FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT OF POSTS UNDER THE GOVERNMENT OF INDIA.

This is to certify that Shri/Smt./Kum.*						son/da	ughter	* of
Shri	of village/town			dis	strict_			
in	state belongs	to				community	whicl	h is
recognized as backward class under the Government of India, Ministry of Welfare Resolution								
No. 12011/68/93- BCC(C),	dated 10 th Se	ptember.	1993	publish	ed in	the Gazett	e of I	ndia
Extraordinary part I	Section I da	te 13 th	Septer	mber	1993	. Shri/S	mt./K	um*
	and/or his/	her fai	mily o	ordinar	ily	reside(s)	in	the
District of thestate. This is also to certif						to certify th	at he	/she
does not belong to the persons/selections (creamy layer) mentioned in column 3 (of the								
schedule to the Gov	vernment OF	India,	Departn	nent	of l	Personnel	&Trai	ning
O.M.No.36012/22/93-Estt.	(SCT), dated 8.	9.1993) a	and mod	dified \	/ide (Government	of Ir	ndia,
Department of Personnel and training O.M No.36033/3/2004 – Estt.(Res) dated 09.03.2004.								

District Magistrate, Deputy Commissioner etc..

Dated

Seal

N.B

(a) The term 'ordinarily' used here will have the same meaning as in section 20 of the Representation of the peoples Act, 1950

(b) Where the certificates are issued by Gazetted officers of the union Government or state Governments, they should be in the same form but counter signed by the District Magistrate or Deputy Commissioner (Certificates issued by Gazetted Officers and attested by District Magistrate/Deputy Commissioner are not sufficient)

* Should be dated on or after 01.01.2015.

DECLARATION

I _______ certify that the above said particulars are true to the best of my knowledge and belief and that do not belong to the Creamy Layer of OBCs and am eligible to be considered for the posts reserved for O.B.Cs. In the event of any information being found false or incorrect, or ineligibility being detected before or after the selection, I understand that my candidature/appointment is liable to be canceled and I shall be liable to such further action as may be provided under the law and/or Rules.

Yours faithfully,

Signature of the Candidate

Place:

Date: