Court Fee Stamp as required

APPLICATION FORM FOR ISSUANCE OF

SOCIALLY AND EDUCATIONALLY BACKWORD CASTE CERTIFICATE

Paste Applicant Photo

(Fields marked * are mandatory)

Service Payment Details :

1.Service Charges of the kiosk Operator **per Unit** = 18.00

2.Printing Charges **per unit** = 10.00

3.Scanning Charges **per unit** = 5.00

4.Degs Charges fee per unit = 2.00

(The amount may vary based on no of printing and scaning page counts)

The Acknowledgement of receipt of Application / Delivery of Certificate and Payments received from the citizens shall be issued free of cost by the CSC operator to the citizens.

Applicant's signatutre

Documents Required

Mandatory Documents

Supporting Documents

1. **RoR**
2. **Self Declaration**
3. **Land Pass Book**
4. **Any other document in support/claim**

Delivery Time Lines ; Estimated Timelines To Process The Application (Expected Date of Delivery) :

Fill all the details in the block letters

Personal Details

Applicant Name* :- _____ _____ _____

Gender* :- _____ Marital Status*:- _____

Date of Birth* :- _____ Age* :- _____

Parents Details

Father Name* :- _____ _____ _____

Mother Name* :- _____ _____ _____

Spouse Details

Spouse Name* :- _____ _____ _____

Relation With Applicant* :- _____

Contact Details

Phone No :- _____ Mobile No :- _____

Email :- _____

Permanent Address :- **Urban** **Rural**

District * :- _____ **Sub Division *** :- _____

Tahsil * :- _____ **RI Circle *** :- _____

Block * :- _____ **Village/Ward *** :- _____

House No/Name* :- _____ **Police Station *** :- _____

Post Office * :- _____

Pin * :- _____

Submitter Details

Is applicant and submitter are same? * **Yes** **No**

Submitter's Name* :- _____ _____ _____

Relation With Applicant* :- _____

Present Address :- **Urban** **Rural**

Is Present Address Same as Permanent Address? **Yes** **No**
(If "No" please fill the Present address given below)

District *	:- _____	**Sub Division ***	:- _____
Tahsil *	:- _____	**RI Circle** *	:- _____
Block *	:- _____	**Village/Ward** *	:- _____
House No/Name*	:- _____	**Police Station** *	:- _____
Post Office *	:- _____		
Pin *	:- _____		

Caste Details :-

Caste * :-_____ **Religion*** _____
Sub Caste/Community :- _____ Occupational Background :_____
Serial number of the Caste in the State list of SEBC:- _____

Purpose :- _____

Father Mother& Spouse Other Details

Please select the respective relation(Father/Mother/Spouse) to fill up the details

State of the Parent (s)/Husband ,Fateher,Mother&Spouse:-

	Father	**Mother**	**Spouse**
Constitutional Post: Designation :	_____	_____	_____
Government Servic Service(Central/State):			
Designation:	_____	_____	_____
Scale of Pay, including classification if any	_____	_____	_____
Date of appointment to the Post:	_____	_____	_____
Age at the time of promotion to the class-1post:	_____	_____	_____
Employment of International Organization			
Name of Organization:	_____	_____	_____
Designation:	_____	_____	_____
Period of Service Form:	_____	_____	_____
Period of Service To;	_____	_____	_____
Death/Permanent In-capacitation (Putting an officer out of Service):			
Date of Death/Permanent In-capacitation:	_____	_____	_____
Details of permanent In-capacitation;	_____	_____	_____

Employment in public Sector Undertaking

Name of organization; _____ _____ _____

Designation: _____ _____ _____

Date of appointment to the post: _____ _____ _____

Armed Forces including Para-military forces

Designation: _____ _____ _____

Scale of pay; _____ _____ _____

Professional Class(Please indicate whether engaged in Trade, Business and Industry)

Applicant's Occupation/Profession: _____ _____ _____

Property Owners

Agricultural land holding (owned by mother, father and minor children)

Location: _____ _____ _____

Size of holding (Area): _____ _____ _____

Irrigated (type of Irrigated Land)

I _____ _____ _____

II _____ _____ _____

III _____ _____ _____

Unirrigated

IV. Percentage of irrigated landholding to statutory ceiling limit

Under state land ceiling law: _____ _____ _____

V. If land holding is both irrigated/un-irrigated total irrigated land

holding on the basis of conversion formula under state land celing law:_____ _____ _____

VI. Percentage of total irrigated land holding to statutory ceiling limits as per (V):_____ _____ _____

Plantation

Crops/Fruits: _____ _____ _____

Location: _____ _____ _____

Area of Plantation: _____ _____ _____

Vacant land and buildings in Urban areas or Urban Agglomeration

Location of property: _____ _____ _____

Details of property: _____ _____ _____

Use to which it is put: _____ _____ _____

Income /Wealth

Annual family income from all Sources (including salaries &

Income from agriculture land): _____ _____ _____

Whether Tax Payer (if yes, a copy of the last 3 returns be furnished):_____ _____ _____

Whether covered in wealth tax act(if yes,Furnish details): _____ _____ _____

Wealth Tax Details: _____ _____ _____

Any other remarks; _____

I, Shri / Smt ……..Son of / Daughter of / Wife of …….. resident of village …….. P.S. …….. District …….. and I certify that the above said particulars are true to the best of my knowledge and belief that I do not belong to the Creamy Layer of S.E.B.C/O.B.Cs. and eligible to be considered for the posts reserved for S.E.B.C/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 cancelled and I shall be liable to such further actions as may be provided under the law and/or rules.

Yes No

Signature of the applicant