

Appendix 1. Certificate from Principal / Head of the Department

This is to certify that Mr. / Ms. _____ is enrolled as a student at our College / Institute _____ (name of college / institute) for the degree / diploma _____ (name of degree / diploma).

Current status of study (please tick one of the following options):

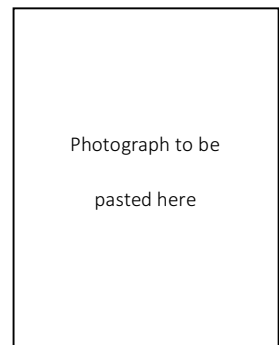
- He / She is currently in the final year of the above degree / diploma programme
- He / She appeared in the final semester / year examination of the above degree / diploma but has a backlog (fail / arrear) to be cleared from an earlier semester / year, and therefore cannot produce a course completion certificate now.

Date: _____

Signature: _____

Photo of the candidate with the office seal

of Principal / Head of the Department:



Appendix 2. 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) dated 30/05/2014.

District Magistrate / Deputy Commissioner / Any other Competent Authority

Dated: _____

Seal

* 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 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.12018/6/2005-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

Appendix 3. 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 / Shirmati / 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 / Union Territory* _____ who belong 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 _____

(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.

Appendix 4. EWS Certificate Format

Government of _____

(Name & Address of the authority issuing the certificate)

INCOME & ASSET CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Certificate No. _____ Date: _____

VALID FOR THE YEAR _____

1. This is to certify that Shri/ Smt./ Kum _____ Son/ Daughter/ Wife of Shri / Smt. _____ permanent resident of _____, Village / Street _____ Post Office _____ District _____ in the State / Union Territory _____ Pin Code _____ whose photograph in 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. / Kum. _____ belongs to the _____ caste which is not recognized as a Schedule Caste, Schedule Tribe and Other Backward Classes (Central List).

Signature with seal of Office _____

Name _____

Designation _____

Recent PP size Attested
Photograph of the
applicant

The income and assets of the families as mentioned
would be required to be certified by an officer not
below the rank of Tehsildar in the States/UTs.

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

** Note2: The term "Family" for this purpose include the person, who seeks benefit of reservation, his/her parents are siblings below the age of 18 years as also his/her spouse and children below the age of 18 years.

*** Note3: 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.

Appendix 5. Disability Certificate-I (Form – II)

(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

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) _____ percent (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

Appendix 6. Disability Certificate-II (Form - III)

(In cases 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

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 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	Affected Part of Body	Diagnosis	Permanent physical impairment / mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both eyes		
4	Hearing impairment	£		
5	Mental retardation			
6	Mental-illness			

@ - e.g. Left / Right / both arms / legs

- e.g. Single eye / both eyes

£ - e.g. Left / Right / both ears

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
 - (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 (1)	Name and Seal of Member (2)	Name and Seal of the Chairperson



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

Appendix 7. Disability Certificate-III (Form - IV)

(In cases other than those mentioned in Disability Certificate-I and II)

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

(See rule 4)

Recent PP size Attested
Photograph (showing face
only) of the person

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 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	Affected Part of Body	Diagnosis	Permanent physical impairment / mental disability (in %)
1	Locomotor disability	@		
2	Low vision	#		
3	Blindness	Both eyes		
4	Hearing impairment	£		
5	Mental retardation			
6	Mental-illness			

@ - e.g. Left / Right / both arms / legs

- e.g. Single eye / both eyes

£ - e.g. Left / Right / both ears

(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
 - 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.

Appendix 8. 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:

Physical & Neurologic Assessment: []

Psychological Assessment: []

WISC Verbal IQ:
 Performance IQ:
 Full Scale IQ:

Interpretation: []

Educational Assessment:[]

Certified that:

1. The percentage of the handicap is NOT less than 40%**
2. The disability is SEVERE and PERMANENT in nature.

*Some Dyslexia Associations:

1. Dyslexia Trust of Kolkatta, 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 Center 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.

Name of the certifying official:

Seal:

Recent PP size Attested
Photograph (showing face
only) of the person

Appendix 9. Certificate to be Produced by Dyslexic Candidate from the Principal of the College / Institution Last Attended

Testimonial

Date:

Name of the candidate:

Date of Birth:

Name and Address of the School / College:

Recent PP size Attested
Photograph (showing face
only) of the person

Certified that Shri / Shrimati / Kumari _____ son / daughter of
_____ of _____ village / town passed his / her
degree / diploma or equivalent from this college / institution and as per records, availed concession
under dyslexic category.

Signature with seal:

*A candidate passing degree / diploma or equivalent through in private mode may submit the certificate to this effect from the competent authority in the board certifying the concessions availed under dyslexia.

Appendix 10. Request Letter Format for Amanuensis (Scribe) and/or Compensatory Time for PwD Candidates

Date: _____

Name of the candidate: _____

Address: _____

Mobile No: _____ Email: _____

The Chairman
UCEED-CEED 2021
Indian Institute of Technology, Bombay

Subject: Requirement of COMPENSATORY TIME and/or Amanuensis (scribe)

Dear Sir,

I am a PwD candidate (Visually impaired / dyslexic / disability in the upper limbs or loss of fingers).

(tick as applicable)

- I would like to request you to provide compensatory time of 20 minutes per hour to complete the paper as per the government norms. I understand that the compensatory time of Part-A and Part-B are non-transferable.

- I would like to avail of the services of an amanuensis (scribe).

Kindly do the needful.

I understand that if it is subsequently discovered at any stage that I have used the services of a scribe, and/ or have availed of compensatory time, but do not possess the extent of disability that warrants either of the above, I shall be excluded from the process of evaluation, ranking and admission. In case I have already been admitted to any institute, my admission will be cancelled.

Thanking you,

Signature of the candidate: _____

Signature of the Parent / Guardian: _____

Name of the Parent / Guardian: _____