Annexure- IB

DECLARATION BY THE CANDIDATE IN LIEU OF GEN-EWS CERTIFICATE

Name of the candidate: Address:		Passport size Photograph of the Candidate
Application Number of JEE (Main) - 2023:		
Mobile No:Email:		-
I understand that as per the new guideline from the M. Grievances and Pensions, GoI, I am required to submit a Glor after 01 April 2022 . Since I have not been able to collect the said certificate on time write JEE (Main) - 2023 provisionally. I hereby declare that (issued on or after 01 April 2022) at the time of reporting af	EN-EWS certificate is me, I may kindly be al I will upload a fresh c	ssued on
I understand that inability to upload the same by the given withdrawal of the GEN-EWS benefit. I also understand that, be adjusted accordingly in the Common Rank List.		
Signature of Father/Mother		
Name:	Date:	
Signature of Applicant	Date:	

Annexure-IIA

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	d as a backwar	d class
under Government of India***, M Resolution No.	inistry of Social Justice	and Empower	rment's
	dated*	***	
	1/		
Shri/Smt./Kum.	and/or		_
his/her family ordinarily reside(s) in th			
of the			
does NOT belong to the persons/se			
Schedule to the Government of India, I	-		
Estt. (SCT) dated 08/09/93 which is		*	*
09/03/2004, further modified vide Of	` ,		
further modified vide OM No.36036	` ,	014, and again	further
modified vide OM No. 36033/1/2013-	Estt (Res) dated. 13/09/2017.		
	District	Magistrate /	
	Deputy	Commissioner /	
Dated:	Any oth	er Competent Au	ıthority
Seal			
Visit http://www.ncbc.nic.in for the lates Please delete the word(s) which ar		ral List of State-v	vise OBCs.
* As listed in the Annexure (for FO			
** The authority issuing the certificate r	reeds to mention the details of the Re	solution of Cover	enmont of

- 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:
 - 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 therank of Tehsildar' and
 - IV. 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.12019/6/2005-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	

Annexure- IIB

DECLARATION BY THE CANDIDATE IN LIEU OF OBC-NCL CERTIFICATE

Name of the candidate: Address:	Passport size Photograph of the Candidate
Application Number of JEE (Main) - 2023:	
Mobile No:E	mail:
I understand that as per the new guideline f Grievances and Pensions, GoI, I am require issued on or after 01 April 2022 .	•
Since I have not been able to collect the sai allowed to write JEE (Main) - 2023 provision a fresh certificate (issued on or after 01 April allocation.	ally. I hereby declare that I will upload
I understand that inability to upload the same the withdrawal of the OBC-NCL benefit. I category will be adjusted accordingly in the O	also understand that, if qualified, my
Signature of Father/Mother	
Name:	Date:
Signature of Applicant	Date:

Annexure-III

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/Shrin	nati/ Kumari*			son/daughter* of
	of	Village/Town*	*	District/Division*
	of State/U	nion Territory	·*	belongs to the
-	Scheduled Caste / Sched	uled Tribe* under	:-	201011,80 to the
The Constitution (Scheduled Castes) Order, 1950				
The Constitution (Scheduled Castes) Order, 1950 The Constitution (Scheduled Tribes) Order, 1950				
The Constitution (Scheduled Castes) (Union Territo	ories) Order 1951			
* The Constitution (Scheduled Tribes) (Union				
(,,,,				
amended by the Scheduled Castes and Scheduled Trib th-Eastern Areas (Reorganisation) Act, 1971, the Sche	pes Lists (Modification Order) 1956, Eduled Castes and Scheduled Tribes	the Bombay Reorganisat Orders (Amendment) Ac	tion Act, 1960, the Punjab Reorgan ct, 1976 and the Scheduled Castes a	nisation Act, 1966, the State of Himachal Pradesh Act, 1970, the and Scheduled Tribes Orders (Amendment) Act, 2002]
The Constitution (Jammu and Kashmir) Scheo				
•		959, as amended by	the Scheduled Castes and Sch	heduled Tribes Order (Amendment) Act, 1976;
The Constitution (Dadra and Nagar Haveli) So				
The Constitution (Dadra and Nagar Haveli) So				
The Constitution (Pondicherry) Scheduled Ca The Constitution (Uttar Pradesh) Scheduled T				
The Constitution (Goa, Daman, and Diu) Sche The Constitution (Goa, Daman, and Diu) Sche				
The Constitution (Goa, Daman, and Did) Sche The Constitution (Nagaland) Scheduled Tribes				
The Constitution (Sikkim) Scheduled Castes (
The Constitution (Sikkim) Scheduled Tribes O				
The Constitution (Jammu and Kashmir) Sched				
The Constitution (Scheduled Castes) Order (A	, ,			
The Constitution (Scheduled Tribes) Order (A				
The Constitution (Scheduled Tribes) Order (Se				
*This certificate is issued on the basi	s of the Scheduled Castes	/ Scheduled Tribes	* Certificate issued to Shr	i /Shrimati*
	father/mother* of Shri /Sh	nrimati /Kumari* _		of Village/Town*
				of the State State/Union
erritory*_				a Scheduled Caste / Scheduled Tribe* in the
tate / Union Territory*	issued by the		dated	
3. Shri/ Shrimati/ Kumari *		and	d / or* his / her* famil	y ordinarily reside(s)** in Village/Town*
of_		_District/Division*	of the State Union Territo	ory* of
				Signature:
				Designation
ace: Stat	e/Union Territory*			(With seal of the Office
Date:				
* Please delete the word(s) which	are not applicable.			
# Applicable in the case of SC/ST F	ersons who have migrated	I from another Stat	te/UT.	
	ere will have the same meanin	g as in Section 20 of t	the Representation of the Peo	pple Act, 1950. Officers competent to issue
Caste/Tribe certificates: 1. District Magistrate / Additional Di				sioner / Deputy Collector / Ist Class

- Chief Presidency Magistrate / Additional Chief Presidency Magistrate / Presidency Magistrate.
 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

Annexure-IV

Form-PwD (IV)

Disability Certificate

Certificate for persons with a disability under RPwD Act, 2016 having less than 40% disability

Recent PP size attested photograph (showing face only) of the person with disability

					disability
This	is to certify that, we	e have examined Mr/Ms/M	[rs	(name of the c	andidate), S/o /D
	, a resi	ident of(Vil	l/PO/PS/Distric	t/State), aged .	yrs,
pers	on with	(nature of disability/c	condition), and	to state that he/	she has a limitation
whic	ch hampers his/her writi	ing capability owing to his/h	er above condit	ion. He/she requ	ires the support of
	be for writing the exami			•	**
	8				
(na		es aids and an assistive device hich is /are essential for the	-		
		ed only for the purpose of well as academic institution			
	_	onths or less as may be certi			(it is valid for
1110	Minum period of Six III	ioning of less us may be con-	ned by the mee	irear additerrey)	
			a:	0 11	
			Sigi	nature of medica	l authority
	(Signature & Name)	(Signature & Name)	Signature & Name)	(Signature & Name)	(Signature & Name)
	Orthopedic / PMR	Clinical Psychologist/	Neurologist	Occupational	Other
	specialist	Rehabilitation	(if available)	therapist (if	Expert, as
		Psychologist/Psychiatrist		available)	nominated
		/ Special Educator			by the Chairperson
					(if any)
	(Signature & Name)			1	
	C1: C1	/a: '1 a /a! ' CD' . '	. 3.6 1' 1.0 CC	CI.	
Non	Chief Medical Officer	/Civil Surgeon/Chief Districital/Health Care Centre with	t Medical Offic	erChairp	erson
INaii	ie of Government Hosp	ital/Health Care Centre with	Scal		
Plac	e:				
Date	e:				
/			//8/18/18/18/18/18/18/18/18/18/18/18/18/		

Annexure-V

Letter of Undertaking for Using Own Scribe

I	, a candidate with	(name of the disability)
appearing for the	(name of the ex-	amination) bearing Application No.
at	(name of the cer	ntre) in the District,
	(name of the State). My qualificatio	on is
I do hereby state that	(name of	the scribe) will provide the service of
scribe/reader/lab assistant for t	the undersigned for taking the aforesaid ex	xamination.
I do hereby undertake that his	qualification is	In case, subsequently,
it is found that his qualification	on is not as declared by the undersigned a	and is beyond my qualification, I shall
forfeit my right to the admission	on and claims relating thereto.	
	(Signature of	the candidate with disability)
ace:		
tte:	Photogra	aph of Scribe
	(Self-At	ttested Photograph)