

HARYANA GOVERNMENT

Certificate Sr.No...../Year...../Teh.....

Photo of
applicant To be
attested by the
Issuing
Authority

SCHEDULED CASTE-CERTIFICATE

This is to certify that Shri/Smt./Kumari.....
Son/Daughter of Sh. resident of Village/Town.....
Tehsil District, of the State/Union Territory ___ belongs to the
..... Caste/Tribe, which is recognized as a Scheduled Caste/Scheduled Tribe under
the Constitution (Scheduled Castes) Order1950.

2. Shri/Smt./Kumari..... and/or his/her family ordinarily Reside(s)
in Village/Town of Tehsil.....
District, of the State/Union Territory_____.

Dated:.....
Place:.....

Signature with seal of Issuing Authority
Full Name.....
Designation.....
Address with
Telephone No. with STD Code.....

Issuing Authority:

**Tehsildar-cum-Executive Magistrate,
Naib Tehsildar-cum-Executive Magistrate**

Head of Department in case of Government employee.



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Certificate Sr. No...../Year...../Teh.....

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attested by the Issuing
Authority**

BACKWARD CLASS CERTIFICATE**Block `A' OR `B''**

This is to certify that Shri/Smt./Kumari.....
Son/Daughter of Sh.....resident of Village/Town.....
Tehsil..... District, the State/Union Territory_____belongs to the---
-----Caste.This caste is mentioned in the State list of
BC Block_____.

2.Shri/Smt./Kumari and/or his/her family ordinarily Reside(s) in Village/Town-----
.....of Tehsil District....., of the State/Union
Territory .

3.This is to certify that he/she does not belong to the person/section (Creamy layer) as per State Govt.
letter No.1170-SW(1)-95 dated 07.06.1995, No.22/36/2000-3GS-III dated 9.8.2000 & No.213-SW(1)-2010
dated31.8.2010.

Dated:.....
Place:.....

Signature with seal of Issuing Authority
Full Name.....
Designation.....
Address with
Telephone No. with STD Code

Issuing Authority:

**Tehsildar-cum-Executive Magistrate,
Naib Tehsildar-cum-Executive Magistrate**

Head of Department in case of Government employee.

(The applicant shall submit an affidavit that he/She falls/does not fall in creamy layer)

[Handwritten Signature]

CERTIFICATE FOR CHILDREN/GRAND CHILDREN OF FREEDOM FIGHTERS

No.....

Dated:.....

Certified that Shri Son/Daughter of Shri.....
resident of Village | , Police Station

Tehsil....., District..... was a bonafide Freedom Fighter.

Signature of Officer authorized by
Chief Secretary, Haryana to
issue such certificate (with
office seal & stamp)

CERTIFICATE FOR DECEASED/DISABLED/DISCHARGED MILITARY PERSONNEL/ SERVING MILITARY PERSONNEL/EX-SERVICEMEN

Certified that Sh..... Father of..... (name of the Candidate) is serving military personnel/an ex-serviceman and he/his son/daughter is entitled for the benefit of reservation of seats for admission in program in MD University, Rohtak. His detailed particulars are as under:

1. Name.....
2. Father's Name.....
3. Address.....
4. Reasons of discharge/retirement.....
5. Whether deceased/disabled during military service.....
if so, give details
6. Category.....
7. If serving, Rank and place of Posting.....

Place:.....

Date:..... (Seal of the above authority)

Signature of the Secretary Zila Sainik
Board or
Commanding Officer



**MEDICAL CERTIFICATE FOR PHYSICALLY HANDICAPPED PT.
B.D. SHARMA UNIVERSITY OF HEALTH SCIENCES, ROHTAK**

OR

OFFICE OF THE CHIEF MEDICAL OFFICER

No.....

Dated.....

Certified that Shri/Km./Smt Son/Daughter of Shri
..... resident of..... District-----appeared
before the undersigned for medical check up. On medical examination, he/she is found suffering from
.....and thus he/she is Physically Handicapped. His/Her
percentage of Handicap is%(in figure)-----in words).

Professor & Head,
Department of

Pt. B.D. Sharma Univ. of Health Sciences,
Rohtak

OR

Chief Medical Officer

.....
(Haryana)

(Signature of Applicant)

(Seal of the above authority)

Handwritten signature