN No. of the Father:

10. Name of the Mother:

11. Date of Birth of Mother:

12. PAN No. of the Mother:

OCCUPATION / INCOME / WEALTH STATUS OF PARENTS AND FAMILY

Father

Mother

A) Constitutional posts

i) Holding / held any Constitutional post

| | |
|--|--|
| | |
|--|--|

ii) If, yes, Name of the post holding / held

| | |
|--|--|
| | |
|--|--|

B) Government Employment

i) Holding / held any Government Employment

| | |
|--|--|
| | |
|--|--|

ii) If, yes, Employment under central Govt. / State Govt. / Public Sector Under taking.

| | |
|--|--|
| | |
|--|--|

iii) Designation of initial appointment

| | |
|--|--|
| | |
|--|--|

iv) Status of initial appointment (Group-I or II or III or IV)

| | |
|--|--|
| | |
|--|--|

v) Designation of present post held and status of the post.

| | |
|--|--|
| | |
|--|--|

vi) If the initial appointment is of Group II Category and the individual was promoted to Group-I category, date of promotion and age at which promoted to Group-I category

| | |
|--|--|
| | |
|--|--|

C) Military / Paramilitary forces

i) Designation of the post holding or held

| | |
|--|--|
| | |
|--|--|

ii) Is the post holding or held is equivalent to Colonel or above

| | |
|--|--|
| | |
|--|--|

D) Land holdings possessed by the family (Father, Mother and unmarried children)

i) Extent of double crop irrigated land

ii) Extent of single crop irrigated land

iii) Extent of unirrigated / dry land

iv) Nature of Crops / Plantations raised

v) If the entire land possessed by the family is irrigated land, does the extent of irrigated

|

land exceed 85% of the Ceiling limit as per Land Ceiling Act:

- vi) If the land possessed by the family is both irrigated and unirrigated land and after conversion of unirrigated land on the basis of conversion formula, does the extent of irrigated land so obtained exceed 80 % of the Ceiling Limit as per Land Ceiling Act.
- vii) If the plantations like Rubber, Coffee, Tea etc. are raised, the annual income from them during last three years.

E) Income from other sources – Private employment, professional Services, Business, Commerce, Rents etc.

i) Sources of income to the Family with full details of source:

Private employment

Professional Services

Business

Commerce

Rents

Others

ii) The annual income during last three years year wise:

(enclose income tax returns)

F) Wealth Tax for having vacant land and / or building (s) in urban areas and urban agglomeration

- i) Location of property and value
- ii) Details of property
- iii) Use to which it is put
- iv) Whether Wealth Tax is being paid and Tax per annum

DECLARATION BY THE APPLICANT AND PARENTS OF THE APPLICANT

It is certified that the above mentioned particulars are true to the best of our knowledge and belief.

Signature of Mother Signature of the Father Signature of the Applicant

CERTIFICATE BY THE ISSUING AUTHORITY

The particulars mentioned above have been verified and found that

- a) The applicant does not come under creamy layer of BCs/OBCs under any of the categories.

- b) The applicant comes under creamy layer of BCs/OBCs under the category of _____ (A/B/C/D/E/F) mentioned above

Signature of the Issuing Authority.

ANNEXURE

(Candidates using scribe to please fill up the **DECLARATION** and submit along with the call-letter)

DECLARATION

We, _____ the _____ undersigned, _____ Shri/Smt/Kum. _____ **eligible candidate** for the written examination for recruitment of ----- written examination to be held on----- and Shri/Smt/Kum. _____ **eligible writer (scribe)** for the eligible candidate, do hereby declare that : -

- i. The scribe is identified by the candidate at own cost and as per own choice
- ii. Qualification of the candidate and the scribe are as under:

| Grade (whether graduate, post gradu | |
|--|---------------|
| Candidate | Scribe |
| | |

- ii. The candidate is permissible to use the services of scribe/writer under the Government of India rules governing the recruitment of Persons with Disability.
2. As per the rules, the candidate availing services of a scribe is eligible for compensatory time of 20 minutes for every hour of the written examination **Visually Impaired candidates under Blind/Low Vision may skip the non-verbal questions, and questions based on Graph and Table, if any. The candidates will be awarded marks for such Sections based on the overall average obtained in other Sections of the respective test.**
 3. In view of the importance of the time element, the examination being of a competitive nature, the candidate undertakes to fully satisfy the Medical Officer of the Concerned Organization that there was necessity for use of a scribe as his/her writing speed is affected by the disabilities mentioned in Paragraph 1, clause (iii) above.
 4. We hereby declare that all the above statements made by us are true and correct to the best of our knowledge and belief. We also understand that in case it is detected at any stage of recruitment that we do not fulfill the eligibility norms and/or that the information furnished by us is incorrect/false or that we have suppressed any material fact(s), the candidature of the applicant will stand cancelled, irrespective of the result of the written test(s). If any of these shortcomings is/are detected even after the candidate's appointment, his/her services are liable to be terminated.

Given under our signature:-

Signature of the Scribe

Signature of the Candidate

Postal address:

Roll No.:

Postal address:

STD Code: Phone No.....

STD Code: Phone No.....

**PHOTO
OF
THE
SCRIBE**

Signature of Invigilator