

ANNEXURE-VI

Revised Proforma as per G.O.Ms.No. 58, Social Welfare (J) Dept. Dt.12-5-1997

FORM – III

Serial No.
S.C.
B.C.
Certificate No.

District Code:
Mandal Code:
Village Code:

COMMUNITY, NATIVITY AND DATE OF BIRTH CERTIFICATE

1. This is to certify that Sri/Smt/Kum. _____ Son/Daughter of
Sri _____ of Village/Town _____
Mandal _____ District of the State of Telangana belongs to _____
_____ Community which is recognized as SC/ST/BC under:
The Constitution (Scheduled Castes) Order, 1950
The Constitution (Scheduled Tribes) Order, 1950
G.O.Ms.No.1793, Education, Dated 23-9-1970 as amended from time to time BCs, SCs, STs
list (Modification) Order 1956, SCs, and STs (Amendment) Act, 1976.
2. It is certified that Sri / Kum _____ is a native
of _____ Village / Town _____
Mandal _____ District of Telangana.
3. It is certified that the place of birth of Sri / Smt / Kum _____, Village/
To n _____ Mandal _____ District
of Telangana.
4. It is certified that the date of birth of Sri / Smt / Kum. _____ is _____
day _____ Month _____ Year (in words _____)
as per the declaration given by his / her father / mother / guardian and as entered in the
School records where he/she Studied.

Signature:

Date:

Name in Capital
Letters: Designation:

(Seal)

Explanatory Note: While mentioning the community, the Competent Authority must mention the sub-caste (in case of Scheduled Castes) and Sub-Tribe or Sub-group (in case of Scheduled Tribes) as listed out in the SCs and STs (Amendment) Act, 1976.

ANNEXURE-VII

MEDICAL CERTIFICATE IN RESPECT OF PHYSICALLY HANDICAPPED CANDIDATES

Medical Board constituted vide G.O.Ms.No. 109 Women's Development child Welfare and Labour Department, Dt. 15-6-1992 comprises the following.

1. Dr. Reg. No.
2. Dr. Reg. No.
3. Dr. Reg. No.

Certified that we have this day of Year— ————examined the applicant whose particulars are given below and that he / she falls within the above definition.

Name of the Candidate:

Father's Name:

Sex:

Photograph (attested) to show if possible

Identification Marks:

- 1.
- 2.

Visuals Defects

Nature of the Disability	Tick at relevant from the following and provide details
a) If the vision is from 6/18 and upto 6/60 and anything less than 6/60 shall be considered as an extreme handicap.	
b) Visual activity not exceeding 6/60 or 2/20 Shellen) in the better eye with correcting lenses	
c) Limitation of the field of vision subtending an angle of 20 degrees or less	
II) Orthopedically Handicapped:	
a) Both the upper limbs	
b) Both the lower limbs	

ANNEXURE-VIII

EX-SERVICEMAN CERTIFICATE

[Proforma certificate in case of Children of Ex-Servicemen, Armed personnel, BSF and CRPF]

The Certificate should be signed by (1) Zilla Sainik Welfare Officer of the concerned District in the case of Ex- Servicemen or by (2) the Officer in command of the Unit in the case of Serving Armed Forced personnel. No.

On the strength of the Discharge Certificate/Service particulars of the Ex-servicemen/Serving soldier and the Bonafide Certificate of the student this is to certify that Shri/Kum. _____ is the Son/Daughter of an Ex-serviceman Ex. No _____ Rank _____ Name _____ Corps _____ who has served in the Indian Army/Navy/Air Force in erstwhile Hyderabad State Forces, with effect from _____ to _____ and was discharged on account of _____ with _____ character (total regular service on the date of discharge _____ years) He belongs to the following Category as per G.O.Ms.No.192 Dated 26-8-1993 of Education (EC-2) Department.

- 1) Children of Armed Forced personnel killed in action.
- 2) Children of Armed Forced personnel disabled in action and invalidated out from service on medical grounds.
- 3) Children of Armed Forced personnel who are in receipt of Gallantry Award (Mention the name of Award _____)
- 4) Children of all other categories of eligible Ex-Servicemen.

His identity Card No. is T.S. _____ issued on _____ at Zilla Sainik Welfare Office _____ He is resident of _____ village _____ Post _____ Mandal _____ District _____ State.

The certificate is issued for the purpose of availing the benefits to the children/dependents of Ex-servicemen for admission to Engineering / Medical / Polytechnic / ITI / B.Ed / TTC / PG courses etc., against the seats reserved for Children of Armed Forces personnel category.

Date:

Signature

Place:

Name and Designation of the Officer

Seal of Issuing Authority.

ANNEXURE-IX

CERTIFICATE OF RESIDENCE

[For Private Candidates appeared 10th Class Examination without School Study]

1. It is certified

(a) That Sri _____ S/o, D/o _____ a candidate for
Admission into I.T.I., appeared for the first time for the _____ Examination
(Being the minimum qualifying examination for admission to be Examination mentioned above) in
_____ (Month) (Year) _____

(b) That he/she has not studied in any educational institution during the whole/part of the 7
consecutive academic years ending with the academic year in which he/she first appeared and that
he/she has resided in the following place/places falling within the local area in respect of
_____ University.

1. The above Candidate is therefore, a local in relation to the local area specified in paragraph
3(a)/3(b) of Andhra Pradesh Educational Institutions (Regulation of Admissions).

Date:

Signature of Mandal Revenue Officer

Place:

(Seal)

ANNEXURE-X



GOVERNMENT OF TELANGANA REVENUE DEPARTMENT

Application No

EWS

Date : ___ / ___ / ___.

INCOME CERTIFICATE FOR ECONOMICALLY WEAKER SECTIONS

VALID FOR THE YEAR - _____

This is to certify that Shri/Srimathi/Kumari _____ S/o /
D/o / W/o _____ Permanent resident of _____ Village /
Town _____ Post Office _____ District _____ in the
State/Union Territory **Telangana** PIN Code _____ whose photograph is attested below
belongs to Economically Weaker Sections, since gross annual income* of his/her 'family**' is
below Rs.8 lakh (Rupees Eight Lakh Only) for the financial year _____ - _____.

Shri/Srimathi/Kumari _____ belongs to the _____ caste which is
not recognized as Scheduled Caste, Scheduled Tribe and Other Backward Class(Central List).

Photograph of the applicant

Certified By

Name :

Designation :

Mandal :

District :

***Note :** Income covered all the sources i.e, salary, agriculture, bussiness, profession etc..,

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