

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	you a	CERTIFIC	ATE in	respect	of	Reservation	for	BACKWARD
CLASSES in civ	il POST	S & SERV	ICES un	der Gove	rnm	ent of India	be gi	ranted to me.

CLASS]	ES in civil POSTS & S	SERVICES under Go	vernment of India be	granted to me.
I. C	Given below of the nece	essary particulars		
1. F	full name of the Applic	eant		
(I:	n BLOCK LETTERS)	:		
2.	Gender	:		
3.	Date of Birth	:		
4.	Complete Resident	Address	:	
	a) PERMANENT			
	D.No:	Locality:	Village:	
	Mandal:	District:	Pincode:	
	b) PRESENT (Po	estal Address)		
	D.No:	Locality:	Village:	
	Mandal:	District:	Pincode:	
5.	Religion		:	
6.	Caste		:	
7.	Sub-Caste		:	
8.	Issued Caste Certific	eate In Past	: YES/NO	
9.	Education Certificate	e Contains Caste	: YES/NO	
10.	Occupation Group		:	
11.	SERIAL NUMBER	of the Caste in the		
	CENTRAL LIST OF	F OBCs	:	
12.	Name of the Father		:	
13. Name of the Mother			:	
14.	Name of the Husbar	nd	:	
15.	Status of the Parents	(S) / Husband	: Father/	Mother/
			Husband	wife
	a) Constitutional Posts	S	:	
	b) Designation		:	
	c) i) Services: CEN	ΓRAL / STATE	:	
	ii) Designation		:	
	iii) Scale of Pay,	including	:	
	Clarification i		:	
	iv) Date of Appoi		:	
	v) Age of the time		:	
	to Class I pos	t (if applicable)	:	
II. EMPI	LOYMENT IN INTERN	ATIONAL ORGANII	DATION E.G., U.N., U	NICEF, WHO

Name of the Organization i)

Designation ii)

Period of Service TO **FROM** iii)

(Indicate Date)

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

	i. ii.	Date of death / Permanent Incapacitation putting an Officer Out of Service Details 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.			ED FORCES INCLUDING PARA MI INCLUDE PERSONS HOLDING CIV	•		
		i. ii.	Designation Scale of Pay	: :		
D.		ITEM	FESSIONAL CLASS (OTHER THAN I NOS. B&C AND THOSE ENGAGE JSTRY)			
		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 IRRIGAT i) ii) iii)	TION LAND)		
			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)	:		
			BE CERTIFIED DISTRCT REVENUE AN MANDAL REVENUE OFFCIER /			
	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 Property ii. Details of Property : iii. Use to which it is put

INCOME / WEALTH G.

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

Whether Tax Paid ii. YES / NO

Whether covered in Wealth iii.

Tax Act. (Yes / No)

(If so furnish details)

16. Family members consisting

17. Purpose of Caste Certificate

Ration Card Number 18.

19. Aadhar Number 20. Any other Information

I certify that the above said particulars are true to the best of my knowledge 21. 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) *

(*-mandatory #-any one of them)

Contact Details

Land Line Number: Mobile Number:

E- Mail ID: